

UNFPA Country Programme Evaluation Report (Period covered 2016-2018)

Azerbaijan

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Disclaimer: This is a product of the independent evaluation team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or Member States.

Country Map



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Abbreviations and acronyms

AIDA	Azerbaijan International Development Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CME	Continuing Medical Education
COAR	UNFPA Country Office Annual Report
CPD	UNFPA Country Programme Document
CSE	Comprehensive sexuality education
CSO	Civil society organisation
CSPS	Centre for Social and Psychological Studies
CSRSI	Centre of Scientific Research and Statistical Innovations
DEX	Direct execution
ECHO	European Civil Protection and Humanitarian Aid Operations
EECARO	UNFPA Regional Office for Eastern Europe and Central Asia
EEIRH	Eastern Europe Reproductive Health Institute
EPF	European Parliamentary Forum
EQ	Evaluation question
ERF	UNFPA Emergency Response Funds
ERG	Evaluation Reference Group
EU	European Union
FBO	Faith-based organisation
GBV	Gender-based violence
GBSS	Gender-based sex selection
GDP	Gross domestic product
GE	Gender equality
GEWE	Gender equality and women's empowerment
GII	Gender Inequality Index
GNI	Gross national income
GTG	Gender Theme Group
HA	Humanitarian assistance
HDI	Human Development Index
IB	Institutional Budget
ICPD	International Conference on Population and Development
IDP	Internally-displaced person
LBD	Live birth definition
LMIS	Logistics Management and Information System
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MH	Maternal health
MIA	Ministry of Internal Affairs
MISP	Minimum Initial Services Package
MLSPP	Ministry of Labour and Social Protection of Population
MoE	Ministry of Education
MoES	Ministry of Emergency Situations
MoH	Ministry of Health
MoYS	Ministry of Youth and Sports
NAP	National Action Plan
NEX	National execution
NGO	Non-governmental organisation
ODA	Official development assistance
OECD-DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
PD	Population dynamics

PHC	Primary health care
PHRC	Public Health and Reforms Centre
PSA	Population Situation Analysis
RHCS	Reproductive Health Commodity Security
OGRI	Obstetrics and Gynaecology Research Institute
RPC	Republican Perinatal Centre
RR	Reproductive rights
SCFWCA	State Committee for Family, Women and Children's Affairs
SDG	Sustainable Development Goal
SP	UNFPA Strategic Plan
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SSC	State Statistical Committee
STI	Sexually transmitted infection
ToR	Terms of reference
UNAPF	United Nations Azerbaijan Partnership Framework 2016-20
UNCT	United Nations Country Team
UNFPA	United Nation Population Fund
UNRAF	Unified Budget, Results and Accountability Framework
UPR	Universal Periodic Review
VAW	Violence against women
ViC	Virtual Contraceptive Consultation

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Chart 3: UNFPA Azerbaijan Country Office structure and human resources

Key facts	
ODA	US\$115.5m (2017), 0.3% of GNI (2017), OECD-DAC Aid at a Glance Chart
Income level	Upper middle-income country
Per capita GDP USD	4,147 (2017), The World Bank, 2018
Population	10,0m (2018), CIA World Factbook, 2018
Young population (15-24)	14.03% (2018), CIA World Factbook, 2018
Elderly population aged 65 and above	6.81% (2018), CIA Factbook, 2018
Urban population in % of total	55.7% (2018), CIA World Factbook, 2018
Annual population growth rate	1.1% (2017), The World Bank, Azerbaijan Country Profile
Internally-displaced persons (IDPs)	The estimated number of IDPs provided by different sources varies from 700,000 to 1,2m people, representing 7-12% of the total population Population Situation Analysis, 2015
Refugees	410,000 (2015), State Statistical Committee
% of seats held by women in national parliament	16.8% (2018), State Statistical Committee, Statistical Database
Human Development Index (HDI)	0.757 (rank 80) (2018), UNDP, Human Development Index, 2018 Statistical Update
Unemployment rate	5.22% (2018), The World Bank, 2018
Female/male unemployment	6.05% / 4.45% (2018), The World Bank, 2018
Youth unemployment rate (aged 15-24)	13.8% (2017), The World Bank, 2018
Health expenditure (% of GDP)	6.6% (2015), The World Bank, 2018
Life expectancy at birth	75.4 years (2017), The World Bank, 2018
Antenatal care coverage (at least 4 visits)	66% (2011), WHO/RHR Global Database, 2018
Total fertility rate	1.9 per woman (2017), State Statistical Committee, Statistical Database
Induced abortions	40.9% (2011), Demographic and Health Survey Azerbaijan, 2011
% of people living with HIV, 15-49 years old	0.1% (total) (2017), <0.1% (f) / 0.2% (m), UNAIDS, Azerbaijan Country Factsheet, 2017
HIV prevalence among young people aged 15-24	<0.1% (f) / <0.1 (m), UNAIDS, Azerbaijan Country Factsheet, 2017
Comprehensive knowledge about HIV prevention among youth (f/m) age 15-24	14.9% (2017), UNAIDS Data 2017
Key populations living with HIV	Sex workers (f): 2.3% (2016), MSM: 2.2% (2016) UNAIDS, The Key Populations Atlas
Gender Inequality Index (GII)	0.318 (rank 71) (2017), UNDP Human Development Report
Sex ratio at birth	114 boys per 100 girls (2017), State Statistical Committee, Statistical Database

SDG Indicators	
3.1.1 Maternal mortality rate (deaths of women per 100,000 live births)	14.6 (2018), State Statistical Committee, Statistical Database
Under-5 mortality (per 1,000 live births)	13.7 (2017), State Statistical Committee, Statistical Database
3.1.2 Births attended by skilled health personnel	99.8% (2016), The World Bank, 2018
3.7.1 Unmet need for family planning, women aged 15-49	13% (2019, State of World Population, UNFPA)
Proportion of demand for contraception satisfied	82% (2019, State of World Population ,UNFPA)
Contraceptive prevalence rate women aged 15-49 (all methods)	58% (2019, State of World Population ,UNFPA)
Contraceptive prevalence rate women aged 15-49 (modern methods)	29% (2019, State of World Population,UNFPA)
3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	52.6 (2016), The World Bank, 2018
5.3.1 Early marriages before the age of 18	11% (2017), UN Women, Global Database on Violence against Women - Azerbaijan
% of ever-partnered women years experiencing intimate partner physical and/or sexual violence at least once in their lifetime	14% (aged 15-49) (2008), UN Women, Global Database on Violence against Women - Azerbaijan

Structure of the country evaluation report

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

I. Purpose

This report presents results of the evaluation of the UNFPA 4th Country Programme (CP) 2016-2020 in Azerbaijan. The primary intended users of this CP evaluation are decision-makers within UNFPA and UNFPA Executive Board members, as well as government counterparts, UNFPA donors and interested development partners. The CP has an indicative budget of \$4.1 million according to the CPD (\$US2.6 million from Regular Resources and US\$1.5 million to be mobilised as Other Resources) and covers three programmatic areas: sexual and reproductive health (allocated with \$1.8 million), gender equality and women empowerment (allocated with \$1.0 million), and population dynamics (allocated with \$1.0 million). An amount of \$0.3 million is allocated for program coordination and assistance.

II. Objectives and scope of evaluation

The objectives of this independent evaluation are...

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

This evaluation report covers the UNFPA Country Programme for Azerbaijan during the period 2016-18 and to some extent events between January and end March 2019. It covers UNFPA's programmatic areas as well as youth development as a cross-cutting issue.

III. Methodology

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

The evaluation was conducted between January and June 2019. The evaluation team consisted of an international team leader (Ms. Alison King) and two national experts: Ms. Lala Ganiyeva, Team Leader/National Evaluator (GEWE/PD) and Mr. Teymur Huseynov, National Expert (SRH). It was directly managed by the UNFPA Country Office, represented by the Evaluation Manager Ms. Bahija Aliyeva. An evaluation reference group was established, which comprised of the evaluation manager, representatives of the UNFPA Country Office and key programme stakeholders. An Evaluation Reference Group provided inputs into the CP Evaluation.

The country evaluation adopted a participatory approach, involving a broad range of partners and stakeholders, and using a multiple-method approach, including document review, direct observation, informal and semi-structured face-to-face individual and group interviews, Skype interviews, and focus groups. Evaluation team interviewed over 90 stakeholders and beneficiaries. Methodological constraints consisted mainly of geographic dispersal of final beneficiaries and time and budget constraints to travel to program sites.

IV. Findings

Relevance

The UNFPA CP for Azerbaijan is consistent with organisational priorities put forward in the UNFPA Strategic Plans 2014-2017 and 2018-2021; in line with UNFPA's business model, the country office does not directly provide services. The CP is designed to contribute to the United Nations country team's

efforts to strengthen institutional capacities and effective public and social services. The CP applies a human rights-based approach and encourages gender responsiveness. It pays attention to leaving no one behind, including young people and people vulnerable to HIV and AIDS, and reaching the furthest behind first. The UNFPA CP was developed in a participatory fashion, including national government counterparts, and is designed to support relevant government priorities, especially the national development concept “Azerbaijan: Vision 2020”. The strategic interventions encompassed by UNFPA CP are consistent with Azerbaijan’s international commitments, notably in the ICPD Programme of Action, SDGs 3 (Good Health and Well-being), 4 (Quality Education) and 5 (Gender Equality), as well regarding the Universal Periodic Review (UPR) and CEDAW. Thanks to constant communication, the UNFPA country office has been able to respond to government requests for support to informed policy making and institutional capacity building in a timely manner. UNFPA interventions have responded to the specific SRHR needs of vulnerable population groups - i.e., disabled women and girls, the elderly, veterans of Nagorno Karabakh, women and girls vulnerable to gender-based violence and sexual abuse, and rural women and girls. Work in this area remains relevant given continued needs for information and services, especially in rural areas and for the young population.

Effectiveness

In the area of Sexual and Reproductive Health and Rights (SRHR), for many years, UNFPA has played a lead support role in the process of elaborating SRHR Strategies and a Reproductive Health Law, led by the Ministry of Health. Its support has been steady and purposeful, and has included a focus on Internally Displaced Populations (IDPs), young people, and people with disabilities. However, because of sensitivities around family planning, planned improvements and alignments with international standards have met with strong political opposition. UNFPA has contributed to the introduction of new guidelines, protocols and tools in the health sector and their implementation. In terms of institutional capacities, Azerbaijan is well equipped to reduce maternal and child mortality and to prevent cervical cancer. The Ministry of Education is overcoming its reluctance to address SRHR of adolescents and youth, and young people are becoming more aware of SRHR issues. However, access barriers still exist. The Minimum Initial Service Package (MISP) has been introduced, but not yet integrated into a national multi-sectoral response system.

In the area of Gender Equality and Women Empowerment (GEWE), UNFPA’s efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency Gender Based Violence (GBV) database was developed and is fully operational under the auspices of the State Committee for Family, Women and Children's Affairs. In addition to this, six new reports are being used to inform policy-making on Gender Equality, Gender Based Violence, and Reproductive Rights. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees). In 2016, UNFPA led a multi-sectoral effort to develop GBV Essential Service Packages and SoPs to complement the existing mechanism for effective GBV prevention and response. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it contributed to a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

In the area of Population and Development (PD), UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. In particular, UNFPA has contributed to the expansion of the national population databank by 37 new indicators disaggregated by sex, age and region. UNFPA has successfully strengthened the

technical skills of the State Statistical Committee to generate, analyse and use disaggregated population data; this work should continue. Generating knowledge through in-depth analysis, research and evidence for informed policy and decision-making was of the major areas of UNFPA's intervention, which has generated a wealth of new knowledge. Building on strong political will to address population-related issues, UNFPA has effectively contributed to the development of national policies and programmes on population dynamics and its interlinkages with SRHR. UNFPA was a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on Gender Based Sex Selection (GBSS), and a demography section of the Employment Strategy of the Republic of Azerbaijan. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of a girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA's efforts to change attitudes and behaviours is positive; the recent decrease in Sex Ratio at Birth (SRB) may also be attributed to UNFPA. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes.

Sustainability

The policy-level sustainability of UNFPA-supported activities and services is likely to be ensured thanks to the existence of draft policy documents on Sexual and Reproductive Health, Gender Equality and Population and Development. However, a number of factors have delayed the adoption and implementation of these documents, including financial constraints. Government and non-governmental capacities have been strengthened in a number of areas, including through development and institutionalisation of a series of research and capacity-building initiatives.

Efficiency

Allocation of financial resources was made in a timely manner and to the level foreseen by UNFPA Workplans. No significant delays were faced, and the UNFPA Country Office achieved high financial programme implementation rates. The cost-efficiency is considered adequate. The use of local expertise and partnerships has helped to create effective synergies. The UNFPA CO managed to exceed the resource mobilization target for GEWE and PD, including for the first time thanks to funding from the Government of Azerbaijan. UNFPA also managed to engage with the private sector. In 2017, UNFPA's GEWE programme was negatively impacted by the United States State Department's decision to withdraw funding from UNFPA. In terms of human resources, the UNFPA Country Office staffing is appropriate for regular programming. However, hiring an M&E person and a person with responsibility for resource mobilization would be useful. UNFPA has given preference to the Direct Execution modality to maximise flexibility and responsiveness and avoid potential risks. UNFPA corporate administrative and financial procedures are appropriate for country-level regular programming. The UNFPA CO has conducted regular monitoring and reporting against the CP Document Results Framework using its own MIS model and the corporate Strategic Information System. The UNFPA CO does not have its own humanitarian preparedness plan, but is part of the UNCT Azerbaijan Contingency Plan which it helped develop, based inter alia on the UNFPA Minimum Preparedness Actions. There is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE; there is a scope for more synergised approach to planning and delivery of the strategic interventions encompassing all programme components. The UNFPA CO has actively engaged in communication - including through its membership in the UNCT Communication Group and through planned partnerships with governmental and non-governmental organizations, including the private sector, and sport and youth organizations. UNFPA communication activities contributed to increased visibility of UNFPA's work.

United Nations Country Team (UNCT) Coordination

Within the frame of "Delivering as One" and the UNCT, UNFPA Country Office staff have contributed to UNCT coordination mechanisms around the topics of human rights and HIV respectively and have participated in mechanisms to coordinate UNCT operations and communications. UNFPA has successfully led the Gender Theme Group. It has engaged in joint programming with UNDP to strengthen the rights of women with disabilities and with UNICEF to improve youth SRHR.

UNFPA Added value

UNFPA's comparative strength in its mandate areas is evident. The Country Office can take credit for its technical expertise and ability to raise sensitive issues. Its convening power and openness to pursuing collaboration add value to the work of development partners.

V. Main conclusions

Strategic level

There is scope for expanding the Country Programme prioritisation of vulnerable population groups.

Interventions implemented under the UNFPA Azerbaijan 4th CP 2016-2018 are relevant at the national and international levels. The CP was designed in collaboration with stakeholders and is fully aligned with international commitments (in particular with regard to the SDGs, the ICPD and CEDAW) and national policies and legislation. Overall, UNFPA adapted its CP to institutional needs as well as needs of vulnerable populations. Nevertheless, in the light of the UNFPA SP, and specifically articulated principle of leaving no one behind and prioritisation of the vulnerable groups in the framework of the ongoing socio-economic reforms, it is suggested to use the momentum and scale up the approaches to mainstream the needs and vulnerabilities of specific population groups in the upstream support (policy advice and capacity development) to be offered in the course of the next programme cycle.

Sensitisation, awareness-raising and capacity building remain important, however these interventions should be backed up by relevant mechanisms and tools to ensure institutional adaptation.

UNFPA has put significant efforts into ensuring policy level sustainability through political will secured in the course of the strategic interventions and concerted advocacy efforts that yielded series of crucial results including development of several draft policy frameworks on SRH, GE and PD. However, given certain political sensitivities and budgetary constraints more efforts should be directed towards ensuring common understanding of government officials and decision makers on the issues of SRH, GBV and GBSS for the endorsement and implementation of these programmes. UNFPA's strategic interventions to strengthen the institutional capacities of partner institutions are acknowledged, though it is of utmost importance to back these up by development and application of relevant mechanisms and tools to ensure institutional adaptation.

The Government of Azerbaijan and the private sector offer additional funding sources worth exploring more, including for SRH.

In the framework of the 4th CP, the UNFPA CO has made good use of financial resources. In terms of programme expenditures (RR and OR), findings of the evaluation are positive. UNFPA demonstrated a high overall budget utilization rate. The Country Office also over-achieved targets for mobilizing resources for the GEWE and PD components, including through mobilisation of substantial amount of resources from the government for the first time since initiation of UNFPA operations in the country. The current programme cycle is also remarkable for initiation of successful partnerships with the private sector to scale up interventions for addressing the GBSS phenomenon. Nevertheless, more intensive resource mobilisation efforts for SRH should be considered including through the emerging opportunities to more actively engage the government as well as by using the expertise and resources of the private sector as recommended by UNFPA SP 2018-2021.

Programmatic level

UNFPA put steady efforts to secure political will and commitment for improved legal and policy framework on SRHR; UNFPA should continue promotion of SRHR.

The draft Law on Family Planning and Reproductive Health, the draft National RH Strategy, and new guidelines, protocols and tools represent good examples of results yielded through close partnership and collaboration with the government.

Nevertheless, it is noted with concern that there remains the lack of data on major SRH indicators including CPR, maternal health, induced abortions, unmet need for family planning, etc. Hence, the evaluators conclude that UNFPA should seek opportunities for systematic data collection efforts

including through partnership with other international development agencies such as UNICEF, USAID, and the EU.

UNFPA-supported activities have mainly taken place in Baku, other cities and district centres where capacity-building activities have focused on healthcare providers of secondary and tertiary-level facilities. However, primary-level health facilities are very often underdeveloped, poorly equipped and healthcare providers are not sufficiently capacitated. Thus, women and youth from remote rural areas have limited access to comprehensive SRH services. There is therefore a need to strengthen primary-level health facilities in order to assure better access to SRH services in rural areas. The UNFPA CO should advocate for policies defining services and support capacity building of healthcare providers providing SRH services through primary-level health facilities. This is an essential precondition to achieving UNFPA's goal of universal access.

Despite the fact that progressive introduction of MISP has continued for several years and introductory training on MISP has been included in the last three annual work plans of the MoH, there is a need to strengthen the collaboration of main stakeholders and maintain it by formal agreement with elaborating corresponding policies within relevant ministries; UNFPA CO needs to advocate and support activities, directed to the adoption of policy framework for MISP.

With the support, inter alia of UNFPA, Azerbaijan has introduced the near-miss approach. Taking in consideration deviations in its implementation, there is a need for an independent review of the current near-miss approach implementation status.

There is a persistent need to make critical steps to strengthen FP services and make them widely accessible, but family planning is not prioritized by the MoH. To broaden its partners in this area, UNFPA should explore working relationships with the new institution TABIB (Management Union of Medical Territorial Units) established within the State Agency on Mandatory Health Insurance and offer its expertise, support and agree on a mode of collaboration. The UNFPA CO needs to take critical steps to improve the family planning situation, reinforce Reproductive Health Commodity Security (RHCS) and address Logistic Management Information System (LMIS) issues. Support is needed for capacity building of mid-level medical staff such as midwives, nurse and feldshers in order to enable them to provide counseling on Family Planning and referral services.

UNFPA efforts in GEWE were successful; UNFPA should continue efforts to promote GEWE issues.

The UNFPA CO has put significant efforts for promoting gender equality and women's empowerment through successful contributions to stronger evidence-based policies to advance GE and RR; building capacities of relevant institutions for GBV prevention; improving awareness regarding GBV and available protection mechanisms, and support to the government and other stakeholders (NGOs, UN agencies) to monitor the implementation of UPR and CEDAW recommendations on GE and SRHR.

Nevertheless, to further strengthen evidence-based policy and decision-making, there is a need to continue advocacy efforts for systematic generation of evidence on GEWE. In addition, UNFPA should also maintain its advocacy strategies with the Government for the endorsement, implementation and monitoring of the draft policy documents produced with reference to the country's international human rights commitments. The organization should definitely continue its efforts for monitoring the implementation status of CEDAW and UPR recommendations. To ensure effective realisation and buy-in of these efforts by the decision makers and population at large UNFPA should strive at institutionalisation of gender transformative approaches including inter alia through partnership with other Government stakeholders and most specifically with the Ministry of Education.

UNFPA interventions in Population and Development were successful; UNFPA should continue efforts to promote PD issues.

UNFPA interventions in PD have effectively contributed to increased availability, accessibility and use of quality data on population dynamics; production of new evidence on a number of major population issues; support for major policy initiatives; strengthening the capacities of relevant institutions; successful awareness-raising campaigns to address GBSS, with a particular focus on young males and

faith-based groups; and interaction with young people through SRHR awareness-raising campaigns and in consultation processes.

The effectiveness of UNFPA's strategic interventions could be further boosted by continued support to the Government for systematic generation of data and evidence for informed policy and decision making on PD. The policy dialogue for increased understanding on population dynamics and its interlinkages with SRH and gender equality to address emerging development challenges should continue. Alongside this it is also suggested to foster policy dialogue for regular production of population estimates and projections that will form a basis for better policy planning and program development. The CO should seek opportunities for institutionalised capacity development as regards use of available population data and information.

There is a need to strengthen integrated approach for results-based management.

Overall, there is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE. This includes joint initiatives on research and data collection, awareness raising and advocacy for GBSS. The current country programme achievements in terms of achieving planned results are very low (25% output indicators target are achieved so far). Low rate of achievement can be attributed to weak programme design or weak monitoring.

To ensure the effectiveness of interventions during the next programme cycle, it is also important to have a framework for monitoring results. Though CO collects relevant data for the purposes of the monitoring, the CO has no internal planning and tracking tool with annual indicators and baseline values. It is suggested to develop framework for monitoring results for the planned strategic interventions.

The CO should aim at more synergised approach to planning and delivery of the strategic interventions encompassing all programme components for boosting the effectiveness and efficiency of the deliverables. This may include generation of data and evidence on SRHR, institutionalisation of health response to GBV, MISP, youth as a cross-cutting issue for all three components, etc.

VI. Recommendations

With growing evidence that suggests women and youth in rural areas are particularly vulnerable to receiving suboptimal health care and achieving poor health outcomes, **UNFPA should look for innovative techniques to identify needs of vulnerable population and prioritize their needs in the next cycle of programme design.**

Considering the very low contraceptive prevalence rate (13.9%), very high unmet need for modern family planning method (49%) and high rate of induced abortion (49%), **UNFPA should commission studies to gather in-depth knowledge on possible causes and/or barriers, and establish cause-effect relationships for programme design.**

UNFPA should further strengthen integrated approach for results-based management to enhance programme effectiveness. The current country programme achievements in terms of achieving planned results are very low (25% output indicators target are achieved so far). Low rate of achievement can be attributed to weak programme design or weak monitoring. UNFPA should further strengthen RBM to ensure delivery of programme results. Develop an internal framework for monitoring results including through a set of qualitative and quantitative indicators for the planned strategic interventions. Ensure better synergies between and among all programme components in the framework of the 5th programme cycle with particular emphasis on youth as a cross-cutting issue, generation of data and evidence on SRHR, institutionalisation of health response to GBV, MISP, etc.

UNFPA should increase Country Programme focus on policy, institutional and financial sustainability. UNFPA should include strategies in 5th UNFPA Country Programme for Azerbaijan for ensuring stronger sustainability of programme interventions. UNFPA should develop and implement activities that promote sensitization and improve awareness of decision makers on the issues of SRH, GEWE and PD and continue efforts for improved buy-in of the government of UNFPA-supported policy initiatives. UNFPA should continue building capacities of staff of relevant national institutions to ensure institutionalization of UNFPA-supported activities and services into national structures.

UNFPA should strengthen advocacy for resource mobilization from the government and private sector. UNFPA should initiate negotiations with the government for continued cost-sharing of programme interventions. UNFPA should develop strategies to address the resource gap for the SRH component including inter alia through partnership with the government and the private sector. UNFPA should develop strategies for engaging with and tapping the brainpower and expertise of the private sector as a source of new ideas and approaches.

UNFPA should continue promotion of SRHR within the newly created government office (TABIB). The office should further strengthen advocacy efforts and negotiation with MoH for developing strategies to strengthen primary-level health care facilities with a particular focus on rural areas. UNFPA should initiate negotiations with TABIB to develop strategies for cooperation in the areas of mutual interest. UNFPA should initiate negotiations with the MoH for developing the strategies to strengthen primary-level health facilities and their staff, with particular focus on rural areas. UNFPA should convene an inter-agency group under co-leadership of UNFPA and MoH for elaboration of the inter-ministerial formal agreement for the purposes of multi-sectoral engagement for MISIP roll out. UNFPA should conduct assessment on the current status of the near miss approach.

In GEWE, UNFPA should continue efforts for monitoring the implementation status of human rights treaties and ensure institutionalisation of behaviour change communication strategies. UNFPA should continue efforts for monitoring the implementation status of CEDAW and UPR recommendations on SRHR and gender equality in close partnership with partner organisations. In close partnership with the government, UNFPA should develop roadmap for institutionalisation of behaviour change communication strategies encompassing gender transformative approaches.

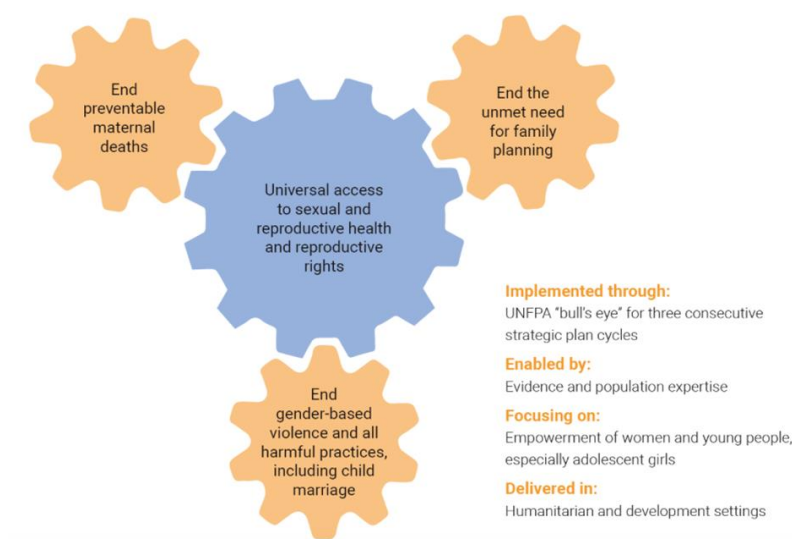
In PD, UNFPA should continue contributing to informed and rights-based policy formulation and implementation and strengthening national institutional capacities regarding use of available population data and information. UNFPA should contribute to informed and rights-based policy formulation and implementation through generation of data and evidence on population dynamics, SRH and gender equality. UNFPA should systematically strengthen national institutional capacities as regards use of available population data and information in close collaboration with the SSC.

Chapter 1: Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for ensuring the sexual and reproductive health (SRH) rights and choices of all. UNFPA's strategic goal is to achieve the following transformative and people-centred results (**Error! Reference source not found.**): *by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls.*

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

Figure 1: Three transformative and people-centred results



Source: UNFPA Strategic Plan 2018-21

An independent evaluation of the UNFPA 4th Country Programme (CP) 2016-20 for Azerbaijan was envisaged by the UNFPA evaluation plan approved by the UNFPA Executive Board.¹

UNFPA has identified the cluster evaluation approach to conducting CP evaluations in middle-income countries as an alternative to isolated CP evaluations. In particular, the cluster evaluation approach should add value to the analysis of issues of particular strategic relevance within a cluster of UNFPA programme countries and generate economies of scale. For UNFPA, the Azerbaijan, Georgia and Turkey Country Offices form an *administrative cluster* within the Eastern Europe and Central Asia region. The present CP evaluation is part of a cluster evaluation of the UNFPA Azerbaijan, Georgia and Turkey Country Programmes.

1.1 Purpose and objectives of the Country Programme evaluation

Purpose

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

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

² Source: Handbook How to Design and Conduct Country programme Evaluation at UNFPA.

- > demonstrate accountability
- > support evidence-based decision-making
- > contribute important lessons learned

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

Objectives

The objectives of this independent evaluation are...

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

1.2 Scope of the Country Programme evaluation

This evaluation report covers the UNFPA CP for Azerbaijan during the period 2016-18, and to some extent events between January and end March 2019. It covers UNFPA's programmatic areas - i.e., SRH, gender equality and women's empowerment (GEWE) and population dynamics (PD) as well as youth development as a cross-cutting issue. Contrary to the other Country Programmes of the cluster, UNFPA did not provide humanitarian assistance during the period under evaluation. Therefore, this evaluation does not discuss any emergency response.

1.3 Evaluation methodology

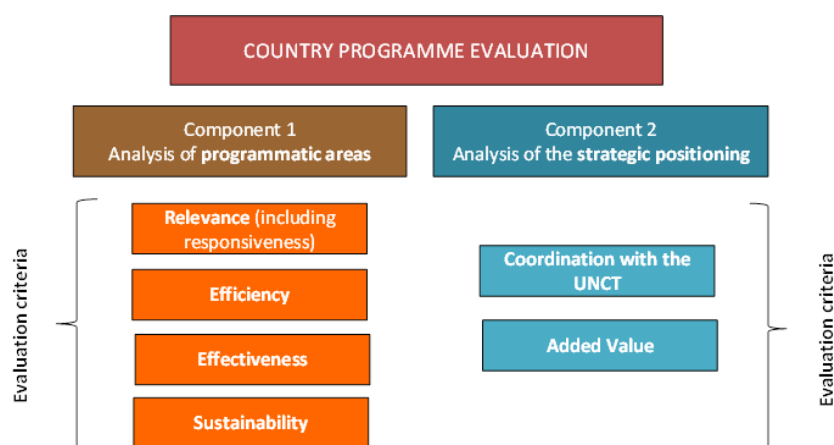
1.3.1 Data collection and analysis

Evaluation components and questions

The evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. The UNFPA Country Programme Evaluation Handbook prescribes the set of evaluation criteria for each of these two components (Figure 2). Data collection and analysis of the programmatic areas was conducted along four standard OECD-DAC evaluation criteria: relevance, efficiency, effectiveness and sustainability.³ The scope of the assessment of UNFPA's effectiveness extends to higher-level development results achieved (or not achieved), including thanks to interventions during the previous CP. The two criteria applied to data collection and the analysis of UNFPA's strategic positioning are coordination with the UN country team (UNCT) and the added value of UNFPA.

³ UNFPA Country programme evaluations do not require the assessment of the long-term societal effects (impact) of UNFPA support, but instead focus on the identification of the more immediate results of its assistance. Source: CPE Handbook, p224.

Figure 2: CPE evaluation criteria



Source: UNFPA Country Programme Evaluation Handbook

The evaluation questions in Table 1 were consulted with the UNFPA Country Office and used for all three evaluations of the administrative cluster. To facilitate data collection and analysis, an evaluation matrix was prepared that displays the core elements of the evaluation: (a) *what* will be evaluated (evaluation criteria, evaluation questions, assumptions to be assessed, and indicators for assessment); and (b) *how* to evaluate (information sources and data collection methods). To the extent appropriate, especially as regards the assessment of UNFPA’s effectiveness, assumptions and indicators were adapted to the individual UNFPA Country Programmes.

Table 1: Evaluation questions

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

EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of Country Programme outputs and outcomes in SRH, GEWE and PD?

Component 2: Strategic positioning

UNCT coordination

EQ7 [UNCT coordination]: To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

UNFPA added value

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

Data collection

Country-level field work was undertaken over the period from mid-February to end-March 2019. The country evaluation adopted a participatory approach, involving a broad range of partners and stakeholders, and using a multiple-method approach, including document review, direct observation, informal and semi-structured face-to-face individual and group interviews, Skype interviews, and focus groups.

Interview and focus group guides were developed by the national evaluation team (Annex 4). Interview protocols were kept by the national evaluators to record information gathered through interviews and focus groups. Evaluators used the evaluation matrix to consolidate assembled information (Annex 3). All interviewees were assured of confidentiality. National evaluation team members closely adhered to the UNEG Ethical Guidelines for Evaluation⁴ and the UN Code of Conduct for Evaluations in the UN System.⁵

Data validation and analysis

Data analysis built on triangulating information obtained through different strands of data collection and captured in the country evaluation matrix. The populated evaluation matrix was the starting point for analysis, responding to the evaluation questions and arriving at evidence-based findings. Besides a systematic triangulation of data sources and data collection methods, the validation of data was sought through regular exchanges with concerned UNFPA Country Office staff and a debriefing with the Evaluation Reference Group.

1.3.2 Site and stakeholder sampling

A stakeholder map was developed by the UNFPA Country Office. Stakeholders can generally be differentiated as follows: UNFPA staff, UN staff, central- and local-level government counterparts, donors, international and national NGOs, CSOs, service providers and end beneficiaries. The mapping formed the basis for sampling stakeholders and beneficiaries to be met and programme sites to be visited during the in-country data collection missions. According to the UNFPA Country Programme Evaluation Handbook, “the evaluators should not aim at obtaining a statistically-representative sample, but rather an illustrative sample”. In other words, sampling is purposive and non-random.

Taking into consideration the country context and UNFPA interventions, the following regions of Azerbaijan were chosen for data collection in consultation with the UNFPA CO: Baku-Absheron, Mingchevir, Goranboy, Lankaran and Jalilabad. The regions were chosen on the basis of following criteria and in correspondence with suggestions in the UNFPA CPE Handbook:

1. Existence of stakeholders and beneficiaries targeted by all UNFPA programme components
2. Existence of stakeholders and beneficiaries related to interventions implemented in the capital and at sub-national level
3. Existence of stakeholders and beneficiaries related to on-going and completed activities

Using the stakeholder mapping provided by the UNFPA CO, a non-random selection was made of stakeholders in all regions. The evaluators met 54 stakeholder representatives and consulted 8 service

⁴ <http://www.unevaluation.org/document/detail/102>.

⁵ <http://www.unevaluation.org/document/detail/100>.

providers and 36 training beneficiaries. Table 2 presents the number of people met along main types of stakeholders and the three programme components. Annex 1 presents a list of people met.

Table 2. Number of people met by stakeholder groups and UNFPA programme components

	SRH	GEWE	PD
Interviews			
UNFPA	4	4	4
Ministries/government agencies	5	6	6
Other UN agencies	2	6	2
Donors	-	1	2
NGOs, local/international experts/media	2	4	6
Total interviewees	13	21	20
Focus group discussions			
GBV service providers	-	1	-
Health care providers	7	-	-
Training beneficiaries	8	10	18
Total focus group participants	15	10	18
Total # of people met	28	33	38

Training follow-up assessment: Beneficiaries also include participants in UNFPA-supported training courses/sessions. To enable an assessment of UNFPA-supported trainings between 2016-18, the UNFPA Country Office, at the request of the evaluation team, put together an overview of all training events since 2016 (Annex 8), from which a convenience sample was drawn for each CP component; trainers (local and international experts), as well as training beneficiaries were selected for the sample. UNFPA-supported trainings were evaluated through document analysis, including analysis of training evaluation reports and interviews with trainers and training beneficiaries.

1.3.3 Limitations

Table 3. Limitations and mitigation measures

Limitations to data collection and analysis	Mitigation measures
Geographic dispersal of training beneficiaries	Focus group meetings with selected groups of beneficiaries
Time/budget constraints to travel to programme sites	Interviews with direct beneficiaries, experts, trainers

1.3.4 Evaluation team and management

This Country Programme evaluation was conducted by the independent consultants Ms Lala Ganiyeva, Team Leader/National Evaluator (GEWE/PD), and Mr Teymur Huseynov, National Expert (SRH). It was directly managed by the UNFPA Country Office, represented by the evaluation manager Ms Bahija Aliyeva. An Evaluation Reference Group was established, which comprised of the evaluation manager, representatives of the UNFPA Country Office and key programme stakeholders.

1.4 Evaluation process

Cluster evaluation design phase	
Submission of cluster design report	December 2018
Training phase	
Training workshop for cluster evaluation national evaluators in Istanbul	January 2019
Field phase	
In-country data collection	Mid-February to end-March 2019
Debriefing Country Office and ERG	April 12 th 2019
Reporting and dissemination phase	
1 st draft country evaluation report for UNFPA	June 7 th 2019
2 nd draft country evaluation report for UNFPA	June 18 th 2019
Final country evaluation report	July 2 nd 2019

2.1. Development challenges and national strategies

The Republic of Azerbaijan is located in South-western Asia and divided into ten economic regions.⁶ The Human Development Index (HDI) of Azerbaijan for 2018 was high at 0.757 (rank 80). Azerbaijan is an upper-middle income country according to the World Bank. Economic growth in 2017 was 0.1% and per capita GDP US\$17,500. Rich hydrocarbon reserves have contributed to considerable economic growth, although under-developed institutional capacity has continued to present a barrier to effective transformation of oil wealth into sustainable human development. Poverty decreased from 49.0% in 2001 to 7.6% in 2011 and further down to 4.9% in 2015.⁷ 5% of the population was unemployed.

Occupation of around 20% of the economically most-viable territories as well as the presence of around 700,000 IDPs across the country as a consequence of a **protracted conflict with Armenia over the Nagorno-Karabakh region** is a burden on the country's economy, health and social protection systems. Furthermore, declining oil revenues have recently put pressure on government spending in many sectors, including in the field of social protection.

Population dynamics

Azerbaijan is the most dynamic nation in the South Caucasus in terms of demographic development. The annual population growth rate was 1.1% in 2017. In 2018, Azerbaijan's population reached 10.0 million. Population growth in Azerbaijan was and continues to be ensured almost exclusively by an excess of the number of births over the number of deaths; the impact of external migration on the population size is insignificant. 55.7% of the population resides in urban areas.

Life expectancy at birth is 75.4 years (2017). The median age is 30.7 years.⁸ In Azerbaijan, youth are defined as persons aged 14-29 years old.⁹ They make up 24% of the population.¹⁰ Although Azerbaijan has a relatively young population structure, the phenomenon of population aging is becoming more evident. While the proportion of people aged 60 and above was 10.2% as of January 2017, this proportion is expected to rise by more than 12% by 2020, up to 18% by 2030 and accounting for 25% of the total population by 2050.¹¹ Both the elderly population and young people are considered to be vulnerable in regards to health and wellness and provision of healthcare.

Despite the ageing of the working-age population, the balance between the younger and older generations in the labour market is still in favour of young people. Presently, half the working-age men are below 38 and half the working-age women below 37. It is expected that the labour market will experience some tension in the next decades because the number of people aged 18 to 20 will range from 350,000 to 500,000 per year.¹²

Since the early 1990s, there has been a steady increase in the proportion of boys among new-borns. This was followed by a slight decline to 114 observed during last several years (2015-17). If such an increase in the number of men and boys continues or further deterioration is observed, the country will soon face

⁶ Absheron, Ganja-Gazakh, Shaki-Zaqatala, Lankaran, Guba-Khachmaz, Aran, Yukhari Karabakh, Kalbajar-Lachin, Dakhlik Shirvan, Nakhchivan.

⁷ Source: <https://sustainabledevelopment.un.org/memberstates/azerbaijan>.

⁸ Source: <https://www.worldometers.info/world-population/azerbaijan-population/>.

⁹ Source: <https://www.stat.gov.az/source/demography/ay/>.

¹⁰ Source: <https://www.stat.gov.az/source/demography/?lang=en>

¹¹ United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, Key Findings and Advance Tables.

¹² Population Situation Analysis: beyond the demographic transition in Azerbaijan (2015) - <https://azerbaijan.unfpa.org/az/node/37794>.

its negative impact including, for example, a wider gender gap in education, a reduction in the proportion of women in the labour market, less gender diversity (masculinisation) in all spheres of public life.

Sexual and reproductive health

Azerbaijan has achieved notable progress in some areas of SRH, including a **decrease in the maternal mortality ratio from 43.0 per 100,000 live births in 2010¹³ to 14.6 in 2018**. Nevertheless, the maternal mortality ratio is still high and women from rural and remote areas have poor access to healthcare including reproductive healthcare.¹⁴ Births attended by skilled personnel have also increased since 2006, rising from 88.6% to 99.8% in 2016.¹⁵ Neonatal deaths have seen a considerable decrease, from an overall number of 3,575 registered deaths in 2006 to 1,983 in 2017.¹⁶ However, an effective legal and policy framework on SRHR is only beginning to take shape and there is a pressing need to enhance institutional capacities for collecting, processing, analysing and utilising data on PD and gender equality (GE) and their inter-linkages with SRHR. The total fertility rate of the population is slightly below the replacement level at 1.9 children per woman (2017). While the use of any method of contraception increased between 2006 and 2011 to 54.9%, **the use of modern contraceptives remained at a low level - i.e., 13.9% (2011)**. The number of IUDs users during 2016, 2017 (20,7 and 19,2 thousand correspondingly) declined in compare with two previous years 2014, 2015 (23,5 and 22,4 thousand correspondingly). The number of hormonal contraceptive users during 2016, 2017 (16,8 and 17,8 thousand correspondingly) declined in compare with two previous years 2014, 2015 (22,5 and 22,4 thousand correspondingly). **The rate of induced abortions in Azerbaijan is 40.9% (2011), which is one of the highest indicators in the region.**¹⁷ Information on family planning (FP) methods is not consistently provided to the women before or after they recourse to abortions.¹⁸ The number of induced abortions during 2016, 2017 (34,6 and 37,6 thousand correspondingly) increased in compare with two previous years 2014, 2015 (27,2 and 27,5 thousand correspondingly).⁶²

Family life education is incorporated into school curricula, but not yet comprehensive sexuality education (CSE) that is aligned with international standards. This and low participation of adolescents and youth in decision-making processes regarding SRHR limit their prospects for a safe, healthy and successful transition to adulthood. **The adolescent fertility rate increased to a high 52.6 per 1,000 adolescent girls aged 15-19 (2016)** as opposed to 40.0 in 2012.¹⁹

Azerbaijan is among countries with low HIV prevalence rate among adults aged 15 to 49 - i.e., 0.1% in 2017. HIV prevalence among young men and women aged 15-24 is less than 0.1%; **however, comprehensive knowledge about HIV prevention was only 18% among female youth.**²⁰ Prevalence among female sex workers and men who have sex with men is 2.3% and 2.2% respectively (2016).

Gender equality and women's empowerment

Azerbaijan is one of the countries which demonstrated strong commitment to gender equality and women empowerment. In 1918, Azerbaijan became one of the states in the world to give voting rights to women. During Soviet period, men and women had formal equality in terms of access to education,

¹³ Source: UNFPA Country programme Evaluation Azerbaijan 2011-15.

¹⁴ Source: Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan, 2015 - https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/A4_eng.pdf.

¹⁵ Source: World Bank Database - <https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=AZ>.

¹⁶ Source: World Bank Database - <https://data.worldbank.org/indicator/SH.DTH.NMRT?locations=AZ>.

¹⁷ Although the rate has significantly decreased from 48.9% since 2006. Source: DHS, 2011.

¹⁸ Source: Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan, 2015 - https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/A4_eng.pdf.

¹⁹ Source: UNFPA Country programme Evaluation Azerbaijan 2011-15.

²⁰ Source: DHS, 2011 (p177).

health care, and employment. However, during this period, women were never fully emancipated from their traditional responsibilities for childcare and other household duties.

Though the government has demonstrated a commitment to advancing women's empowerment through support to many international human rights treaties including the Beijing Platform of Action (1995), ICPD Programme of Action (1994), Millennium Development Goals and ratifying the Convention on Elimination of all forms of Discrimination Against Women (CEDAW) in 1995, there are a series of discrepancies between the legal measures to protect and promote women's rights and their implementation. **Azerbaijan ranked 71 among 189 countries in the Gender Inequality Index (GII) in 2017 (0.318), a deterioration compared to 2011 (0.311).**²¹ Gender disparities are observed in women's participation in labour market, public spheres, and decision making. Only 17% of parliamentary seats are held by women²². Female participation in the labour market is nearly 63 % compared with 69 % for men²³.

Gender inequality continues to be one of the key challenges to realising SRHR. Although legal guarantees for the promotion of women's human rights are in place, including the laws on gender equality (2006) and prevention of domestic violence (2010)²⁴, gender-based discrimination and the lack of effective implementation mechanisms on GBV leave hundreds of women vulnerable to abuse. 14% of women aged 15-49 had experienced physical and/or sexual violence from an intimate partner in 2008. In 2011, 28% of 15- to 49-year-old women agreed that a husband is justified in hitting or beating his wife for specific reasons. Another ongoing problem of gender inequality also underlies a high rate of gender-biased sex selection that leads to a highly skewed sex ratio at birth in the population.²⁵ And though some decrease has been observed in this indicator within the last years, **Azerbaijan still has one of the highest skewed sex ratios at birth in the world - i.e., 114 males per 100 females (2017).**

Azerbaijan traditionally has had high levels of early first marriages, derived from the paternalistic model of the family and male-dominated society. Most recent research on gender attitudes has confirmed that the rigid notions of gender and gender inequality are still pervasive and men are more likely than women to report negative attitudes towards the issues concerning GE and women's rights.²⁶ Though the legal amendment equalising minimum legal age of marriage for both men and women (18 years of age) was introduced in 2011²⁷, the numbers of early marriages remain high. According to 2017 data, 11% of girls in Azerbaijan were married before the age of 18.

CEDAW

Azerbaijan ratified the CEDAW in July 1995. In its latest Concluding Observations issued in 2015²⁸, the Committee on the Elimination of Discrimination against Women took positive note of legislative reforms - i.e., the adoption of: (i) the Law on Amendments to the Family Code in 2011, which set the minimum age of marriage at 18 years for both women and men; (ii) amendments to the Criminal Code in 2011, including a provision on forced and child marriages; (iii) the Law on the Prevention of Domestic

²¹ Source: <http://hdr.undp.org/en/indicators/68606#>.

²² Source: <https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?view=chart>

²³ Source: https://www.theglobaleconomy.com/Azerbaijan/Female_labor_force_participation/

²⁴ Source: Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan, 2015 - https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/A4_eng.pdf.

²⁵ Mechanisms behind the skewed sex ratio at birth in Azerbaijan: qualitative and quantitative analysis, 2014 - https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/GBSS_Azerbaijan_ENG.pdf.

²⁶ Source: Gender Equality and Gender Relations in Azerbaijan: current trends and opportunities (findings from the Men and Gender Equality Survey), 2018 - <https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/gender%20equality-en.pdf>.

²⁷ Source: Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan, 2015 - https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/A4_eng.pdf.

²⁸ The next state party report is due in 2019. Source:

https://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=AZE&Lang=EN.

Violence in 2010. The Committee also welcomed efforts to improve the institutional and policy framework, including: (i) the endorsement of the strategy “Azerbaijan: Vision 2020”, which makes GE a cross-cutting goal; and (ii) the adoption of the Strategic Plan of the Ministry of Health for 2014-20, which provides for access to modern methods of contraception. The Committee made the following recommendations to accelerate the progress and promptly address the challenges that remain:

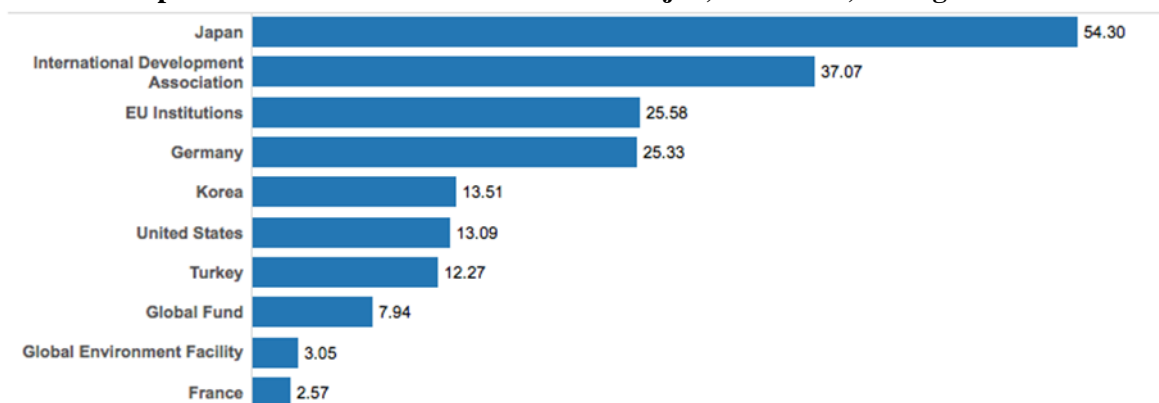
- improve women’s access to high-quality health care and reduce maternal mortality by ensuring quality of antenatal and delivery care; promoting FP and RH education (including age-appropriate sex education at schools); promoting the use of modern contraceptives; conducting awareness-raising campaigns to eliminate social stigma related to HIV; and adopting the Law on the Reproductive Health of the Population and Family Planning
- strengthen the State Committee for Family, Women and Children’s Affairs and gender focal points in government institutions
- adopt the national strategy on the prevention of domestic violence and the national action plan on the prevention of domestic violence
- set a time frame for ratifying the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
- adopt a national action plan on GE and the advancement of women
- adopt and implement a multi-sectoral plan of action to eliminate the phenomenon of male-child preference
- ensure an enabling environment for women’s organisations
- prevent early marriages and prohibit religious marriages without prior formal registration, including among IDP women and girls
- put in place a system to collect data on all forms of violence against women
- establish state-funded support and referral centres for survivors of violence; increase the number of state-funded shelters; and establish a round-the-clock national helpline, including for rural women and IDP women and girls

2.2 The role of external assistance

Between 2014-16, net official development assistance (ODA) to Azerbaijan decreased considerably from US\$216.7 million in 2014 to US\$69.6 million in 2015 and US\$77.5m in 2016 in line with its transition to an upper middle-income country. However, it increased to USD\$115.5m in 2017. The ratio of ODA as a share of gross national income (GNI) increased from 0.1% in 2015 to 0.3% in 2017. The largest donor by far in 2016-2017 was Japan (US\$54.3 million gross ODA) followed by the International Development Association and EU institutions (Chart 1 below).²⁹

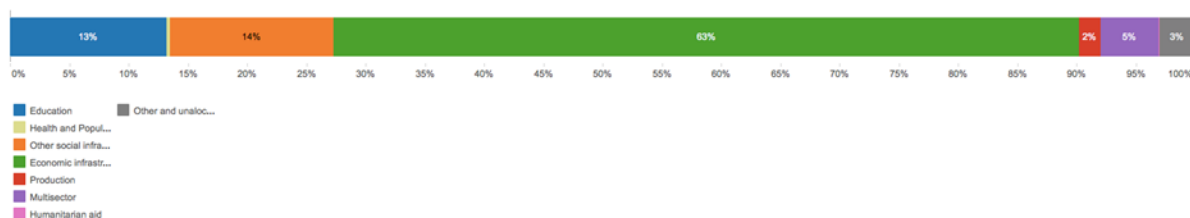
²⁹ Source: OECD-DAC Aid at a Glance Chart Azerbaijan.

Chart 1: Top Ten Donors of Gross ODA for Azerbaijan, 2016-2017, average in USD million



Bilateral ODA was mainly directed to “economic infrastructure and services”, “other social infrastructure and services” and education. **Only 0.32% of total aid was spent on health and population issues** (Chart 2 below), which is less than 0.55% spent than in 2015-2016.

Chart 2: Bilateral ODA by Sector for Azerbaijan, 2016-2017 average



Azerbaijan is also a provider of ODA.³⁰ Since 2017 it is an invitee to the OECD-DAC. The Ministry of Foreign Affairs sets the overall development cooperation guidelines of the country, while project implementation is the responsibility of the Azerbaijan International Development Agency (AIDA), which was established in 2011 within the Ministry of Foreign Affairs. AIDA’s annual budget allocation is provided from the state budget. AIDA coordinates the activities of all relevant government bodies in the field of development, ensuring that their activities are consistent with Azerbaijan’s foreign policy objectives. In 2016, Azerbaijan’s net ODA amounted to US\$13m, representing an increase of 3% from 2015. The ratio of ODA as a share of GNI rose from 0.02% to 0.04%. The main sectors for Azerbaijan’s bilateral development cooperation were production (agriculture, industry, mining, tourism, etc.), governance and civil society, and multisector aid. Azerbaijan’s multilateral ODA, which accounted for 69% of Azerbaijan’s net disbursements in 2016, was provided primarily through regional development banks, notably the Asian Infrastructure Development Bank.³¹

³⁰ Source: <http://www.oecd.org/dac/dac-global-relations/azerbaijan-official-development-assistance.htm>.

³¹ Source: OECD-DAC Development Co-operation Report 2018 - Joining Forces to Leave No One Behind.

3.1. United Nations and UNFPA response

The CP commits UNFPA to contribute to UNAPF³² outcome 2.1: “Azerbaijan has enhanced institutional capacities for transparent, evidence-based and gender-responsive policy formulation and implementation”; outcome 2.2: “Azerbaijan has made progress in line with international human rights mechanisms, including the Universal Periodic Review (UPR) and other treaty obligations, and has strengthened national capacities for implementation, monitoring and reporting aligned with international standards”; and outcome 2.3: “quality public and social services are accessible to all and help achieve more socially-inclusive and equitable development results”.³³

The 4th UNFPA CP for Azerbaijan 2016-20 was formulated under the UNFPA Strategic Plan (SP) 2014-17. It intends to contribute to SP outcomes 1 (SRH), 3 (GEWE) and 4 (PD). In 2016 and 2017, the Country Office reported progress against SP outputs 1 (SRH), 10 (GEWE) and 12 and 13 (PD).³⁴ The annual work plan for 2018 was realigned to match the results and resources framework of the UNFPA Strategic Plan 2018-21: activities contribute to SP outputs 1 and 2 (SRH), 9 and 11 (GEWE) and 13 and 14 (PD).

3.2 UNFPA programme response

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

The 3rd UNFPA programme 2011-15 had three components: 1) population and development, 2) reproductive health and rights, and 3) gender equality and empowerment of women. The programme focused on building national capacities to incorporate population issues in national development frameworks; improving access to reproductive and maternal health services and promoting reproductive rights; and improving national mechanisms to implement CEDAW and women’s empowerment.³⁵ Interventions related to young people and HIV prevention, marginalized populations, emergency preparedness were cross-cutting issues.

The independent evaluation of the 3rd CP in 2014 identified a number of key achievements³⁶ - e.g., (a) significant role in developing legal frameworks and promoting evidence-based policy making in sexual and reproductive health and rights, population dynamics and gender based violence and discrimination; (b) institutional capacity building to operationalise the model centre of support for women victims of violence; (c) establishment of the department on population and gender statistics at the State Statistical Committee; (d) valuable technical assistance to implement and monitor the recommendations of the review committee of the Convention on Elimination of All Forms of Discrimination against Women; (e) monitoring of implementation of protocols on perinatal care; and (f) effective leveraging of resources through joint programming, particularly through UNFPA leadership of the gender theme group.

The independent evaluation identified a series of strategies to build on progress achieved - e.g., (a) advocacy for family planning and maternal health; (b) policy dialogue for improved sexual and reproductive health services for adolescents and youth; (c) promotion of strategic interventions addressing gender and reproductive health priorities including gender based violence and discrimination; (e) advocacy for evidence-based policies focusing on adolescents, youth, elderly, migrants and marginalised groups; and (f) policy dialogue for improved national ownership and

³² United Nations Azerbaijan Partnership Framework 2016-20.

³³ Source: AWP 2016, 2017 & 2018; UNAPF.

³⁴ Source: UNFPA Azerbaijan COAR 2016 and COAR 2017.

³⁵ Source: UNFPA CPD 2011-15.

³⁶ Source: UNFPA CPD 2016-20.

accountability through joint monitoring of the implementation of the State Programmes on reproductive health, gender and population development. It identified several recommendations for the 4th CP, including advocacy for the implementation of essential laws in reproductive health and domestic violence; continued emphasis on reproductive health that emphasizes the role of men in reproduction and deals with SRH of youth; generating gender-disaggregated data for policy making; continuing collaboration between and among UN agencies; special attention to sustainability in all UNFPA programmes and projects.

3.2.2 Current UNFPA Country Programme

The 4th UNFPA CP for Azerbaijan was developed to build upon the achievements of the previous programme cycle in line with the findings and recommendations of the Country Programme evaluation. UNFPA outputs are expected to contribute to the following *national priorities*: improvement of legislation and stronger institutional potential; development of human capital and provision of an effective social security system; balanced regional development; civil society development; transition to an information society.³⁷

Azerbaijan belongs to the pink country quadrant according to the UNFPA business model. In pink countries, UNFPA is expected to focus its interventions around capacity building; partnerships and coordination (including South-South and triangular cooperation); advocacy, policy dialogue and advice; and knowledge management.³⁸

Under the current CP, UNFPA is the only Implementing Agency. It is implementing one project each in programmatic areas, Sexual and Reproductive Health and Rights³⁹, Gender Equality and Women Empowerment⁴⁰ and Population Dynamics⁴¹. As per the CP design, interventions related to young people cut across the CP components. Besides young people, the programme also emphasises other vulnerable groups (migrants, IDPs, women survivors and potential survivors of GBV and discrimination and the elderly⁴²) and marginalised populations.

The UNFPA CP 2016-20 is implemented at the national level as well as in around 50 districts across eight of the ten economic regions of Azerbaijan.⁴³

Sexual and reproductive health

According to the Country Programme Document (CPD), UNFPA aims to strengthen legal and policy frameworks for delivering integrated SRHR services with a focus on adolescents, youth and vulnerable groups (SRHR output 1) in order to contribute to increased availability and use of integrated SRHR services that are gender-responsive and meet human rights standards for quality of care and equity and access (SRHR outcome 1).

Interventions

The SRHR CP component has been directly implemented by UNFPA in collaboration with the Ministry of Health, Public Health and Reforms Centre, the Republic Perinatal Center, and the OB/Gynecology

³⁷ Source: UNFPA Azerbaijan CPD 2016-20.

³⁸ UNFPA Strategic Plan 2018-21.

³⁹ Atlas project code AZE04SRH

⁴⁰ Atlas Project Code AZE04GEQ

⁴¹ Atlas Project Code AZE04PDS

⁴² Ageing has not been part of UNFPA programming so far. In early 2018, the Country Office was requested and offered resources to implement project for the elderly population, which are considered to be a vulnerable population in regards to health and wellness and provision of healthcare.

⁴³ Including Baku, Ismaili, Shamakhi, Guba, Gusar, Khachmaz, Ganja, Goygol, Shamkir, Qazakh, Agdam, Shaki, Balakan, Qax, Zaqatala, Hacıqabul, Sabirabad, Goyçay, Mingachevir, Beylaqan, Bilasuvar, Lankaran, Astara, Yardimli, Lerik, Barda, Absheron, Jalilabad, Massali, Lenkoran, Aran and Sheki.

Institute. Targeted beneficiaries are: policy and decision-makers; service providers; NGOs; and local communities. So far, US\$0.016m in Other Resources have been mobilised.

UNFPA and its partners have achieved a number of results in connection with strengthening legal and policy frameworks to deliver integrated SRHR services (SRHR output 1). Results achieved contribute to achieving SRHR output 1. The CPD defines a selected number of indicators to account for UNFPA's performance at the level of SRHR output 1 (Box 1). Tracking progress towards associated targets has not been part of the Country Office monitoring system, and monitoring data are not available.

Box 1: Sexual Reproductive Health and Rights output 1

Strengthened legal and policy frameworks to deliver integrated SRH services, with a focus on adolescents, youth and vulnerable groups, as evidenced by:

- *Number of advocacy events with state and non-state actors to improve the institutional framework for the newly adopted protocols for FP services*
- *New national CSE curriculum aligned with international standards developed*
- *Percentage of regions with capacity to implement MISP at onset of crises*

Expected Country Programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA's contribution to these outcomes. *The CPD 2016-20* expects UNFPA to contribute to increased availability and use of integrated SRHR services (including FP, maternal health (MH) and HIV) that are gender-responsive and meet human rights standards for quality of care and equity and access (SRHR outcome 1). Outcome-level performance indicators selected by the Country Office are:

- contraceptive prevalence rate
- protocols for FP services that meet human rights standards, including freedom from discrimination, coercion and violence are adapted and implemented⁴⁴

The UNFPA Country Office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions that, if they were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Absence of enabling legal and policy environment; (ii) Lack of inter-ministerial coordination framework; (iii) Likelihood of conflict escalation; (iv) Attitudinal barriers and resistance; (v) Lack of civil society action/capacities to support advocacy efforts; (vi) Lack of financial resources. Assumptions are: (i) Government commitment to align the legal and policy framework with international standards; (ii) Resource availability through improved partnership frameworks with the government and development assistance partners; (iii) Improved NGO capacity through joint actions/interventions; (iv) Government adherence to peace process.

Gender equality and women's empowerment

According to the *CPD 2016-20*, UNFPA Azerbaijan aims to strengthen national institutional capacities for design and implementation of evidence-based policies to advance GE and RR (GEWE output 1) in order to contribute to advanced GE, women's and girls' empowerment and RR, including for the most vulnerable and marginalised women, adolescents and youth (GEWE outcome 1).

Interventions

⁴⁴ It is suggested that indicator (ii) is rather an output-level indicator.

The GEWE CP component (Atlas Project Code AZE04GEQ) has been implemented directly by UNFPA in collaboration with the State Committee for Family, Women and Children's Affairs (SCFWCA). Other Resources were mobilised from USAID (Atlas Fund Code USA66) for combating GBV.⁴⁵ Targeted beneficiaries are: policy and decision-makers; service providers (including government gender focal points and Family Support Centres); NGOs and FBOs; and local communities.⁴⁶

UNFPA has achieved a number of results in connection with strengthening national institutional capacities for design and implementation of evidence-based policies to advance GE and RR (GEWE output 1). Among other things, between July 2016 and February 2018, UNFPA implemented the USAID-funded project “Combating GBV Activity in Azerbaijan” in collaboration with SCFWCA and the State Statistical Committee (SSC) and with the assistance of the Centre of Scientific Research and Statistical Innovations (CSRSI), E-BOX LTD, the Centre for Social and Psychological Studies (CSPS) and the “ASAN Volunteers” youth organisation.⁴⁷ The project aimed at complementing Country Office strategic interventions targeting GBV. It was planned as a two-year activity with a budget of US\$1.2m and with the possibility of further extension by one year. However, in July 2017, the project was terminated and the budget reduced to US\$500,000 following the United States decision to no longer provide funding to UNFPA.⁴⁸

Results achieved contribute to achieving GEWE output 1. The CPD defines a selected number of indicators to account for UNFPA’s performance at the level of GEWE output 1 (Box 2). Tracking progress towards associated targets has not been part of the Country Office monitoring system, and monitoring data are not available.

Box 2: Gender Equality and Women Empowerment output 1

Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights, as evidenced by:

- *Number of surveys on GBV and harmful practices conducted with advocacy or technical support from UNFPA and results disseminated for policymaking on GE and SRHR*
- *Number of advocacy events with state and non-state actors for institutionalisation of protocols and standards that integrate GBV prevention, protection and response*
- *Establishment of functional tracking and reporting system for monitoring implementation of recommendations and obligations on SRHR issues by human rights treaty bodies*

Expected Country Programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA’s contribution to these outcomes. The *CPD 2016-20* expects UNFPA to contribute to advanced GE, women’s and girls’ empowerment and RR, including for the most vulnerable and marginalised women, adolescents and youth (GEWE outcome 1). The Country Office selected one outcome-level performance indicator, which the Country Office has monitored:

- Percentage of UPR recommendations on RR from the previous reporting cycle implemented

The Country Office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions that, if they

⁴⁵ In addition, additional resources were leveraged through the UNCT Gender Theme Group for the purposes of joint strategic interventions (source: UNFPA Country Office).

⁴⁶ Source: UNFPA Azerbaijan stakeholder map 2016-20.

⁴⁷ UNFPA: COMBATING GENDER BASED VIOLENCE (GBV) ACTIVITY IN AZERBAIJAN, Final Project Report, Reporting period: July 2016 - February 2018, 30 March 2018.

⁴⁸ Source: <https://www.unfpa.org/press/statement-unfpa-us-decision-withhold-funding>.

were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Absence of enabling legal and policy environment; (ii) Lack of inter-ministerial coordination framework; (iii) Likelihood of conflict escalation; (iv) Attitudinal barriers and resistance; (v) Lack of civil society action/capacities to support advocacy efforts; (vi) Lack of financial resources. Assumptions are: (i) Government commitment to align the legal and policy framework with international standards; (ii) Resource availability through improved partnership frameworks with the government and development assistance partners; (iii) Improved NGO capacity through joint actions/interventions; (iv) Government adherence to peace process.

Population dynamics

According to the *CPD 2016-20*, UNFPA aims to strengthen national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on PD and its interlinkages with SRH and rights (PD output 1), in order to contribute to strengthened national policies and their implementation (PD outcome 1).

Interventions

The PD CP component (Atlas Project Code AZE04PDS) has been implemented directly by UNFPA in collaboration with the Ministry of Labour and Social Protection of the Population and the SSC. Other Resources were mobilised from the Netherlands (Atlas Fund Code NLA72) and the EU (Atlas Fund Code EUA87) to work on gender-based sex selection (GBSS). Targeted beneficiaries are: policy and decision-makers; staff of national statistics institutions; youth groups; FBOs; the media; and local communities.⁴⁹

UNFPA has achieved a number of results in connection with strengthening national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on PD and its interlinkages with SRH and rights (PD output 1). Among other things, between April 2017 and May 2018, UNFPA implemented the project “Preventing Sex-selection Abortions - Men are here too for Gender Equality!” with funding (US\$108,522.70) from the Netherlands.⁵⁰ The project focused on the active engagement of young adults/future fathers in community-based awareness-raising interventions to confront the demand for sex selection through emphasis on the value of a girl child. The UNFPA Country Office implemented the project in close coordination and cooperation with the Ministry of Labour and Social Protection of the Population, the Ministry of Youth and Sports, SCFWCA, civil society actors, international and local experts.

Furthermore, in 2017-18, the UNFPA Country Office received funding (US\$161,000) to implement activities under the EU Global Programme to Prevent Son Preference and Gender-biased Sex Selection: Improving the Sex Ratio at Birth in Select Countries in Asia and the Caucasus (Atlas Project Code ESA35). Progress reports for 2017 and 2018 are available. The project runs through the end of 2019.

Results achieved contribute to achieving PD output 1. The CPD defines a selected number of indicators to account for UNFPA’s performance at the level of PD output 1 (Box 3). Tracking progress towards associated targets has not been part of the Country Office monitoring system, and monitoring data are not available.

⁴⁹ Source: UNFPA Azerbaijan stakeholder map 2016-20.

⁵⁰ UNFPA: PREVENTING SEX SELECTION ABORTIONS: MEN are here too for Gender Equality!, PROJECT FINAL NARRATIVE REPORT, REPORTING PERIOD: 14 months (April 2017 – May 2018), DONOR: The Embassy of the Kingdom of the Netherlands in Azerbaijan, undated.

Box 3: Population Dynamics output 1

Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with SRHR, as evidenced by:

- *Number of qualitative and quantitative reports and surveys on PD and its interlinkages with SRHR developed with advocacy or technical support from UNFPA, with particular focus on vulnerable populations*
- *Number of age and sex-disaggregated indicators incorporated into the publicly-accessible national statistical databank to guide the development of policies on PD*
- *Number of advocacy events for strengthened national statistical system to generate, analyse and use disaggregated population data*

Expected Country Programme outcomes

The cluster evaluation requires the evaluators to assess higher-level results (outcomes) and UNFPA's contribution to these outcomes. The *CPD 2016-20* expects UNFPA to contribute to strengthened national policies through integration of evidence-based analysis on PD and their links to SD, SRH and RR, HIV and GE (PD outcome 1). The Country Office selected a single outcome-level performance indicator, for which monitoring data exist:

- national policies and programmes addressing PD and its inter-linkages with SRHR are in place

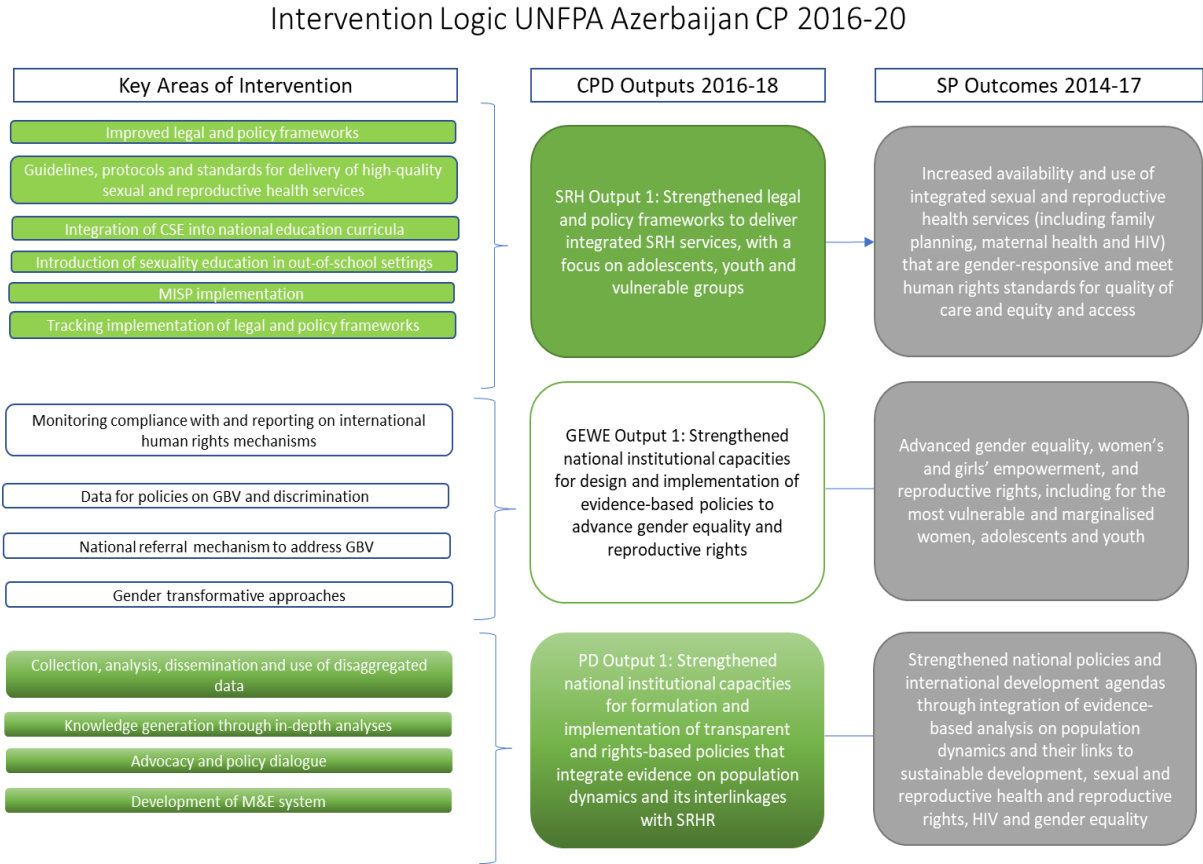
The Country Office identified a range of *risks and assumptions*. Assumptions are conditions that facilitate change and progress towards CPD outputs and outcomes, and which UNFPA should support through advocacy, coordination and partnerships to the extent possible. Risks are conditions that, if they were to occur, would constrain the achievement of outcomes, and which UNFPA should attempt to mitigate. Identified risks are: (i) Absence of enabling legal and policy environment; (ii) Lack of inter-ministerial coordination framework; (iii) Likelihood of conflict escalation; (iv) Attitudinal barriers and resistance; (v) Lack of civil society action/capacities to support advocacy efforts; (vi) Lack of financial resources. Assumptions are: (i) Government commitment to align the legal and policy framework with international standards; (ii) Resource availability through improved partnership frameworks with the government and development assistance partners; (iii) Improved NGO capacity through joint actions/interventions; (iv) Government adherence to peace process.

Programme intervention logic

The following Figure 1 provides a visualisation of the UNFPA Azerbaijan CP intervention logic as developed by the Country Office.⁵¹ In this logic, CPD outputs are measured by way of different products delivered and awareness and capacities built by UNFPA together with its partners. Outcomes are measured by way of changes in the behaviour of the state and non-state institutions (duty bearers) and people (rights holders) that UNFPA serves and the resulting effects. At the level of outcomes, it is important to realise that the UNFPA CP contributes to, but will not achieve change on its own, but that other stakeholders who work in the same area also play a role.

⁵¹ Source: UNFPA CPD 2016-20; UNFPA Country Office Theory of Change.

Figure 3. Intervention logic UNFPA Azerbaijan CP 2016-2020



3.2.3 Financial structure of the Country Programme

Azerbaijan is the smallest of the three UNFPA Country Programmes of the cluster in monetary terms. The indicative assistance of UNFPA as per the CPD 2016-20 (Table 1) is \$US4.1m: \$US2.6m from Regular Resources and US\$1.5m to be mobilised as Other Resources. This amount was to be divided as follows: approximately 50% for SRH (US\$1.8m); followed by US\$1.0m for GEWE and PD respectively.

Table 4: Indicative Assistance by Programmatic Areas Azerbaijan 2016-20 (in millions of US\$)

Programmatic Area	RR	OR	Total	%
Sexual and reproductive health	1.2	0.6	1.8	43.9
Gender equality and women’s empowerment	0.5	0.5	1.0	24.4
Population dynamics	0.6	0.4	1.0	24.4
Programme Coordination and Assistance (PCA)	0.3	-	0.3	7.3
Total	2.6	1.5	4.1	100.0

Source: CPD 2016-20

Resource Allocations

UNFPA Azerbaijan has had US\$1.29m as RR at its disposal in 2016-2018. According to the CO, if the current dynamics in the allocation of the RR ceilings continues, the CO is predicted to achieve its target of US\$2.6m by the end of the current programme cycle.

A total of US\$0.79m in Other Resources was mobilised from three donors (USAID, EU and the Government of the Netherlands). So far, the largest proportion of funding was mobilised for the GEWE component (US\$1.2m from USAID for the GBV project, which was reduced to US\$0.5m following the US State Department’s decision to no longer provide any funding to UNFPA globally) already the equivalent of the indicative Other Resources as per the CPD 2016-20. In addition to this, a total of US\$0.21m under the new co-financing agreement signed with the Government for the project on persons with disabilities, is expected to add to GEWE component’s OR in 2019-2020. At the time of the evaluation, the CO was also engaged in negotiations with the EU for two new projects on gender transformative approaches and GBV.

A total of US\$0.27m was mobilised for the PD component in 2016-2018. With the additional amount of US\$0.24m under the new co-financing agreement signed with the Government for the project on aging, the PD component is also expected to exceed its indicative OR for the current programme cycle. The CO is expected to receive additional US\$0,1m to complement its RR ceiling as matching funds following successful mobilisation of resources from the Government.

US\$0.016m was mobilised for SRH component vs US\$0.60m projected at the start of the current programme.

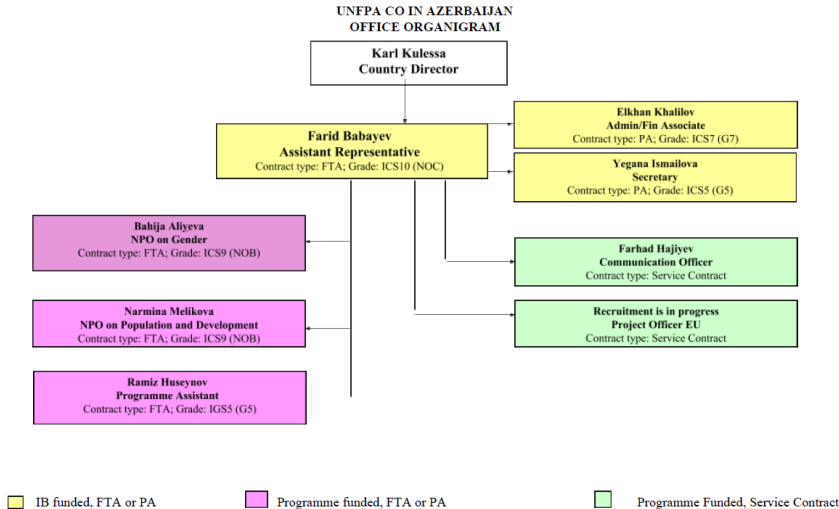
Expenditures

Annual funds utilisation has been high. In absolute terms, the UNFPA Country Office expended approximately US\$2.0 between 2016 and December 2018; in comparison, most funds were spent in 2017 - i.e., US\$0.85m. In terms of expenditures, at this point in time, the GEWE programme component is the largest - i.e., US\$0.80m, and not SRH as envisaged by the CPD (US\$0.51). The Country Office has directly implemented the CP using the DEX modality; NEX has not been used.⁵²

3.3.4 Country Office structure and human resources

The UNFPA Azerbaijan Country Office is located in Baku and managed by a non-resident Country Director (D1) and Assistant Representative. The functions of UNFPA Representative are performed by the UN Resident Coordinator. Three Country Office staff members are funded through the Institutional Budget (IB), while another three are programme-funded and two are service contract staff, overall a total of eight staff members (Chart 3)

Chart 3: UNFPA Azerbaijan Country Office structure and human resources



Source: UNFPA Azerbaijan, 2018

⁵² See Annex 6, Tables 4-6.

4.1. Relevance

EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks; (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?

Summary of Findings: The UNFPA CP for Azerbaijan is consistent with organisational priorities put forward in the UNFPA Strategic Plans 2014-2017 and 2018-2021; in line with UNFPA’s business model, the country office does not directly provide services. The CP is designed to contribute to the UN country team’s efforts to strengthen institutional capacities and effective public and social services. The CP applies a human rights-based approach and encourages gender responsiveness. It pays attention to leaving no one behind, including young people and people vulnerable to HIV/AIDS, and reaching the furthest behind first. The UNFPA Country Programme was developed in a participatory fashion, including national government counterparts, and is designed to support relevant government priorities, especially the national development concept “Azerbaijan: Vision 2020”. The strategic interventions encompassed by UNFPA CP are consistent with Azerbaijan’s international commitments, reflected in the ICPD Programme of Action, SDGs 3, 4 and 5, as well in the framework of the UPR and CEDAW mechanisms. Thanks to constant communication, the UNFPA country office has been able to respond to government requests for support to informed policy making and institutional capacity building in a timely manner. UNFPA interventions have responded to the specific SRHR needs of vulnerable population groups - i.e., disabled women and girls, the elderly, veterans of Nagorno Karabakh, women and girls vulnerable to gender-based violence and sexual abuse, and rural women and girls. Work in this area remains relevant given continued needs for information and services, especially in rural areas and for the young population.

4.1.1. Consistency with priorities put forward in the UNFPA Strategic Plans and the United Nations Azerbaijan Partnership Framework 2016-20

Finding 1. The UNFPA CP for Azerbaijan is consistent with organisational priorities put forward in the UNFPA Strategic Plans 2014-2017 and 2018-2021; in line with UNFPA’s business model, the country office does not directly provide services. The CP is designed to contribute to the UN country team’s efforts to strengthen institutional capacities and effective public and social services.

The 4th CP for Azerbaijan has been aligned with and guided by the major goals of the UNFPA SP 2014-2017 and SP 2018-2021: achievement of universal access to sexual and reproductive health, realization of reproductive rights, and reducing maternal mortality to accelerate progress on the agenda of the Programme of Action of the ICPD, improvement of the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.⁵³ The CP’s strategic interventions are based on the three outcomes of the SP 2014-2017 and SP 2018-2021: 1 (SRH), 3 (GEWE) and 4 (PD). According to interviews and document analysis, as regards the SP 2014-2017, the evaluation team found that:

⁵³ UNFPA Strategic Plan, 2014-2017, UNFPA Strategic Plan, 2018-2021.

- the UNFPA CO's work to prepare the country to deliver SRH services in crises, including by building capacities to provide the Minimum Initial Service Package for reproductive health is aligned with SP 2014-2017;
- the UNFPA CO's work with adolescents and youth is consistent with the SP 2014-2017 emphasis on young people as key beneficiaries;
- PD interventions for strengthening capacities to produce and disseminate quality disaggregated data are consistent with the SP 2014-2017;
- CO interventions in GEWE, especially as regards GBV and engaging young men, are in line with the SP 2014-2017.

As regards the SP 2018-2021, it transpired that

- the UNFPA CO's work to strengthen capacities to provide high-quality, integrated information and services for family planning, maternal health and sexually-transmitted infections and HIV is aligned with SP 2018-2021;
- the CO's work to support national human rights mechanisms is consistent with SP 2018-2021;
- CO priorities in GEWE, especially as regards interventions on GBV, increasing multi-sectoral capacities for GBV prevention and engaging young men, and eliminating harmful practices are in line with SP 2018-2021;
- PD interventions for strengthening national capacities to generate usable information for national development planning, including population projections, are aligned with the SP 2018-2021.

Azerbaijan is considered by the WB as a country with a low need and high ability to finance their own programmes (coloured pink). In line with UNFPA's business model, the UNFPA Azerbaijan CP has no components on direct provision of services. It focuses on capacity development; partnerships and coordination; advocacy, policy dialogue and advice; and knowledge management.

The CP is also consistent with priorities put forward in the United Nations Azerbaijan Partnership Framework 2016-20. The CP is aligned with the UNAPF 2016-2020 through inputs under the Strategic Priority Area 2 on strengthening institutional capacities and effective public and social services. According to interviews and document analysis, the interventions on SRH, PD and GEWE programme components are designed to contribute to outcome 2.1: "Azerbaijan has enhanced institutional capacities for transparent, evidence-based and gender-responsive policy formulation and implementation"; and outcome 2.3: "quality public and social services are accessible to all and help achieve more socially-inclusive and equitable development results".⁵⁴ GEWE should also contribute to outcome 2.2: "Azerbaijan has made progress in line with international human rights mechanisms, including the Universal Periodic Review (UPR) and other treaty obligations, and has strengthened national capacities for implementation, monitoring and reporting aligned with international standards".⁵⁵

Finding 2. The CP applies a human rights-based approach and encourages gender responsiveness. It pays attention to leaving no one behind, including young people and people vulnerable to HIV/AIDS, and reaching the furthest behind first.

Protecting the rights, including the sexual and reproductive health and rights of all people, is important for individual well-being and sustainable development. The CP's interventions have been informed by the principles of a human rights-based approach: through promotion of the rights of women, prevention of gender-based violence, and monitoring compliance with international human rights mechanisms on gender equality and reproductive rights mainly under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Universal Periodic Review (UPR).

⁵⁴ Source: AWP's 2016, 2017 & 2018; UNAPF.

⁵⁵ Ibid.

Because a human rights-based approach is grounded in the principles of equality and non-discrimination, it encourages gender responsiveness. Gender mainstreaming is a cross-cutting approach relevant to all programming and policy areas within UNFPA, being a goal by itself as well as the necessary prerequisite for sustainable development. Gender equality and women's empowerment are vital aspects of the 4th CP. In the CP, gender equality and women's empowerment is a stand-alone component and a permanent, cross-cutting element that influences interventions in SRH and PD respectively. The CP focuses on ensuring universal access to sexual and reproductive health and gender equality through achieving a series of interrelated outputs reflecting the major principles underpinning the work of UNFPA. Thus, support for gender equality is evident in UNFPA-supported policy documents (e.g. National SRH Strategy, NAPs) and awareness-raising campaigns.

In accordance with the strategic direction of UNFPA and in line with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development, UNFPA CP aims to ensure that no one is left behind and that the furthest behind are reached first. According to documents and interviews, the CP emphasizes interventions related to young people and HIV prevention. The needs of vulnerable and marginalized populations cut across the programme⁵⁶, including in UNFPA's policy work.

4.1.2 Consistency with government priorities and international commitments

Finding 3. The UNFPA Country Programme was developed in a participatory fashion, including national government counterparts, and is designed to support relevant government priorities, especially the national development concept “Azerbaijan: Vision 2020”.

According to interviews and documents, the CP was informed by a broad dialogue with national government counterparts, development partners and other stakeholders to ensure alignment with national priorities. As evidenced by interviews and documents, UNFPA's interventions under the current CP echo major priorities reflected in national legal and policy frameworks. The CP builds on the government's aspirations expressed in the national development concept “Azerbaijan: Vision 2020”, which is the major strategic document for all current and future national initiatives, and covers the main strategic goals of development policy in all areas of life in the country, including the provision of high-quality health services, preventing gender-based violence, creating equal opportunities for women and men on the labour market, promoting women at work and expanding their opportunities to occupy leading positions and developing youth potential.⁵⁷ At the time, according to interviews and documents, UNFPA had actively participated and contributed to the elaboration of the “Azerbaijan: Vision 2020” as a member of the steering committee to ensure that it included the key issues from UNFPA, thus helping align its programming to state policies in relevant areas.

The country has well-developed policy frameworks for the advancement of GE, PD and SRH, which have created an enabling environment for designing UNFPA interventions in support of national priorities. Given the mismatch between available policy frameworks and their realization, UNFPA is striving to support the government with their implementation.

- SRH: National Strategy on Reproductive Health (2018-2025); State Programme of Mother and Child Health (2014-2020); State Programme on Azerbaijani Youth (2017-2021)
- GEWE: Law on Gender Equality (2006); Law on Prevention of Domestic Violence (2010); Law on Equalization of Minimum Legal Marriage Age (2011)
- PD: State Programme on Development of Official Statistics in Azerbaijan (2013-2017&2018-2025); State Programme on Population Development and Demography (2004-2010); Concept for Demographic Development

⁵⁶ CPAP 2016-2020.

⁵⁷ Azerbaijan: Vision 2020

Finding 4. The strategic interventions encompassed by UNFPA CP are consistent with Azerbaijan’s international commitments, notably in the ICPD Programme of Action, SDGs 3, 4 and 5, as well regarding the UPR and CEDAW.

With regard to the SRH, GEWE and PD programme components, the CP is in line with the principles of the ICPD Programme of Action that sets goals in the context of sustainable development, gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.⁵⁸ The CP is also aligned with MDG 3 on promoting gender equality and empowering women, MDG 5 on improving maternal health and MDG 6 on combating HIV/AIDS. According to interviews, the development of the CPD coincided with the finalisation of the post 2015-development agenda. According to interviews and documentary analysis, the UNFPA 4th CP was informed by recommendations generated by post-2015 national consultations to define a vision of the country the people of Azerbaijan want to live in beyond 2015 and context for the development priorities, thereby building on and reinforcing the implementation of “Azerbaijan: Vision 2020”.

The CP, per its design and through alignment with major policy documents, contributes to the nationalisation and implementation of the SDGs, in particular SDG 3 on good health and well-being, SDG 4 on quality education and SDG 5 on gender equality. The process of prioritizing the SDGs and translating them into national context has started, and UNFPA is an active participant and contributor to the process.

UNFPA interventions have been informed by the continuous dialogue between the government and UN treaty bodies, including the Universal Periodic Review (UPR) and CEDAW reporting processes, which Azerbaijan underwent in 2013 and 2015 respectively (the next CEDAW report is due in 2019).

According to interviews and documents, in addition to its support for monitoring the implementation of human rights recommendations, UNFPA’s intervention strategies in 2016-2020 also aimed at supporting the government to address gaps revealed by these international monitoring bodies. Advocacy for the policy framework on SRHR and GEWE and their interlinkages with PD, capacity building for improved data collection and evidence for informed decision-making, awareness-raising campaigns on GBV and GBSS that constitute the core of UNFPA programming for the specified timeframe echo recommendations issued to the Government of Azerbaijan under CEDAW (2015) and UPR (2013) procedures.

4.1.3. Consistency with and responsiveness to the needs of supported institutions and vulnerable population groups

Finding 5. Thanks to constant communication, the UNFPA country office has been able to respond to government requests for support to informed policy making and institutional capacity building in a timely manner.

UNFPA’s main government partners are the Ministry of Health (MOH) for the SRH component; the State Statistical Committee (SSC) and the Ministry of Labour and Social Protection of Population (MLSP) for the PD component; and the State Committee for Family, Women and Children’s Affairs (SCFWCA) for GEWE component. Interviewees from supported institutions recognized that UNFPA has been responsive to their institutional needs and requests. UNFPA support has been ensured through constant communication with regard to aligning programme interventions to the needs of supported institutions mainly through development and advocacy for the endorsement of policy documents in SRH, PD and GEWE and capacity building. UNFPA support for development and advocacy for policy frameworks is regarded by stakeholders as quickly and effective (e.g., at the request of the government,

⁵⁸ ICPD Programme of Action.

UNFPA provided technical assistance for development of NAPs). In addition, as an important input into policy dialogue, UNFPA has supported the process of generating and analysing data and research initiatives for informed policy making. Also, as the Government of Azerbaijan recognizes a need to enhance institutional capacities for institutions working in the areas of SRH, GEWE and PD, UNFPA has identified capacity gaps and needs among partner institutions (e.g., needs assessment survey for FCS) and provided technical assistance to support the development of capacities.

Finding 6. UNFPA interventions have responded to the specific SRHR needs of vulnerable population groups - i.e., disabled women and girls, the elderly, veterans of Nagorno Karabakh, women and girls vulnerable to gender-based violence and sexual abuse, and rural women and girls. Work in this area remains relevant given continued needs for information and services, especially in rural areas and for the young population.

In the framework of the current CP, the UNFPA CO has started implementing interventions to respond to the needs of vulnerable populations - e.g., joint initiative with Special Olympics to provide disabled and non-disabled girls and women in Azerbaijan with equal opportunities to participate in sports, and managed to mobilize funds from the government for projects particularly targeting elderly and women with disabilities and veterans of Nagorno Karabakh (the latter with UNDP).

UNFPA-supported interventions have also responded to the needs of women vulnerable to gender-based violence and those in need of RR services through improving the awareness of vulnerable populations of GBV response and available resources; implementation of awareness-raising activities for the development of safe RH behaviours and healthy lifestyles etc. Still, vulnerable populations (youth and rural women) have limited access to SRH and GBV information offered in the framework of UNFPA-supported programmes. Health facilities, particularly in the regions, are under-developed, poorly equipped and healthcare providers not sufficiently capacitated. Though some gynaecologists visit surrounding communities and conduct health awareness events on SRH, such events are quite sporadic (there is no financial mechanism to motivate them to do it). A decline in the work of youth-friendly clinics has limited access of youth to comprehensive SRH services and awareness of SRH services. According to group interviews, UNFPA-supported awareness raising on GBV and sexual abuse has been very useful, but its scope is limited, and rural women and youth from remote rural areas have limited access to the comprehensive SRH and GBV information.

4.2. Effectiveness- Sexual and Reproductive Health and Rights (SRHR)

EQ2: a. To what extent has UNFPA strengthened legal and policy frameworks for delivering integrated SRH services with a focus on adolescents, youth and vulnerable groups⁵⁹? b. To what extent has UNFPA contributed to improved emergency preparedness, including MISP? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased?⁶⁰ c. What was UNFPA’s contribution? d. What were constraining and facilitating factors?

Summary of findings: For many years, UNFPA has played a lead support role in the process of elaborating SRH Strategies and a RH Law, led by the Ministry of Health. Its support has been steady and purposeful, and has included a focus on IDPs, young people, and people with disabilities. However, because of sensitivities around family planning, planned improvements and alignments with international standards have met with strong political opposition. UNFPA has contributed to the introduction of new guidelines, protocols and tools in the health sector and their implementation. In terms of institutional capacities, Azerbaijan is well equipped to reduce maternal and child mortality

⁵⁹ CPD Azerbaijan SRH output 1.
⁶⁰ CPD Azerbaijan SRH outcome 1.

and to prevent cervical cancer. The Ministry of Education is overcoming its reluctance to address SRHR of adolescents and youth, and young people are becoming more aware of SRHR issues. However, access barriers still exist. The MISRP has been introduced, but not yet integrated into a national multi-sectoral response system. It is unlikely that country office will achieve all its planned outcome and output targets.

Findings 7 Though UNFPA’s support to the Government has been steady and purposeful, many of the planned interventions and alignment with international standards have been delayed given strong political opposition.

Table 5 Overview of Progress towards SRH Targets

CPD Outcome 1: Sexual and reproductive health: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
Contraceptive prevalence rate (modern) Baseline: 13.9%; Target: 25%	Not yet achieved. According to the State Statistic Committee, prevalence rate of using modern contraceptives remains low - 13,9%
Protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence are adapted and implemented Baseline: No; Target: Yes	Not yet achieved. WHO Guideline on FP, 2018, which meets human rights standards including freedom from discrimination, coercion and violence currently is being translated with support of UNFPA. Creation and adoption of protocols for FP based on the WHO Guideline on FP, 2018, planned.
Country Programme Output 1: Sexual and reproductive health: Strengthened legal and policy frameworks to deliver integrated sexual and reproductive health services with focus on adolescents, youth and vulnerable groups	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
Number of advocacy events with state and non-state actors to improve the institutional framework for the newly adopted protocols for family planning services Baseline: 0; Target: 120	Not yet achieved. UNFPA CO held 23 advocacy events aimed at improving the institutional framework for the newly-adopted protocols for FP services ⁶¹ .
New national comprehensive sexuality education curriculum aligned with international standards is developed with UNFPA support Baseline: No; Target: Yes	Not yet achieved. Development of the curriculum commenced, but the work is still in progress. The concept of Family Life Education was used and nationalized given local cultural sensitivities and needs ⁶² .

⁶¹ It is difficult to predict the number of advocacy events aiming to improve the institutional framework for the newly adopted protocols for family planning services, especially in the light of the changes within public health context

⁶² Given the positive changes within MOE towards students’ RH education, development of new national sexuality education curriculum seems to be achievable task

<p>Percentage of regions that have the capacity to implement the Minimum Initial Service Package for reproductive health at the onset of a crisis Baseline: 15%; Target: 40%</p>	<p>Likely to achieve. 28% of regions have the capacity to implement the Minimum Initial Service Package for reproductive health at the onset of a crisis⁶³.</p>
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4.2.1 UNFPA contribution to stronger legal and policy frameworks for delivering integrated SRH services with a focus on adolescents, youth and vulnerable groups

Finding 8. For many years, UNFPA has played a lead support role in the process of elaborating SRH Strategies and the draft RH Law, led by the Ministry of Health. Its support has been steady and purposeful, and has included a focus on IDPs, young people, and people with disabilities. However, because of sensitivities around family planning, planned improvements and alignments with international standards have met with strong political opposition.

According to key informant interviews, UNFPA is the leading agency for promoting SRH issues in Azerbaijan, while working in a complex environment: Delays in reforming legislation and the policy framework, including the new SRH Strategy and RH Law, lack of common understanding regarding acceptance of FP as an integral part of RH, a poorly-developed quality assurance system in health, and shortage of human and financial resources have hindered improvements in the quality of and accessible RH services. The UNFPA CO has concentrated on crucial aspects for steadily improving SRH services, facilitating access to and use of improved services, including by working on strengthening the legal and policy framework to deliver integrated SRH services.

UNFPA has persistently provided assistance to the MOH for elaborating the RH Law and SRH Strategies, in collaboration with WHO. UNFPA has supported the MOH to develop three cycles of National SRH Strategy (2001-2006, 2008-2015 with extension until 2018). A request was received from the Ministry to develop the next cycle of the National SRH Strategy (2019-2025). The work of UNFPA focused on the identification of local needs and based on demand-supply technologies for the provision of RH services. A situation analysis provided with the assistance of UNFPA reflects the mechanisms on how to reach the most vulnerable groups of people with the high-quality SRH services. The SRH Strategy 2019-2025 is pending approval. Though an SRH Action Plan has been endorsed by the MOH, a budget for its implementation has not been allocated.¹⁵ This can be done only after the final endorsement of the Strategy. Nevertheless, some of the provisions of the SRH Action Plan are being implemented, but others not.

A National Law on RH was developed with support of UNFPA back in 2008. To date, strong opposition to sensitive chapters of the Law has hindered its approval including doctrinal reservations by religious groups. In an unprecedented incidence, the Parliament rejected the draft Law during a plenary meeting in October 2017. More recently, the draft has been updated through partnership between UNFPA and the European Parliamentary Forum, and as a result the provisions on surrogate motherhood were removed and of the issues on artificial insemination and extra-corporal fertilization were further elaborated. According to information obtained from stakeholders in concerned ministries and the Parliament, a new draft version of the Law has been sent to the President's Apparatus for consideration and the Law is expected to be discussed and adopted at the 2019 fall session of the Parliament.

The UNFPA Country Office has, without doubt, contributed to elaboration of these drafts, which is reflected in COARs and other related reports as well as confirmed by key informants. UNFPA supported the operationalization of the national task force to develop the latest SRH Strategy. It provided expert support through its Regional Office in Istanbul. UNFPA partially sponsored the visit of an international

⁶³ Steady increase of coverage of employees of relevant ministries on MISP awareness allow to conclude that target of 40% will be achieved

WHO expert, and fully covered the logistical costs for a number of gatherings of the National Task Force. A particular focus was given to IDPs, young people, and persons with disabilities.

4.2.2 Delivery and use of integrated SRH services/information with a focus on adolescents, youth and vulnerable groups

Finding 9. UNFPA has contributed to the introduction of new guidelines, protocols and tools in the health sector and their implementation. In terms of its institutional capacities, Azerbaijan is better equipped to reduce maternal and child mortality and to prevent cervical cancer. The Ministry of Education is overcoming its reluctance to address SRHR of adolescents and youth, and young people are becoming more aware of SRHR issues. However, access barriers still exist. The MISP has been introduced, but not yet integrated into a national multi-sectoral response system.

UNFPA has supported the development of guidelines, protocols and tools for SRH, as well as produced new models and methodologies on SRH that are adjusted to local conditions, particularly in the field of family planning. UNFPA has also supported capacity building of institutions in different dimensions of SRH: clinical aspects of maternal and newborn health, family planning, cervical cancer screening, near-miss approach, adolescents' health, MISP, GBV and SRH, reproductive health commodities security, and LMIS. This was done first of all by supporting capacity building of key experts who in turn have promoted the inclusion of important issues in strategic documents, policies, programmes and plans of the state and government, advocated for and participated in implementation.

The random monitoring of health facilities, conducted by OGRI and PHRC experts during 2015-2016, revealed cases where live births and early deaths were recorded as stillbirths, even after the MOH had officially adopted the new definition of live-birth criteria. In response, the UNFPA organized capacity building training to help health providers to acquire knowledge on the issue and, as confirmed by the key informants, improve the accuracy of clinical documents and statistics. UNFPA and WHO have also contributed to the introduction of near-miss approach by PHRC/RPC. UNFPA supported development of national guidelines on perinatal audit, including near-miss review and tools for staff of health facilities to adopt new approaches and strengthen quality assurance by building capacities of the national experts on the issue. Two trainings on near-miss case review were conducted in Baku, one in Ganja and one in Jalilabad district by RPC with support from UNFPA and WHO in 2017 with total participation of 90 health providers. It could also be stated that human resources are ready to provide cancer screening: UNFPA has supported the government to build technical capacities of local experts and healthcare providers in colposcopy mechanisms to prevent cervical cancer. UNFPA has also played an important role by contributing to development of a pool of specialists on cervical cancer screening through trainings on colposcopy conducted in Baku with 30 participants and a conference and a regional training in Sheki with 60 participants. According to key informants, the participation of local experts in the training on cervical cancer screening and colposcopy was a good beginning for establishing a resource centre on cervical cancer screening. Two entities (OGRI and RPC) are already equipped for colposcopy. Moreover, UNFPA has also facilitated access to an international OSCE (Objective Structured Clinical Examination) certification programme in Lyon, France, for local duty bearers. As a result, in 2019 two national experts received international certificates for OSCE examination in colposcopy and have become master-trainers for the national cohort of specialists. Two more gynaecologists were trained in Tbilisi and registered for the certification course. However, political will and government funds for screening are lacking.

Adolescents and youth are two groups that are in need of better awareness on SRHR and access to the services. For many years those needs were not met because of a range of reasons:

- parents, teachers and healthcare providers were not ready to provide relevant information on SRHR
- healthcare providers were not having adequate capacities to provide SRH services to adolescents and youth
- legal framework was not clearly supporting provision of SRH services to adolescents/youth
- government didn't take over youth friendly clinics, created with support of the UNFPA previous programs

However, a positive shift was recently observed: PHRC, capacitated by the UNFPA CP has introduced more activities on SRHR issues for adolescents and youth. The MOE recently adopted guidelines on SRH awareness-raising among adolescents and parents, the national adaptation of the WHO Orientation Programme on Adolescent Health for Healthcare Providers is ongoing with UNFPA support. It is expected that, once finalised, this would contribute to development and execution of the training programme for healthcare providers on adolescent health.

UNFPA also built the capacities of the experts who drafted the training materials and guidelines on enhancing the awareness of adolescents and their parents on SRH issues as well as conducted a series of trainings on SRH for school teachers. According to key informants, the adolescents and their parents demonstrate more interest towards the SRH related issues. Inquiries are coming from schools and other education enterprises to conduct health awareness events for adolescents/youth on SRH issues. Thus, the evaluation team has an impression that the MOE seems to have less reservations and the new opportunities for accelerating SRH awareness-raising among adolescents are emerging. UNFPA support for scaling up the process of capacitating secondary school teachers on SRH issues is highly desirable and may add up to creating momentum in SRH education of adolescents and youth. According to ERG, establishing close collaboration between UNFPA and the MOE to boost the process is important.

UNFPA has been building its work with young people in three different result areas:

1. In-school education – within the concept of comprehensive sexuality education (CSE) and its relevant adaptation to local needs, the Healthy Life Style curriculum was built jointly with the MOH and the MOE. As opposed to the CPD target of developing a national CSE curriculum aligned with international standards, the concept of Family Life Education was used and nationalized given local cultural sensitivities and needs. Training was conducted for teachers, parents and students in secondary schools.
2. Out-of-school activities – with the support of the Regional UNFPA Office, the Youth Activists Group was established to promote reproductive health matters based on peer-to-peer education concept among young people. Y-peer group held a series of theatre-based events in different regions for local audience of young people. Later, the members of the Y-peer group formed the UN Youth Advisory Board – more institutional model where the group of young activists facilitated activities in youth houses, local municipalities, sport events, etc.
3. Participation of young people in decision-making processes – this area has not yet been explored well; young people had been given the basic knowledge on how to lead decision making at different levels; series of capacity building sessions on youth leadership were coordinated by UNFPA.

However, as key informants confirmed, while young people seem to have become more knowledgeable on SRH issues, they hardly ever approach health facilities regarding SRH concerns. This might be due to the diffidence, lack of financial resources, and lack of awareness about health services available for them. The evidence based data on the issue is scarce.

UNFPA has contributed to introduction of MISAP by the MOH/PHRC/OGRI by supporting development of national guidelines and introduction of MISAP in selected districts. MISAP trainings were conducted

during 2016-18 in 15 regions and covered 162 participants from MOH, MIA and MES. According to training participants, they learned about the importance of coordinated work of different sectors for better SRH services in emergency situations. According to the trainers and participants, conducting a simulation exercise in 2018 was a very useful innovation that helped reveal challenges for the work of health facilities in emergencies, including the issues concerning lack of adequate infrastructure as well as communication between different MOH entities. The simulation exercise also reinforced the capacities of health providers to deliver SRH services to youth/adolescents inasmuch as health providers during simulation of one scenario needed to provide health assistance to the pretended to be raped young girl - which is not common case in their everyday work. According to key informants, the presence of the UN Resident Coordinator at the training in Goranboy in 2018 received extensive media coverage. MISP trainings were planned by the MOH and consecutively held within the last three years. According to the COARs as well as the information received by the key informants, UNFPA continues advocacy for an integration of MISP into the national response system of the MOH, the MIA and the Ministry of Emergencies to address inter alia lack of inter-ministerial cooperation and coordination.

The adaptation of the Virtual Contraceptive Consultation VIC package for Azerbaijan took place in 2018, with the support of UNFPA. This online tool aims to improve knowledge of medical doctors and other healthcare providers, as well as State Medical University students and residents on FP issues. PHRC and OGRI are currently working on its incorporation into the scoring system of certification. According to key informants, VIC elaboration in collaboration with EEIRH (Romania) has given very effective tools to health providers and empowered them. However, taking into account that many healthcare providers in rural areas do not have access to the internet or capacity to use computers, this new tool should be used along with traditional training.

4.3. Effectiveness- Gender Equality and Women's Empowerment (GEWE)

EQ3: To what extent has UNFPA strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights⁶⁴? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth been advanced⁶⁵? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of Findings: UNFPA's efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency GBV database was developed and is fully operational under the auspices of the SCFWCA. In addition to this, six new reports are being used to inform policy-making on GE, GBV and RR. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees). In 2016, UNFPA led a multi-sectoral effort to develop GBV ESPs and SoPs to complement the existing mechanism for effective GBV prevention and response. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on

⁶⁴CPD Azerbaijan GEWE output 1.

⁶⁵ CPD Azerbaijan GEWE outcome 1

GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it contributed to a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

Findings 10. UNFPA managed to achieve almost all GEWE output targets (table 3), however, full implementation of UPR recommendations requires more advocacy efforts including inter alia through UN joint efforts.

Table 6 Overview of Progress towards GEWE Targets

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	
Outcome Indicator, Baseline, Target	Evaluator Assessment of Achievement
Percentage of UPR recommendations on reproductive rights from the previous reporting cycle implemented <i>Baseline: 10%; Target: 100%</i>	Not yet achieved. 50% of UPR recommendations on reproductive rights from the previous reporting cycle implemented.
Country Programme Output 1: Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights	
Output Indicator, Baseline, Target	Evaluator Assessment of Achievement
Number of surveys on gender-based violence and harmful practices conducted with advocacy or technical support from UNFPA, and results disseminated for policymaking on gender equality and sexual and reproductive health and rights <i>Baseline: 8; Target: 13</i>	Overachieved. 6 surveys conducted with support from UNFPA/planned to be/already disseminated for policymaking: (IMAGES, qualitative research on GBV prevalence rates, survey on economic costs of GBV, gender assessment (UNFPA/UNDP), needs assessment survey for FSCs/NGOs providing support to GBV victims, in-depth analysis of legal and policy framework
Advocacy events with state and non-state actors for institutionalisation of the protocols and standards that integrate gender-based violence prevention, protection and response <i>Baseline: Yes; Target: No</i>	Achieved. A series of advocacy events targeting high-level officials conducted.
A functional tracking and reporting system for monitoring implementation of recommendations and obligations on sexual and reproductive health and rights issued by the human rights treaty bodies is in place <i>Baseline: No; Target: Yes</i>	Not yet achieved. Support to the government for monitoring implementation of recommendations of treaty bodies on GE and SRHR provided; negotiations with OHCHR for advocacy for the purpose of establishing a national mechanism for reporting

4.3.1 Contribution to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women

Finding 11. UNFPA’s efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency GBV database was developed and is fully operational under the auspices of the SCFWCA. In addition to this, six new reports are being used to inform policy-making on GE, GBV and RR.

Within the reporting period, UNFPA made successful contributions to producing evidence and data for informed policy-making on GE, GBV and RR. Thus, UNFPA provided support for developing the national online inter-agency GBV database for collecting and storing information on GBV incidents from line ministries, local executive committees and NGOs with accreditation to assist GBV victims. SCFWCA is the administrator of the database, and the database is currently operational. Interviewees stressed the importance of the database as a valuable tool to collect data on GBV incidents for the purposes of informed decision making on the issue.

Furthermore, given lack of research and data on gender issues and gaps in understanding GBV, UNFPA provided support for the following six research initiatives (CPD target: 5):

- 1) International Men and Gender Equality Survey (IMAGES⁶⁶). UNFPA provided international expert support for conducting the qualitative assessment of men’s attitudes and practices along with women’s opinions and reports of men’s practices on a variety of topics related to GE and SRHR. The results of the report and infographics that presented the findings and recommendations of the research in a user-friendly format were used by UNFPA to inform and support advocacy for advancing RR and GE.
- 2) UNFPA provided expert support for the nationally-representative survey on GBV prevalence rates and women’s coping strategies to present additional evidence to the government for endorsement of the NAP on GBV prevention and response. The research is the first study on GBV prevalence rates following the adoption of the Law on Prevention of DV (2010).
- 3) Within the reporting period, UNFPA provided international expert support for developing the first draft for a qualitative study on economic costs of GBV; the study should present additional evidence to boost advocacy efforts for an effective GBV response.
- 4) A Gender Assessment⁶⁷ (joint UNDP/UNFPA-supported study) aimed to examine the factors influencing women’s participation in the private sector economy and to support the efforts of the government, private sector actors and civil society organisations working to promote women’s economic empowerment by offering a series of recommendations for strengthening progress towards the equal participation and opportunities of both genders in the private sector economy.
- 5) UNFPA provided support to a needs assessment survey to identify the major patterns of gaps faced during service delivery stage at the SCFWCA’s FSCs and the NGOs that have received accreditation to provide support services to GBV survivors and to ensure that capacity building trainings for the

⁶⁶ Gender equality and gender relations in Azerbaijan: Current trends and opportunities. Findings from the Men and Gender Equality Survey (IMAGES). <https://azerbaijan.unfpa.org/sites/default/files/pub-pdf/gender%20equality-en.pdf>.

⁶⁷ Women in private sector in Azerbaijan: Opportunities and challenges. Gender Assessment report. Baku, 2018.

staff of these institutions were targeted at addressing their particular needs; the findings informed the strategies for the development of the project's capacity building components.

- 6) UNFPA provided international expert support to an in-depth analysis of the legal and policy framework on GBV in Azerbaijan⁶⁸ in close partnership with the SCFWCA and other line ministries. The analysis was conducted for the purpose of improving the national legal and policy environment for effective prevention, protection and accountability mechanisms for reducing GBV. The analysis produced recommendations concerning specific amendments to the legislation and policy-level recommendations that have been submitted to the government for follow-up action.

According to interviews and documentary analysis, the findings of UNFPA-supported studies aimed to be used for the purposes of advocacy action to prevent and address gender based discrimination and GBV. In addition, according to interview data, UNFPA-supported efforts contributed to new evidence on GE and its interlinkages with RR and increased interest for research/data among stakeholders; there is a need to continue advocacy efforts for systematic generation of evidence on GEWE.

Finding 12. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV⁶⁹ that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees).

UNFPA successfully focused its policy advocacy efforts on the issues of gender equality and GBV prevention and response. Interviewees, particularly from SCFWCA, highly commended UNFPA's support to the government for developing National Action Plans on GE and GBV.

Based on the findings of the analysis of GBV legislation mentioned above, a NAP on GBV was further revised. The NAP was adjusted to local conditions and went through several rounds of reviews; the financial burden of the document was reduced given the reservations of the Ministry of Finance and an updated draft of the NAP was submitted to the Cabinet of Ministers and is currently pending approval. The interviewees consider the NAP an effective framework for prevention and response to domestic violence, including support to survivors of violence. At the time of writing, UNFPA and SCFWCA were continuing to advocate for endorsement of the NAP. In addition, UNFPA has played an important role in developing a NAP on GE which is being currently finalised in consultations with line ministries.

The policy papers drafted and advocated for were based on the understanding that vulnerable groups of the population are in need of special protection measures. UNFPA advocated for the respective provisions on vulnerabilities of certain population groups in the draft policy documents. As suggested by interviews, thanks to UNFPA advocacy, draft NAPs on GE, GBV and GBSS emphasize the importance of meeting the needs of disadvantaged groups, including rural women, persons with disabilities, internally displaced persons, refugees and disadvantaged women; expanding opportunities for employment of rural women, women with disabilities, IDPs, refugee women, capacity building activities for these groups (e.g., organization of professional courses, small businesses); improving awareness of vulnerable populations on GBV response and available resources; advocacy for family values and traditions among the population, especially among young people; implementation of awareness-raising activities for the development of safe reproductive health behaviours and healthy lifestyles among adolescents and young people.

4.3.2 Provision of quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women by UNFPA-supported institutions

⁶⁸ S. Spurek. In-depth analysis of legal and policy framework on domestic violence in Azerbaijan. Prepared within the framework of the UNFPA "Combat gender-based violence in Azerbaijan" project with the financial support for the USAID Azerbaijan.

⁶⁹ Draft Action Plan on GBSS is discussed under PD section.

Finding 13. In 2016, UNFPA led a multi-sectoral effort to develop GBV ESPs and SoPs to complement the existing mechanism for effective GBV prevention and response.

Interviewees particularly stressed the importance of UNFPA-supported work in 2016 to adapt GBV ESPs (Essential Service Packages)⁷⁰ and SoPs (Standard Operating Procedures)⁷¹ for the health, justice, police and social service sectors to national rhetoric and the legal and policy framework. To this intent, UNFPA led a GBV inter-agency technical group that consisted of representatives from SCFWCA, Ministry of Internal Affairs (MIA), Ministry of Health (MoH), Ministry of Labour and Social Protection of Population (MLSP). The group members revised and adapted existing ESPs and SoPs. UNFPA and SCFWCA have engaged in advocacy for endorsement of the documents by the Cabinet of Ministers, and UNFPA conducted a series of advocacy events targeting high-level officials for institutionalisation of SOPs and ESPs.

According to interviews, the ESPs and SOPs as well as a resource package on strengthening the health system response to GBV⁷² are considered essential tools for supporting and empowering women, including young and marginalised ones, who experience GBV, ensuring provision of accessible, timely GBV response services, identifying services available to survivors of violence in the regions and facilitating multi-sectoral actions aimed to prevent GBV.

Finding 14. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities.

Within the reporting period, UNFPA supported a series of capacity-building activities for GBV prevention/response, including for 18 health care professionals on strengthening health system response to GBV; for the service staff of 11 Family Support Centres and 2 NGOs for improved identification and support to the GBV victims; for 43 representatives of government and NGO representatives to improve their skills and knowledge for using the GBV database; and for 11 local GBV monitoring groups.

Capacity building for GBV response was among UNFPA-supported activities aimed to improve multi-sectoral response to GBV. According to interviews⁷³ and documents reviewed, UNFPA-supported capacity-building activities were generally successful, timely and useful. Capacity building for monitoring groups improved the knowledge and skills of group members. As a result of training for GBV database users, the SCFWCA reported registration of almost 500 new GBV cases from Baku and the regions; as evidenced by interviews, active use of the database by relevant bodies has facilitated evidence-based decision making.

Furthermore, capacity building for FCSs and NGOs was considered extremely important because the majority of FCSs and NGOs either do not provide support services to GBV survivors or lack capacities to provide the services. Interviews and an analysis of evaluation reports revealed that thanks to UNFPA efforts, a rapid needs assessment to identify gaps in service delivery before training has helped address the needs of the staff of these institutions; training sessions were very useful for meeting practical needs of the staff; participants increased their knowledge regarding GBV and GBV response and are providing women with appropriate support.

The findings of UNFPA evaluation of the effectiveness/usefulness of the training for health care professionals were also positive: participants increased knowledge regarding GBV and available GBV response mechanisms. In addition, in order to better respond to the needs of GBV survivors, the training

⁷⁰ Draft of the Essential Services Package and Standard Operating Procedures for the women and girls affected by GBV. Baku, 2016.

⁷¹ Ibid.

⁷² Resource Package on Strengthening Health System Responses to GBV. Baku, 2016.

⁷³ The evaluation team met SCFWCA staff members, FCS staff member and international expert with regard to evidence of increased capacities.

was followed by a validation session for the review and finalization of the Resource Package on strengthening health system responses to GBV; the finalized package was forwarded to the MOH for endorsement by the Cabinet of Ministers in the form of either a protocol or a handbook for health personnel.

As evidenced by interviews, although a multi-sectoral response to GBV is gradually emerging thanks to UNFPA efforts (e.g., existence of GBV database, adaptation of GBV ESPs and SoPs), the capacities of partners (health care professionals, police, emergency workers) require further strengthening.

4.3.3 Use of UNFPA-supported GBV services/information, particularly by A&Y and the most vulnerable and marginalised women

Finding 15. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed.

In addition to building institutional capacities for better service delivery for the purposes of effective GBV prevention and response, UNFPA has supported utilization of available GBV services through awareness-raising campaigns. A series of grassroots awareness sessions have been held across many regions of the country on GBV.

The 16 Days of Activism against GBV Campaigns held annually through a series of interrelated activities involved high-level decision makers, sportsmen, youth, community members, media representatives, young people etc. The campaigns resulted in a series of major outputs: producing publication materials (calendars, leaflets, lapels/plastic badges, event roll-ups, banners, posters), distribution of leaflets about GBV in ASAN (Azerbaijan public service units) centres, production of PSAs with women in non-traditional career paths, family festivals, the movie festivals “Azerbaijani Family”, collaboration with the national soccer league to disseminate messages against GBV, a flash mob in one of the shopping malls of Baku to bring attention to education problems of women and girls and many other such events.

To challenge patriarchal assumptions and practices regarding women’s and girls’ roles in society, UNFPA supported information sessions for males and community members in different regions of Azerbaijan. Based on UNFPA’s National Survey Report on Violence against Women in Azerbaijan (2008), six economic regions with the highest prevalence rates of GBV were identified. Given the rigid situation in regards to the GE in Absheron, Aran and Lenkoran regions, information sessions were conducted for male community groups. According to interviews and documents, about 1,000 men participated in these information sessions. Additional information sessions targeting community members in Guba-Khachmaz, Sheki-Zaqatala and Ganja-Qazakh also engaged around 1,000 people (men and women).

According to documents and interviews with trainers and beneficiaries, the sessions improved participants’ ability to talk openly about GBV and contributed to changing perceptions and stereotypes regarding gender roles. Participants, and in particular women participants, improved their awareness of GBV, and received important information regarding available protection schemes. Nevertheless, the majority of interviewees suggested that UNFPA-supported campaigns should include more vulnerable groups (youth and marginalised rural women). According to them, there is a need to continue and expand the scope of awareness-raising activities to improve gender sensitization, increase awareness on GE and GBV and protection mechanisms particularly in the regions, and to provide assessment of the use of GBV information offered in the framework of UNFPA-supported programmes.

In addition, according to interviewees, UNFPA-supported interventions should involve schools. As the school environment is an opportunity to challenge gender stereotypes, UNFPA collaboration with the

MOE may play an important role in eliminating gender stereotypes and gender inequality through more institutional and sustainable approaches including through revising school books and providing pre- and in-service training to teachers to improve gender sensitization.

4.3.4 Monitoring of recommendations and obligations on SRHR issued by human rights treaty bodies

Finding 16. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it led the elaboration of a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

According to data collected from documentary sources as well as during meetings with stakeholders, UNFPA has continued its efforts to support the government and other stakeholders to track and report on the implementation of recommendations of UN treaty and charter-based bodies on gender equality and SRHR, with a special focus on UPR and CEDAW procedures. Thus, a capacity-building training was organized for technical experts of the national CEDAW delegation in November 2018 to assist the government with the development of the VI Periodic State Report to the CEDAW Committee. According to testimonies provided during this evaluation, the representatives of the government agencies who attended the training (SCFWCA, MLSPP, SSC, MoH) benefitted from information and guidelines provided by the international expert who also assisted in the development of an action plan to guide the report development process. The representatives of the SCFWCA noted that, following the training, the report was produced in February 2019 and is expected to be officially submitted once cleared by the President's Administration. Respondents further stated that thanks to UNFPA efforts and coordination, the members of the Gender Theme Group also had a chance to review the report and provide inputs pertaining to UN assistance for implementation of CEDAW Committee recommendations during 2015-2018.

According to documentary sources, UNFPA also engaged civil society representatives in capacity-building activities for monitoring the implementation of recommendations of treaty bodies on GEWE and SRHR. USAID-funded GBV project reports elaborate in detail on UNFPA-supported capacity-building training for 20 representatives of local NGOs for building their knowledge and skills for tracking implementation of treaty body recommendations, including through detailed guidelines for drafting alternative NGO submissions to the CEDAW Committee. Interviewed participants rated the training as very useful and informative.

UNFPA CO staff and representatives of other UN agencies also commented on UNFPA's successful engagement and co-leading role for mobilising the UNCT for drafting a joint submission to the UPR Secretariat. It was stated that UNFPA successfully developed one of the chapters on progress and challenges regarding reproductive health, GBV and gender equality. Representatives of different UN agencies noted that, thanks to this effort, there was an adequate coverage of the issues under the UN mandate in the latest UPR report (2018) on Azerbaijan.

Though further research is needed to comment on the degree of achievement of all recommendations issues by the CEDAW and UPR Committees to Azerbaijan, a very preliminary comparative assessment of data collected from respondents as well as during the desk review reveals that UNFPA has been successful in its efforts to support the government implement treaty body recommendations on SRHR and GEWE. According to SRH Consultant, 50% of UPR recommendations on reproductive rights from the previous reporting cycle have been implemented (CPD target: 100%).

Yet another crucial development unanimously mentioned by both UNFPA CO staff and representatives of the SCFWCA is related to advocacy efforts regarding the ratification of the Istanbul Convention (Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011). According to respondents, UNFPA has rendered instrumental support to the government through awareness-raising activities to showcase the importance of the Convention and as a result, the SCFWCA sent an official request to the Ministry of Foreign Affairs to initiate the ratification process.

It is also worthwhile noting that UNFPA has been and continues to be engaged in negotiations with OHCHR for joint advocacy for the purpose of creating a standing national mechanism for reporting and following up on the implementation of the human rights recommendations issued by the above-mentioned bodies to the Government of Azerbaijan. According to UNFPA CO staff, the previous experience of UNFPA with UPR and CEDAW reporting procedures has revealed that these efforts would be effective and sustainable once national ownership of reporting and follow-up is ensured, which will in turn contribute to increased capacities of national staff, structured and formalized contacts between all agencies concerned, and thus leveraging available resources as well as systematized engagement with international and regional human rights mechanisms. UNFPA envisions provision of capacity building to members of the national mechanism regarding SRHR, GEWE and PD.

4.4. Effectiveness-Population and Development

EQ4 [PD results]: To what extent has UNFPA strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with SRHR⁷⁴? To what extent have national policies been strengthened⁷⁵? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of Findings: UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. In particular, UNFPA has contributed to the expansion of the national population databank by 37 new indicators disaggregated by sex, age and region. UNFPA has successfully strengthened the technical skills of the State Statistical Committee to generate, analyse and use disaggregated population data; this work should continue. Generating knowledge through in-depth analysis, research and evidence for informed policy and decision-making was of the major areas of UNFPA's intervention, which has generated a wealth of new knowledge. Building on strong political will to address population-related issues, UNFPA has effectively contributed to the development of national policies and programmes on population dynamics and its interlinkages with SRHR. UNFPA was a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on GBSS, and a demography section of the Employment Strategy of the Republic of Azerbaijan. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of a girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA's efforts to change attitudes and behaviours is positive; the recent decrease in SRB may also be attributed to UNFPA. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes.

⁷⁴ CPD Azerbaijan PD output 1.

⁷⁵ CPD Azerbaijan PD outcome 1.

Findings 17. Overall, effectiveness of PD component is highly satisfactory. UNFPA has contributed to create enabling policy environment and make critical data available for policy formulation.

Table 7 Overview of Progress towards PD Targets

<p>UNFPA CPD Outcome: 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</p>	
<p>Outcome Indicator, Baseline, Target</p>	<p>Assessment of Achievement</p>
<p>National policies and programmes addressing population dynamics and its interlinkages with sexual and reproductive health and rights are in place <i>Baseline: 1; Target: 2</i></p>	<p>Overachieved. 3 national policies and programmes addressing population dynamics (draft NAP on GBSS; draft SP on Population Development and Demography; demography section of the Employment Strategy of the Republic of Azerbaijan) developed and pending approval</p>
<p>Country Programme Output: Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with sexual and reproductive health and rights</p>	
<p>Output Indicator, Baseline, Target</p>	<p>Assessment of Achievement</p>
<p>Number of qualitative and quantitative reports and surveys on population dynamics and its interlinkages with sexual and reproductive health and rights developed with advocacy or technical support from UNFPA, with particular focus on vulnerable populations <i>Baseline: 17; Target: 27</i></p>	<p>Overachieved. 11 qualitative and quantitative surveys and studies conducted with support from UNFPA with a particular focus on vulnerable populations: i. IMAGES, ii. Statistical yearbooks “Women and Men in Azerbaijan” (2016, 2017, 2018), iii. National Transfer Accounts (NTA), iv. Population projections by economic regions of Azerbaijan until 2050, v. Gender assessment of legislation and social policies contributing to son preference, vi. Statistical survey on early marriages and out of wedlock birth cases in Azerbaijan, vii. Azerbaijan GBSS country profile, viii. 2 draft policy papers on reproductive health and family planning</p>
<p>Number of age and sex-disaggregated indicators are incorporated into the publicly accessible national statistical databank to guide the development of policies on population dynamics <i>Baseline: 257; Target: 307</i></p>	<p>Not yet achieved. 37 new indicators disaggregated by sex, age and region incorporated into the publicly-accessible national statistical databank</p>
<p>Number of advocacy events for strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data <i>Baseline: 100; Target: 200</i></p>	<p>Not yet achieved. 70 advocacy events (meetings, conferences, workshops) conducted with national partners</p>

4.4.1 Awareness and capacities for generating and analysing disaggregated population data and assessing demographic development linkages, and production/dissemination of surveys and reports

Finding 18. UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. In particular, UNFPA has contributed to the expansion of the national population databank by 37 new indicators disaggregated by sex, age and region.

During the reporting period, UNFPA efforts to improve availability and reliability of population data disaggregated by sex, age and region were successful. According to interviewees, UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan. Within the reporting period, UNFPA has helped modernize population data collection and lay the foundation for better data analysis and dissemination through continued cooperation with SSC, and provision of expert support for development and integration of 37 new indicators disaggregated by sex, age and region in the national databank (CPD target: 50 new indicators).⁷⁶ The databank is publicly accessible, and SSC has made indicators available online in Excel and PDF format to facilitate use of data by researchers and all interested parties. To ensure data quality, the SSC has constantly surveyed users of statistical information: among other topics, the surveys covered users' assessment of quality and relevance of statistical data, satisfaction with statistical information, and convenience of using the website⁷⁷.

Finding 19. UNFPA has successfully strengthened the technical skills of the State Statistical Committee to generate, analyse and use disaggregated population data; this work should continue.

During the reporting period, UNFPA supported a series of capacity-building activities targeting the SSC staff, including the introduction of the Statistical Analysis System (SAS) application with a special focus on natural population movements and migration, a study visit to the pilot population census, and UNSD/UNECE workshops on population and housing censuses. The evaluation team met international experts and representatives of SSC to gather evidence of increased capacities. Stakeholders demonstrated high interest in participating in capacity-building activities. They confirmed that UNFPA-supported capacity-building initiatives have improved effectiveness of work of the staff of the SSC by enriching their technical skills through access to new technologies and improvement of knowledge/learning best practices in conducting the census. However, according to interviews, SSC staff are still in need of strengthening capacities for data collection/analysis/dissemination. Capacity-building efforts should be strengthened and continued, including through advocacy for introducing academic studies on demography. In addition, as evidenced by interviews, there is a need to support the SSC in their efforts to increase statistical literacy and awareness of the importance of gender in statistics by government officials and other users, which should strengthen evidence-based policymaking.

All in all, 70 advocacy events (meetings, conferences, workshops) for a strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data were conducted with national partners (CPD target: 100).

Finding 20. Generating knowledge through in-depth analysis, research and evidence for informed policy and decision-making was of the major areas of UNFPA's intervention, which has generated a wealth of new knowledge.

In addition to supporting the process of improving availability of national disaggregated data, according to interviewees, UNFPA played an important role in generating knowledge through in-depth analysis,

⁷⁶The latest publication of Women and Men in Azerbaijan 2018. <https://www.stat.gov.az/source/gender/?lang=en>

⁷⁷ <https://www.stat.gov.az/?lang=en>

research and evidence on PD for informed policy and decision making by supporting 11 major research initiatives, all of which have provided or are expected to provide detailed and reliable data and information (CPD target: 10):

- 1) UNFPA provided international expert support for the International Men and Gender Equality Survey (IMAGES) to explore gender relations dynamics in the country as perceived by both men and women. The IMAGES study was a joint GEWE/PD effort, and the findings of the study were used to produce advocacy materials.
- 2) UNFPA supported compilation and publication, in Azerbaijani and English languages, of the statistical yearbooks “Women and Men in Azerbaijan”⁷⁸ (three yearbooks were produced in 2016, 2017, 2018).
- 3) UNFPA initiated and continues to support the process of developing the National Transfer Accounts (NTA) for Azerbaijan to understand and analyse the implications of population growth and changing population age structure for economic growth and other important features of macro-economy.
- 4) UNFPA provided international expert support to the MLSPP for producing solid population projections by economic regions of Azerbaijan until 2050. Once finalised and published, the population projections aim to contribute to the efforts of the government to ensure proper planning, formulation and implementation of population-oriented social and economic policies and programmes in the country. Regular production of population estimates and projections will form a basis for better policy planning and program development.
- 5) In the framework of the Global Programme to Prevent Son Preference and Gender-Biased Sex Selection funded by the EU, UNFPA has supported and continues to support a gender assessment of legislation and social policies that contribute to reinforcing son preference in Azerbaijan.
- 6) Given the lack of data on child marriages in Azerbaijan, UNFPA supported the SSC in conducting a sample household statistical survey on early marriages and out of wedlock birth cases in Azerbaijan⁷⁹; the report was published and launched in 2016.
- 7) UNFPA developed an Azerbaijan Country Profile as part of the UNFPA Global Programme to Prevent Son Preference and the Undervaluing of Girls: Improving the Sex Ratio at Birth in Select Countries in Asia and the Caucasus. The profile includes a thorough description of the GBSS situation in Azerbaijan along with recommendations for data/evidence, advocacy and monitoring and evaluation.⁸⁰
- 8) UNFPA has provided international expert support for two draft policy papers on reproductive health and family planning with particular emphasis on the role of religion (Islam). The assignment aimed to overcome widespread patriarchal attitudes to the issues of family planning and contributed to a series of activities for advancing the FP in Azerbaijan, through reaching out to a wide range of stakeholders (decision and policy-makers, religious leaders and media representatives).

UNFPA’s support for the census started in 1999 when the first post-independence population census was held. Likewise, UNFPA has been involved in the advocacy and awareness-raising component of the 2019 census. During the pilot census in Gabala in 2018, with support from UNFPA, street billboards and posters at the bus stops were developed and installed to raise awareness. SSC representatives considered support for census activities to have been timely and effective. In 2019 series of promotion

⁷⁸ The latest publication of Women and Men in Azerbaijan 2018. <https://www.stat.gov.az/source/gender/?lang=en>

⁷⁹ The statistical survey on early marriage and the study of out of wedlock children (in Azerbaijani). Baku, 2016.

⁸⁰ AZERBAIJAN COUNTRY PROFILE. Global Programme to Prevent Son Preference and the Undervaluing of Girls. UNFPA. Baku, 2018.

activities are planned to be employed nationwide to motivate the population to participate, including through production of short films/documentaries, street billboards, posters, and slogans.

4.4.2 Political will and capacities for evidence-based policy-making, and availability and implementation of national policies and programmes that address PD and its interlinkages with SRHR

Finding 21. Building on strong political will to address population-related issues, UNFPA has effectively contributed to the development of national policies and programmes on population dynamics and interlinkages with SRHR. UNFPA was a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on GBSS, and a demography section of the Employment Strategy of the Republic of Azerbaijan.

UNFPA has constantly assisted the government to integrate population, reproductive health and gender issues into its planning and policy-making frameworks. Interviewees recognize the important role of UNFPA in providing support for the development of the draft State Programme on Population Development and Demography, the development of a demography section in the Employment Strategy of the Republic of Azerbaijan, and drafting the National Action Plan (NAP) on GBSS in Azerbaijan.

UNFPA provided crucial support to the government for developing the SP on Population Development and Demography: the SP development was duly stipulated in the paragraph 7.3 of the Development Concept ““Azerbaijan: Vision 2020”. The SP was developed in accordance with relevant state programmes and policies aimed to ensure social and economic development of Azerbaijan and in line with the principles of the ICPD Plan of Action. The SP aims to achieve optimal reproduction of the population, reducing the mortality rate, increase life expectancy, strengthen the protection of mothers and children, create favourable socio-economic conditions for the development of families, and identify ways to regulate migration processes. In particular, UNFPA intensive advocacy efforts resulted in the incorporation of a stand-alone section on combating GBSS.

As regards GBSS, UNFPA also provided international expert support for development of a policy framework. The NAP was finalized, launched and submitted to the government for endorsement. Once endorsed, the NAP is expected to present the roadmap for intervention strategies to reduce the phenomenon of GBSS in Azerbaijan.

UNFPA also contributed to elaboration of the Employment Strategy of the Republic of Azerbaijan (2019-2030), through provision of international expert support to ensure the formulation of a long-term employment policy based on current demographic trends and population development prospects. The importance of this is explained by the fact that the correlation between population and resources is the major determinant of the economic potential and social stability of any country, as the changes in population size, age structure, spatial distribution and mobility are critical for long-term socio-economic development. The Employment Strategy was endorsed by the decree of the President of Azerbaijan on October 30, 2018.

Despite a strong political will and determination of the government to address population-related policies, the endorsement of the policy documents has been complicated by a number of factors - e.g., sensitivity of certain population-related issues (e.g., GBSS); a lack of common understanding of the issues across key partners; bureaucratic procedures; and financial constraints. According to interviews and documents, the government still requires further support from UNFPA to ensure that evidence produced will be utilized for the purpose of developing sustainable interventions for addressing population-related issues.

4.4.3 Gender Based Sex Selection (GBSS) prevention

Finding 22. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of the girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA’s efforts to change attitudes and behaviours is positive; the recent decrease in SRB may also be attributed to UNFPA.

Prevention of the skewed SRB has been one of the major strategic priorities of UNFPA for the last several years. To complement policy-level interventions aimed at addressing GBSS, UNFPA has used extensive grass-roots awareness-raising campaigns and actively involved governmental as well as civil society organizations. Thus, UNFPA’s support has been provided for a number of important initiatives to address the GBSS phenomenon, targeting the active engagement of the following stakeholders and aiming to overcome the patriarchal value system: young adults/future fathers, faith-based groups and local community leaders; media representatives.

In the course of these awareness-raising activities, UNFPA has constantly strived to use innovative and interactive approaches to contribute to attitudinal and behaviour change among the diverse targeted audiences. Thus, a new and distinctive strategy was employed by focusing on the active engagement of young adults/future fathers as lead advocates and agents of change for promoting the value of a girl child and faith-based groups and local community leaders in efforts to address the GBSS phenomenon. Through targeting young men/future fathers, UNFPA has aimed to overcome the patriarchal value system that contributes to the perpetuation of son preference in the society. The expected long-term results of the interventions according to interviewees, should be attributable to the efforts to utilize the power of male dominance and authority in the process of fostering positive images of a girl child by involving the men as the key allies and messengers in the process. More than 1,000 people benefited from information sessions for young males conducted in the regions of Azerbaijan and in Baku-Absheron in the framework of a project funded by the Embassy of the Kingdom of the Netherlands.

UNFPA’s strategy on partnership with FBOs aimed to reach the most conservative and marginalized groups of population who are more prone to practice sex-selective abortions due to patriarchal views and their social-economic situation. According to documents, around 2,000 people attended the training/information sessions for faith-based groups.

Media workshops raised the capacity and potential of media representatives to cover gender issues, in particular GBSS and women’s empowerment; according to interviews and documents, some of the journalists had started to specialize in the topic acting as media advocates for the prevention of GBSS.

In addition, a National Advocacy Campaign to prevent son preference and increase the value of the girl child was conducted. A series of events held in the framework of the campaign included, but are not limited to: cooperation with ASAN radio for development and broadcasting of 4 radio programmes to discuss GBSS prevention, promote gender equality and women’s empowerment and value of a girl child; production of an educational video on GBSS; a social experiment and public survey to assess public opinion about GBSS; production of PSA “You are the source of my strength” which reinforces the father’s role in empowering a girl child; production of a PSA “The life is much better when you are in it” with the participation of famous male sportsmen to support women empowerment; a photo exhibition in Park Bulvar to draw attention of the public to the value of a girl child; open air festivals “Fathers and Daughters” in Baku and Ganja; celebration of the International Yoga Day with the Indian Embassy to improve the image of women; a theatre play Qiz Yuku (Daughter’s Burden); and open air flash mobs with participation of women musicians.

According to the majority of interviews with stakeholders and beneficiaries, UNFPA-led awareness-raising activities were successful. Interviews with stakeholders and beneficiaries revealed the usefulness and importance of UNFPA-supported awareness-raising events, in which UNFPA brought together representatives of state and non-governmental institutions, UN agencies, partners and other stakeholders. Interviews with stakeholders and beneficiaries revealed changes in the attitudes of target groups regarding the issues of gender equality in general and the GBSS phenomenon. Beneficiaries reported improved awareness of the causes and consequences of GBSS, changing traditional beliefs about the value of girls, stereotypes about girls and women's roles in the family and society, educational opportunities for girls, changing discriminatory attitudes and behaviours. Beneficiaries attending the sessions were motivated and interested in spreading the information received in their regions and communities and emphasized the importance of raising awareness about GBSS and need for continuation of such interventions, and expanding their scope, particularly for vulnerable populations (vulnerable youth) in the regions. Thus, UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of the girl child. Also, according to interviews, UNFPA's efforts to fight GBSS may have contributed to the decrease in sex ratio at birth that has been observed over the last years (116 males per 100 females in 2015 vs. 114 males per 100 females in 2017).

4.4.4 Knowledge and skills for youth on issues concerning their health, well-being and meaningful participation in decision-making on PD and its interlinkages with SRHR

Finding 23. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes.

Within the reporting period, the CO's awareness-raising strategies were backed up by active youth participation. With financial support from the UNFPA EECA Regional Office, UNFPA conducted a National Advocacy Campaign 'The Role of Youth in Promoting SDGs in Azerbaijan'; information sessions were also held in the regions for 100 youth on SDGs 3, 4 and 5.

To complement UNFPA programme interventions aimed at providing young people with better access to quality information and skills conducive to responsible and healthy sexual and reproductive behaviour, awareness-raising sessions and a theatre-based training on promotion of the healthy life style were conducted in the framework of a Youth Solidarity Summer Camp⁸¹ organized jointly with the ASAN Service Network and the Ministry of Youth and Sports. Interviewees claimed that active engagement of youth in awareness-raising campaigns has contributed to attitudinal and behaviour change - e.g., ASAN volunteers who participated in awareness-raising activities have become more sensitized in gender-related issues.

The youth groups have also benefitted from a series of awareness-raising sessions on sexual and reproductive health and gender held as a part of a joint programme with UNICEF in Binagadi district and Mingachevir city of Azerbaijan with support of Y-Peer Azerbaijan Network. The trainings were preceded by focus group discussions to determine the most interesting/sensitive topics for youth. Beneficiaries reported active participation in training sessions (e.g., performances on GBV, early marriages, etc.); improved knowledge on RH, GE, GBV; changing attitudes towards early marriages; and spreading the message about GBV, GBSS, gender equality and prevention of GBSS to peers.

According to interviews and documents, UNFPA-supported awareness-raising campaigns played significant role in the process of a broad consultation and coordination with young people, contributed to incorporating youth aspirations in the implementation of the SDGs, and complemented programme

⁸¹ <https://www.facebook.com/unfpaazerbaijan/posts/1782682225301331>.

interventions aimed at providing young people with better access to quality information and skills conducive to responsible and healthy sexual and reproductive behaviour.

4.5. Sustainability

EQ5. To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?

Summary of Findings: The policy-level sustainability of UNFPA-supported activities and services is likely to be ensured thanks to the existence of draft policy documents on SRH, GE and PD. However, a number of factors have delayed the adoption and implementation of these documents, including financial constraints. Government and non-governmental capacities (MoH, SCFWCA, SSC, MLSPP, NGOs) have been strengthened in a number of areas, including through development and institutionalisation of a series of research and capacity-building initiatives.

4.5.1 National ownership and financial viability of UNFPA-supported activities and services

Finding 24. The policy-level sustainability of UNFPA-supported activities and services is likely to be ensured thanks to the existence of draft policy documents on SRH, GE and PD. However, a number of factors have delayed the adoption and implementation of these documents, including financial constraints. Government and non-governmental capacities (MoH, SCFWCA, SSC, MLSPP, NGOs) have been strengthened in a number of areas, including through development and institutionalisation of a series of research and capacity-building initiatives.

According to interviewees, UNFPA successfully provided support to the government for mainstreaming SRH, gender and population issues into national development frameworks as well as through advocacy for endorsement of policy documents. The policy-level sustainability of UNFPA-supported activities and services is likely to be ensured thanks to the existence of draft policy documents in SRH, GE and PD (e.g., the State Programme on Population Development and Demography; NAPs on GE, GBV and GBSS; SRH Strategy). However, according to interviews and documents, several factors have delayed adoption of certain policy documents, including, but not limited to, the sensitivity of SRH, GBV and GBSS topics; a lack of common understanding of the issues across major governmental and non-governmental partners; lack of awareness of key players on GBV and GBSS; and attitudinal, bureaucratic and financial constraints.

To ensure sustainability, it is also important to build the necessary capacities and to ensure institutionalization and embedding of UNFPA-supported activities and services in national frameworks. In GE and PD, UNFPA has made visible efforts to integrate research activities into the work of state institutions. Survey methodologies remain at the disposal of the SSC, MLSPP and SCFWCA. The statistical yearbooks “Women and Men in Azerbaijan”, the updated gender-disaggregated data section on the SSC website, surveys on early marriages and out of wedlock births have been institutionalized into the work of the SSC. In SRH, MISPP trainings have been included in the annual working plan of the MoH for three consecutive years; a progressive number of MoH, MOIA, MOES employees in different districts have been sensitized to MISPP. The near-miss approach is being employed by some health facilities of the MoH. PHRC has increased activities to enhance health awareness of the population, especially adolescents and youth on SRH issues, and is doing so without further support by UNFPA.

UNFPA has successfully contributed to improved capacities of the MoH, SCFWCA, SSC, MLSPP and other governmental and non-governmental institutions through trainings and other capacity-building activities. In GE: capacity-building trainings for improved identification and support to GBV victims;

capacity-building training for GBV database users; capacity-building trainings for local GBV monitoring groups. In PD: introduction of new technologies (SAS software), capacity-building training for SSC staff for conducting the census, capacity building of MLSPP staff for producing population projections. In SRH: capacity building of key experts in different dimensions of SRH - e.g., clinical aspects of maternal and new born health, family planning, screening on cervical cancer, near-miss approach, adolescents' health, MISP, GBV and SRH, reproductive health commodities security, and LMIS. Still, according to interviews, institutional capacity building needs to be continued and strengthened - e.g., lack of qualified national specialists on population dynamics and demography, specialists in institutions providing FP services, and health providers to assist GBV victims may severely impede the work of state institutions in PD and SRH and training of these specialists is critically important. Continuation of capacity building of key state institutions and NGOs will contribute to institutional sustainability. According to interviews, to ensure sustainability, the government should take ownership for capacity building in order not to lose achievements if UNFPA withdraws or weakens its support.

A lack of funding may affect the sustainability of UNFPA-supported interventions. The Government of Azerbaijan has demonstrated commitment to national ownership of UNFPA-supported interventions, programmes and policies through partnerships with UNFPA to provide support in improving the national policies addressing SRH, GE and PD. Thus, UNFPA expects that financial sustainability will be ensured through the costed NAPs endorsed and implemented. According to interviews and documents, given delays with endorsement of the costed action plans, more efforts should be directed towards advocacy and awareness raising on the issues of SRH, GE and PD in Azerbaijan.

4.6. Efficiency

EQ6. To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of Country Programme outputs and outcomes in SRH, GEWE and PD?

Summary of Findings: Allocation of financial resources was made in a timely manner and to the level foreseen by AWP. No significant delays were faced, and the UNFPA Country Office achieved high financial programme implementation rates. The cost-benefit ratio is considered adequate. The use of local expertise and partnerships has helped to create effective synergies. The UNFPA CO managed to exceed the OR target for GEWE and PD, including for the first time thanks to funding from the Government of Azerbaijan. UNFPA also managed to engage with the private sector. In 2017, UNFPA's GEWE programme was negatively impacted by the US State Department's decision to withdraw funding from UNFPA. In terms of human resources, the UNFPA Country Office staffing is appropriate for regular programming. However, hiring an M&E focal point and a person with responsibility for resource mobilization would be useful. UNFPA has given preference to the DEX modality to maximise flexibility and responsiveness and avoid potential risks. UNFPA corporate administrative and financial procedures are appropriate for country-level regular programming. The UNFPA CO has conducted regular monitoring and reporting against the CPD Results Framework using its own MIS model and the corporate SIS system. The UNFPA CO does not have its own humanitarian preparedness plan, but is part of the UNCT Azerbaijan Contingency Plan which it helped develop, based inter alia on the UNFPA Minimum Preparedness Actions. There is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE; there is a scope for more synergised approach to planning and delivery of the strategic interventions encompassing all programme components. The UNFPA CO has actively engaged in communication - including through its membership in the UNCT Communication Group and through planned

partnerships with governmental and non-governmental organizations, including the private sector, and sport and youth organizations. UNFPA communication activities contributed to increased visibility of UNFPA's work.

4.6.1 Adequate conversion of UNFPA resources into activities and outputs

Finding 25. Allocation of financial resources was made in a timely manner and to the level foreseen by AWP. No significant delays were faced, and the UNFPA Country Office achieved high financial programme implementation rates. The cost-benefit ratio is considered adequate. The use of local expertise and partnerships has helped to create effective synergies.

UNFPA Azerbaijan CO received a total of \$1,289,173.00 for 2016-2018 as Regular Resources and was able to mobilize about US\$1.2m in Other Resources (including newly received government funding). RR and OR were distributed among the three programmatic areas as well as programme coordination and assistance.

Allocation of financial resources was done in a timely manner and to the level foreseen by the respective AWP. According to interviews, no significant delays were faced with the delivery of AWP, including thanks to good monitoring and implementation. The CP exhibits a high budget performance: over the course of 2016-2018 the UNFPA CO managed to achieve a budget utilization rate of 95,5%. Expenditure levels remained high for all years and varied from 87.15% to 93.85% for OR and from 99.5% to 101.33% for RR. In 2016-2018, budget utilization for RR was maintained at 100.5% rate and for OR at 90.52%, with the remainder of the latter rolled over to the following programme years. SRH utilized more than 41% of RR in 2016; starting in 2017, expenditures started to decrease; budget utilization for GEWE gradually increased; RR expenditures for PD did not exhibit much variability during 2016-2018.

Overall, according to interviews with CO Representatives and document review, CP implementation was efficient, and the level of expenditures was adequate to the value of achieved results. There was a balanced share of costs for SRH, GEWE and PD activities with the largest funds allocated for the purposes of policy action, which is in line with the respective SP modes of engagement for Azerbaijan. To the extent possible, UNFPA used mainly local expertise instead of international to save costs (e.g., local expert hired for producing GBV manual, NAP advocacy, statistical yearbook “Women and Men in Azerbaijan”, development of M&E on SP on Demography and Population). Many GEWE interventions were done in cooperation with the PD component, and some with SRH component (e.g., research studies such as IMAGES, study on early marriages, NAP on GBSS). In addition, the UNFPA CO teamed up with other partners to leverage funds for greater impact (e.g., 16 days of Activism against GBV campaign: UNFPA allocated US\$5-10,000, with contributions from Gender Theme Group (GTG) members of up to US\$30-35,000; UNDP research project: UNFPA allocation of US\$5,000 vs UNDP’s contribution of about US\$200,000).

Finding 26. The UNFPA CO managed to exceed the OR target for GEWE and PD, including for the first time thanks to funding from the Government of Azerbaijan. UNFPA also managed to engage with the private sector. In 2017, UNFPA’s GEWE programme was negatively impacted by the US State Department’s decision to withdraw from UNFPA.

The UNFPA Azerbaijan CO has a Resource Mobilization Strategy that provides an overall framework and guidance for mobilising additional resources for the 4th CP. It specifically describes funding needs, provides an analysis of the donor environment, and presents a resource mobilisation action plan. As already mentioned, the UNFPA Country Office mobilised about US\$1.2m in Other Resources, more than planned.

Most OR were mobilised for GEWE (about US\$0.7m vs US\$0.5m planned) and for the PD component (about US\$0.5m vs. US\$0.4m planned), and include support from three donors (USAID, EU and the

Government of the Kingdom of Netherlands) and from the Government of Azerbaijan. For the GEWE component, UNFPA received a grant from the USAID in the amount of US\$1,2m. In July 2017, following the US State Department's decision to no longer provide any funding to UNFPA across the globe, the amount was reduced to US\$0.50m. In 2019, UNFPA for the first time managed to mobilize funds from the government for the GEWE component (US\$0.21m).

UNFPA was also successful in mobilizing non-core resources for its programming in PD. This included projects on preventing sex selection abortions in Azerbaijan funded by the Government of the Kingdom of the Netherlands (US\$0.11m) and the European Union (US\$0.16m). In 2019, UNFPA managed to mobilize additional funds from the government for the PD component (US\$0.24m).

Only \$0.016m was mobilised for SRH (from the Chiesi Foundation) - as opposed to US\$0.6m planned. The lower amount of OR for SRH can be explained by the fact that SRH has never been priority for development assistance.

UNFPA has aimed to mobilise resources from the government and businesses for replicating and expanding its activities. Cost-sharing with the government is considered a good approach to ensure availability (likely availability) of funds for continuing UNFPA-supported activities and services. In 2019, UNFPA was able to mobilize funds from the government for projects particularly targeting elderly and women with disabilities and veterans of Nagorno Karabakh. These recent efforts of UNFPA are good examples of cost-sharing. UNFPA has successful experience engaging with national/international businesses (e.g., recent memorandum of understanding signed with the private entity Kapital Bank or joint work with Chiesi Foundation). As suggested by interviewees, it is important to continue working to involve businesses, including to facilitate access and outreach to target audiences of national business entities.

Finding 27. In terms of human resources, the UNFPA Country Office staffing is appropriate for regular programming. However, hiring an M&E focal point and a person with responsibility for resource mobilization would be useful.

In terms of human resources, the current Country Office staffing seems appropriate for the purpose of regular programming. Most interviewees talked about the expertise and accessibility of UNFPA CO staff, reflecting no need for change. Few people (mostly CO staff and UN representatives) suggested that given a high workload, planned projects and importance of resource mobilization for successful programme implementation, it would be useful to hire M&E focal point and a person with responsibility for resource mobilization.

UNFPA's current office structure has been affected by certain changes. According to the official communication from UNFPA EECA Regional Office, as of January 17, 2019 UNFPA CO Assistant Representative has been assigned as the OIC given the interim representational arrangements in EECA Country Offices without a UNFPA-appointed resident representative during the six-month transitional period (January-June 2019).

4.6.2 Use of an appropriate combination of tools and approaches for smooth programme delivery

Finding 28. UNFPA has given preference to the DEX modality to maximise flexibility and responsiveness and avoid potential risks. UNFPA corporate administrative and financial procedures are appropriate for country-level regular programming.

UNFPA Azerbaijan has given preference to the DEX modality in order to have more flexibility and responsiveness in managing planned activities. Current administrative/financial structures and procedures of state institutions present potential risks for using NEX and the CO uses DEX to mitigate possible risks as recommended by a UNCT Azerbaijan macro-assessment of 2005; assessment is still valid.

The analysis of data collected during the desk review as well as through the interviews with UNFPA staff confirmed that the administrative and financial procedures utilized by the CO are based on the set of corporate guidelines. These include policies and procedures for document management, duty travel, fixed asset management, office supplies and furniture, vehicle management, mail and pouch, translation, human resources, international and local procurement, financial operations and bookkeeping, resource planning and budgeting, and financial framework. According to document review and feedback received from stakeholders, these procedures utilized are appropriate for the purposes of regular programming in Azerbaijan. The administrative and financial modalities are transparent, timely and enable the smooth implementation of planned programme activities.

In general, there is an adequate degree of CO compliance with corporate administrative and financial procedures. According to information provided by UNFPA, all accounting records for finance have been kept for ten years in paper format in line with the respective corporate requirements and are easily made available for inspection as needed. The same holds true for all administrative records that are kept for a maximum length of ten years. The system of storing the data electronically was introduced in 2004 and all documents produced and processed thereafter are also available in e-format irrespective of availability of hard copies. It also transpired during the interviews with UNFPA support staff that end of year accounts closure takes place each year in October-November for the purposes of physical assets accounting, when an annual inventory with description and valuation of all assets is done. Further to this, each year this process is followed by information entered into an online checklist on asset management certification for the purposes of financial accountability. There were only four cases raised in the framework of remote UNFPA internal compliance audit within the current CP in 2016. They concerned recruitment procedures (ICC for an interpreter), publication of MISP resource books, sub-contracting procedures for 16 Days of Activism Against GBV campaign, and an inter-agency transfer for a UNFPA/UNDP research project. All cases were successfully signed off with additional support documents provided for two of the cases and recommendations for further adjustment with UNFPA policies and procedures for the rest.

The review of financial data showed that there is an almost equal distribution of programme support costs for the three components under the RR funding. These costs include expenses for common services, IT support, office stationery and supplies, cost recovery, security, phone/fax, in-city and in-country travel, mail and pouch services. Rather large amounts were incurred by the programme support costs for the institutional budget (Assistant Representative, Admin/Finance Associate, Secretary) and the GBV Project funded by USAID (project start-up costs, rent, etc.). Overall, the programme support costs (in \$) were distributed as follows:

ATLAS Project Code	2016	2017	2018	2019 (projected)
AZE04GEQ/RR	5,605.00	6,181.55	8,388.83	9,250.00
AZE04PDS/RR	6,934.36	5,450.79	10,936.72	9,250.00
AZE04SRH/RR	5,552.60	4,994.48	5,213.97	9,250.00
AZE04PCA/RR	9,756.41	10,798.14	13,545.53	14,766.00
AZEM0809/RR	17,891.22	10,901.91	16,043.72	4,218.20

AZE04GEQ/OR	22,595.15	17,947.79	378.57	0
AZE04PDS/OR	0	3,315.78	1,321.30	340.95
AZE04SRH/OR	91.38	0	0	0

According to information provided by UNFPA staff, a series of administrative and support services have been provided by the UNDP CO to UNFPA CO based on the Service Level Agreement of 12 December 2007. This includes payment processes, staff selection and recruitment, staff HR and Benefits administration management, recurrent personnel management services, as well as issuance of UN IDs. This approach is a contribution to the operations of the CO given the reduced administrative costs.

Finding 29. The UNFPA CO has conducted regular monitoring and reporting against the CPD Results Framework using its own MIS model and the corporate SIS system.

Monitoring of UNFPA CO performance in the framework of the current CP was conducted by the CO staff to boost the effectiveness of strategic interventions as regards achievement of the programme outputs. Monitoring of the CP has been done in accordance with UNFPA corporate procedures and guidelines and is based on the principles of results-based management. It transpired from the data collected that the monitoring tools utilised aimed to capture the baseline and target data using the CPD Results and Resources Framework (RRF) for the specified period. Progressive monitoring of the programme activities has been conducted on a regular basis by the CO staff. The documentary review revealed that the CO has systematically collected and analysed the relevant information during direct observation of the activities, review of the content of the materials produced, meetings with stakeholders and beneficiaries, regular on-site visits, etc.

The CO is using its own Management Information Services (MIS) model to track changes at the level of activities, outputs and outcomes of the Country Programme; the model enables the CO to continuously see financial flows and programmatic achievements for a specific year (2016, 2017 or 2018). The review of available data showed that the CO has also reported on a quarterly and annual basis through the corporate SIS system that enables synthesizing programme progress and monitoring indicators at various levels and highlights annual implementation process. However, the evaluation team observed that though there is a process of collecting relevant data for the purposes of the monitoring through corporate MIS system, the UNFPA CO needs to develop an internal planning and tracking tool with annual indicators and baseline values.

Finding 30. The UNFPA CO does not have its own humanitarian preparedness plan, but is part of the UNCT Azerbaijan Contingency Plan which it helped develop, based inter alia on the UNFPA Minimum Preparedness Actions.

According to data collected from documentary sources as well as during meetings with representatives of UNFPA CO and other stakeholders, it transpired that UNFPA provided crucial support for developing the UNCT Azerbaijan Contingency Plan. The effort aimed at developing a common understanding of a potential emergency: an escalation of the Nagorno Karabakh conflict and how the international humanitarian community in support of the government and partners would respond to the humanitarian consequences of this emergency. UNFPA acted as part of an expert group developing the Contingency Plan with the specific responsibility for leading the GBV sub-sector under the protection chapter. The document elaborates in detail on sector-specific needs, response strategies, critical relief packages/interventions, in-country response capacity, requirements for additional resources, etc. According to respondents, the section was drafted by UNFPA staff based on guidelines for UNFPA Minimum Preparedness Actions.

Finding 31. There is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE; there is a scope for more synergised approach to planning and delivery of the strategic interventions encompassing all programme components.

Overall, there is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE. Gender has been the cross-cutting element in many PD activities. This includes joint initiatives on research and data collection, awareness raising and advocacy for GBSS.

However, there is a scope for more synergised approach to planning and delivery of the strategic interventions encompassing all programme components, e.g., generation of data and evidence on SRHR; institutionalisation of health response to GBV; MISIP; and youth as a cross-cutting issue for all three components.

Finding 32. The UNFPA CO has actively engaged in communication - including through its membership in the UNCT Communication Group and through planned partnerships with governmental and non-governmental organizations, including the private sector, and sport and youth organizations. UNFPA communication activities contributed to increased visibility of UNFPA's work.

UNFPA communication activities along with media monitoring for GBV/GBSS prevention and response contributed to increased visibility of UNFPA's work. UNFPA is a member of the UNCT Communication Group.

During the 4th programme cycle, the UNFPA CO developed a partnership plan on how to maintain partnerships with stakeholders. UNFPA developed and strengthened effective partnerships with governmental and non-governmental organizations, including sport organizations (Association of Football Federations of Azerbaijan/AFFA), and business sector (Kapital Bank). The UNFPA CO engaged strategic partners in the following activities: youth campaigns (NAYORA, ASAN), the joint WHO/UNFPA conference on the National SRH Strategy for Azerbaijan (2018-2025), activities to benefit women shelters in partnership with heads of mission spouses (HOMS), “Garabakh” FC – “Gabala” FC soccer match (conducted in the frame of 16 Days of Activism Against GBV campaign) (in partnership with AFFA), advancing the partnership with Special Olympics Eurasia to promote the rights of disabled people, recent partnerships with Kapital Bank for distributing posters fighting GBSS (Lost Daughters) and many other events.

UNFPA CO communication activities contributed to dissemination of messages against GBV, prevention efforts to address GBV, promoting the ideals of equal opportunities for the women, creation of an inclusive and enabling environment for adolescents, e.g. the 16 Days of Activism Against GBV campaign organized in partnership and cooperation with the SCFWCA, the EU Delegation in Azerbaijan and the UNCT Gender Theme Group; participation in the regional platform MenEngage to integrate gender-transformative approaches; capacity-building workshops for media representatives for improved reporting on GBSS; development, publishing and dissemination of a series of IEC materials, the festivals “Fathers and Daughters”, designing the billboards ‘Say NO to Sex Selection Abortions’ etc. UNFPA-supported advocacy activities were conducted with the active involvement of mass media, civil society representatives and government counterparts and other activities.

The CO's communication strategies were backed up by active youth participation - e.g., through consultation with the youth in the region to embrace youth aspirations for the implementation of the SDG in Azerbaijan, trainings on gender equality and reproductive health in Mingachevir and Binagadi.

4.7. UNCT coordination

4.7.1 Contribution to UNCT coordination mechanisms and joint programmes and initiatives

EQ7. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary of Findings: Within the frame of “Delivering as One” and the UNCT, UNFPA Country Office staff have contributed to UNCT coordination mechanisms around the topics of human rights and HIV respectively and have participated in mechanisms to coordinate UNCT operations and communications. UNFPA has successfully led the Gender Theme Group. It has engaged in joint programming with UNDP to strengthen the rights of women with disabilities and with UNICEF to improve youth SRHR.

Finding 30. Within the frame of “Delivering as One” and the UNCT, UNFPA Country Office staff have contributed to UNCT coordination mechanisms around the topics of human rights and HIV respectively and have participated in mechanisms to coordinate UNCT operations and communications. UNFPA has successfully led the Gender Theme Group. It has engaged in joint programming with UNDP to strengthen the rights of women with disabilities and with UNICEF to improve youth SRHR.

UN agencies in Azerbaijan are applying the “Delivering as One” approach (e.g., *One Leader, Operating as One*, and *Communicating as One*) to function more effectively and foster greater collaboration, teamwork, and joint initiatives. The UNCT, of which UNFPA is a member, supports the leadership role of the empowered Resident Coordinator over the revision and implementation of the UNAPF. The UNCT is responsible for oversight and effective functioning of the UNAPF Results Groups and M&E Group, UN Gender Theme Group, UN Working Group on Human Rights, Operations Management Team, and UNCT Communications Group. Regular UNCT meetings provide for an ongoing, high-level information exchange to strengthen inter-agency collaboration and improve coordination of the United Nations system. UNFPA cooperation with the other UN agencies has been ensured through these meetings. Moreover, UNFPA has provided inputs into UN documents and contributed to the joint results plan. Within the reporting period, UNFPA contributed to the following UNCT groups through attendance, discussions and leadership in case of the Gender Theme Group:

- 1) **Gender Theme Group (GTG)** which aims to help the government promote a shared understanding of gender challenges/priorities and ensure that priorities in the national development framework reflect the country’s international commitments to achieving gender equality. UNFPA has been leading the Gender Theme Group.
- 2) **UNCT Communications Group (UNCG)** which aims to strengthen inter-agency cooperation in the field of communications, increase the media profile of UN activities, and provide leadership in communications for the UNCT by identifying strategies to demonstrate how UN programmes are delivering results and promoting a coherent image of the UN.
- 3) **UNCT Operations Management Team (OMT)** which provides support and advice to the UNCT for effective implementation, coordination and management of common premises and common services.
- 4) **UNCT Human Rights Group** which advocates for the implementation and follow up of recommendations of the UPR and UN treaty bodies and improvement of knowledge and capacity on the UN human rights system and mechanisms.
- 5) **UNCT thematic group on HIV/AIDS** which aims to increase public awareness and coordination and support for national capacity building in AIDS prevention. The Group operations were ceased in 2017.

UNFPA has successfully led and coordinated the Gender Theme Group. UN Women is not present in Azerbaijan, and therefore, according to UN representatives, UNFPA is the hub for all activities related to gender. Within the UNFPA-led Gender Theme Group, several UN Agencies (UNFPA, UNHCR, UNICEF, UNDP, IOM, FAO, OHCHR, IOM, UNDP and RCO) joined hands for the 16 Days of Activism against GBV campaign. Other joint initiatives planned and conducted through the GTG include: development of and joint advocacy for endorsement of the SRH Strategy (WHO/UNFPA); advocacy for ratification of the Istanbul Convention on VAW; a Participatory Gender Audit to assess the extent of gender mainstreaming across the policies and programmes of UN agencies and UNCT; tracking UNCT support to the government for the implementation of CEDAW recommendations; the UNFPA/UNDP gender assessment; a joint submission to the UPR Secretariat by UNFPA, UNICEF, IOM and FAO; development of a repository of gender resources based on inputs provided by all members of the GTG. Interviewees were highly satisfied with their collaboration and partnerships with the UNFPA Country Office, which they characterised as highly effective. The UNFPA CO staff were described as motivated, capable, collaborative, result-oriented, approachable etc.

Besides its involvement in coordination mechanisms, UNFPA has also been actively involved in joint programming - notably with UNICEF and UNDP. In the framework of a joint project with UNICEF, UNFPA actively participated in a joint government-UN Youth Houses programme to renew the system of Youth Houses and to introduce youth-friendly services to adolescents that have been implemented by UNICEF (as technical coordinator of the project) in close cooperation with UNFPA, the Ministry of Youth and Sports and other partners. The project aims to develop and pilot services to provide youth with basic life skills necessary for transition into adulthood and is being implemented in Youth Houses in Binagadi and Mingachevir. UNFPA has been in charge of trainings for youth on reproductive rights. UNFPA has also teamed up with UNDP and managed to successfully mobilize funding from the government for the purpose of a project on the rights and well-being of women with disabilities.

4.8. UNFPA added value

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

Summary of Findings: UNFPA’s comparative strength in its mandate areas is evident. The Country Office can take credit for its technical expertise and ability to raise sensitive issues. Its convening power and openness to pursuing collaboration add value to the work of development partners.

4.8.1 UNFPA added value in development cooperation

Finding 31. UNFPA’s comparative strength in its mandate areas is evident. The Country Office can take credit for its technical expertise and ability to raise sensitive issues. Its convening power and openness to pursuing collaboration add value to the work of development partners.

Compared with other development agencies, UNFPA has a number of strengths. As evidenced in interviews with national and international stakeholders, UNFPA comparative strengths at the country level include, but are not limited to:

- UNFPA’s role as a lead international agency on SRHR, gender equality and population issues in the country, including as lead agency for the Gender Theme Group and for promoting maternal health and RH/FP policies, standards and protocols
- UNFPA’s level of technical expertise/professional approach in the areas of SRH, GE/GBV and PD
- UNFPA’s ability to bring sensitive issues to public agenda
- UNFPA’s ability to establish and maintain effective partnerships

Chapter 5: Conclusions

5.1. Strategic level

Conclusion #1. There is scope for expanding the UNFPA Country Programme prioritisation of vulnerable population groups.

Rationale: The evaluators conclude that interventions implemented under the UNFPA Azerbaijan 4th CP 2016-2018 are relevant at the national and international levels. The CP was designed in collaboration with stakeholders and is fully aligned with international commitments (in particular with regard to the SDGs, the ICPD and CEDAW) and national policies and legislation. Overall, UNFPA adapted its CP to institutional needs as well as needs of vulnerable populations. Nevertheless, in the light of the UNFPA SP, and specifically articulated principle of leaving no one behind and prioritisation of the vulnerable groups in the framework of the ongoing socio-economic reforms, it is suggested to use the momentum and scale up the approaches to mainstream the needs and vulnerabilities of specific population groups in the upstream support (policy advice and capacity development) to be offered in the course of the next programme cycle.

Based on findings: 1, 2, 3, 4, 5, 6

Conclusion #2. Analysis of results framework suggested a mixed achievement of programme targets. Success is uneven across programme components.

Rationale: Despite good progress is made in GEWE and PD component, it is highly unlikely that CPD indicators target will be achieved during the programme period. Overall, achievement of outcome indicators target is 25% (1 out of 4 indicators) and output indicators target is 45% (4 out of 9 indicators). This can be attributed to complex interplay of several factors including target setting, insufficient resource investment as well as external factors beyond UNFPA control e.g. not making desired effect of advocacy. Apart from this, analysis of country context on SRHR outcome states that Azerbaijan that use of modern contraceptives remains low, there is a high level of unmet need for family planning and high induced abortion rate. This suggests immediate action from UNFPA to address these issues.

Based on finding: 7

Conclusion #3. Sensitisation, awareness-raising and capacity building remain important; however, these interventions should be backed up by relevant mechanisms and tools to ensure institutional adaptation.

Rationale: UNFPA has put significant efforts into ensuring policy commitment through strategic interventions and concerted advocacy efforts that yielded series of crucial results including development of several draft policy frameworks on SRH, GE and PD. However, given certain political sensitivities and budgetary constraints more efforts should be directed towards ensuring common understanding of government officials and decision makers on the issues of SRH, GBV and GBSS for the endorsement and implementation of these programmes. The evaluation team commends UNFPA's strategic interventions to strengthen the institutional capacities of partner institutions, though it is of utmost importance to back these up by development and application of relevant mechanisms and tools to ensure institutional adaptation.

Based on finding: 21

Conclusion #4. The Government of Azerbaijan and the private sector offer additional funding sources worth exploring more, including for SRHR.

Rationale: In the framework of the 4th CP, the UNFPA CO has made good use of financial resources. In terms of programme expenditures (RR and OR), findings of the evaluation are positive. UNFPA demonstrated a high overall budget utilization rate. The Country Office also over-achieved targets for mobilizing resources for the GEWE and PD components, including through mobilisation of substantial amount of resources from the government for the first time since initiation of UNFPA operations in the country. The current programme cycle is also remarkable for initiation of successful partnerships with the private sector to scale up interventions for addressing the GBSS phenomenon. Nevertheless, the evaluators conclude that more intensive resource mobilisation efforts for SRH should be considered including through the emerging opportunities to more actively engage the government as well as by using the expertise and resources of the private sector as recommended by UNFPA SP 2018-2021.

Based on finding: 23

5.2. Programmatic level

Conclusion #5: UNFPA put steady efforts to secure political will and commitment for improved legal and policy framework on SRH; UNFPA should continue promotion of SRHR

Rationale: The draft Law on Family Planning and Reproductive Health, the draft National RH Strategy, and new guidelines, protocols and tools represent good examples of results yielded through close partnership and collaboration with the government.

Nevertheless, it is noted with concern that there remains the lack of data on major SRH indicators including CPR, maternal health, induced abortions, unmet need for family planning, etc. Hence, the evaluators conclude that UNFPA should seek opportunities for systematic data collection efforts including through partnership with other international development agencies such as UNICEF, USAID, and the EU.

UNFPA-supported activities have mainly taken place in Baku, other cities and district centres where capacity-building activities have focused on healthcare providers of secondary and tertiary-level facilities. However, primary-level health facilities are very often underdeveloped, poorly equipped and healthcare providers are not sufficiently capacitated. Thus, women and youth from remote rural areas have limited access to comprehensive SRH services. There is therefore a need to strengthen primary-level health facilities in order to assure better access to SRH services in rural areas. The UNFPA CO should advocate for policies defining services and support capacity building of healthcare providers providing SRH services through primary-level health facilities. This is an essential precondition to achieving UNFPA's goal of universal access.

Despite the fact that progressive introduction of MISP has continued for several years and introductory training on MISP has been included in the last three annual work plans of the MoH, there is a need to strengthen the collaboration of main stakeholders and maintain it by formal agreement with elaborating corresponding policies within relevant ministries; UNFPA CO needs to advocate and support activities, directed to the adoption of policy framework for MISP.

With the support, inter alia of UNFPA, Azerbaijan has introduced the near-miss approach. Taking in consideration deviations in its implementation, there is a need for an independent review of the current near-miss approach implementation status.

There is a persistent need to make critical steps to strengthen FP services and make them widely accessible, but family planning is not prioritized by the MoH. To broaden its partners in this area, UNFPA should explore working relationships with the new institution TABIB established within the

State Agency on Mandatory Health Insurance and offer its expertise, support and agree on a mode of collaboration. The UNFPA CO needs to take critical steps to improve the family planning situation, reinforce RHCS and address LMIS issues. Support is needed for capacity building of mid-level medical staff such as midwives, nurse and feldshers in order to enable them to provide counselling on FP and referral services.

Based on findings: 6, 7, 8, 21

Conclusion #6: UNFPA efforts in GEWE were successful; UNFPA should continue efforts to promote GEWE issues

Rationale: The UNFPA CO has put significant efforts for promoting gender equality and women's empowerment through successful contributions to stronger evidence-based policies to advance GE and RR; building capacities of relevant institutions for GBV prevention; improving awareness regarding GBV and available protection mechanisms, and support to the government and other stakeholders (NGOs, UN agencies) to monitor the implementation of UPR and CEDAW recommendations on GE and SRHR

Nevertheless, to further strengthen evidence-based policy and decision-making, there is a need to continue advocacy efforts for systematic generation of evidence on GEWE. In addition, UNFPA should also maintain its advocacy strategies with the Government for the endorsement, implementation and monitoring of the draft policy documents produced with reference to the country's international human rights commitments. The organization should definitely continue its efforts for monitoring the implementation status of CEDAW and UPR recommendations. To ensure effective realisation and buy-in of these efforts by the decision makers and population at large UNFPA should strive at institutionalisation of gender transformative approaches including inter alia through partnership with other Government stakeholders and most specifically with the Ministry of Education.

Based on findings: 9, 10, 11, 12, 13, 14, 21

Conclusion #7: UNFPA interventions in PD were successful; UNFPA should continue efforts to promote PD issues

Rationale: UNFPA interventions in the field of population dynamics have effectively contributed to increased availability, accessibility and use of quality data on population dynamics; production of new evidence on a number of major population issues; support for major policy initiatives; strengthening the capacities of relevant institutions; successful awareness-raising campaigns to address GBSS, with a particular focus on young males and faith-based groups; and interaction with young people through SRHR awareness-raising campaigns and in consultation processes.

The effectiveness of UNFPA's strategic interventions could be further boosted by continued support to the Government for systematic generation of data and evidence for informed policy and decision making on PD. The policy dialogue for increased understanding on population dynamics and its interlinkages with SRH and gender equality to address emerging development challenges should continue. Alongside this the evaluation team also suggests fostering policy dialogue for regular production of population estimates and projections that will form a basis for better policy planning and program development. The CO should seek opportunities for institutionalised capacity development as regards use of available population data and information.

Based on findings: 15, 16, 17, 18, 19, 20, 21

Conclusion #8. There is a need to strengthen integrated approach for results-based management

Rationale: Overall, there is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE. This includes joint initiatives on research and data collection, awareness raising and advocacy for GBSS.

The CO should aim at more synergised approach to planning and delivery of the strategic interventions encompassing all programme components for boosting the effectiveness and efficiency of the deliverables. This may include generation of data and evidence on SRHR, institutionalisation of health response to GBV, MISP, youth as a cross-cutting issue for all three components, etc.

To ensure the effectiveness of interventions during the next programme cycle, it is also important to have a framework for monitoring results. Though CO collects relevant data for the purposes of the monitoring, the CO has no internal planning and tracking tool with annual indicators and baseline values. The evaluators suggest to develop framework for monitoring results for the planned strategic interventions.

Based on findings: 26, 28

Chapter 6: Recommendations

6.1. Recommendations.

Recommendation 1. With growing evidence that suggests women and youth in rural areas are particularly vulnerable to receiving suboptimal health care and achieving poor health outcomes, **UNFPA should look for innovative techniques to identify needs of vulnerable population and prioritize their needs in the next cycle of programme design.**

Priority: High

Target level: UNFPA CO

Based on conclusion #1

Operational implications:

1. UNFPA should systematically identify and assess the needs of the most vulnerable population. Undertaking integrated “leave no one behind assessment” using resources available within UN entities is likely to be a starting point.
2. UNFPA can make additional investment for developing national policy and health care delivery models designed to meet the specific needs of vulnerable population.

Recommendation 2: Considering the very low contraceptive prevalence rate (13.9%), very high unmet need for modern family planning method (49%) and high rate of induced abortion (49%), **UNFPA should commission studies to gather in-depth knowledge on possible causes and/or barriers, and establish cause-effect relationships for programme design.**

Priority: High

Target level: UNFPA CO

Based on conclusion: 2

Operational implication:

1. UNFPA should commission research studies with state of the art methodology to get in-depth knowledge on the sexual and reproductive health behavior, potential barriers, and identify effect on population. This will help UNFPA undertaking evidence-based programming and national policy formulation.
2. Undertake joint effort of UN agencies, other development partners and research institutions in this initiative.
3. Given the context of low UNFPA regular resources, UNFPA should also look for other development partners and mobilize resources for research and model interventions.

Recommendation 3. UNFPA should further strengthen integrated approach for results-based management to enhance programme effectiveness.

Priority: High

Target level: UNFPA CO

Based on conclusion #8

Operational implications:

1. The current country programme achievements in terms of achieving planned results are very low (25% output indicators target are achieved so far). Low rate of achievement can be attributed to weak programme design or weak monitoring. UNFPA should further strengthen RBM to ensure delivery of programme results.
2. Ensure better synergies between and among all programme components in the framework of the 5th programme cycle with particular emphasis on youth as a cross-cutting issue, generation of data and evidence on SRHR, institutionalisation of health response to GBV, MISP, etc.
3. Develop an internal framework for monitoring results including through a set of qualitative and quantitative indicators for the planned strategic interventions.

Recommendation 4. Increase Country Programme focus on policy, institutional and financial sustainability

Priority: High

Target level: UNFPA CO, UNFPA Headquarters

Based on conclusion #3

Operational implications:

1. Include strategies in 5th UNFPA Country Programme for Azerbaijan for ensuring stronger sustainability of programme interventions.
2. Develop and implement activities that promote sensitization and improve awareness of decision makers on the issues of SRH, GEWE and PD and continue efforts for improved buy-in of the government of UNFPA-supported policy initiatives.
3. Continue building capacities of staff of relevant national institutions to ensure institutionalization of UNFPA-supported activities and services into national structures.

Recommendation 5. Strengthen advocacy for resource mobilization from the government and private sector

Priority: High

Target level: UNFPA CO

Based on conclusion #4

Operational implications:

1. Initiate negotiations with the government for continued cost-sharing of programme interventions
2. Develop strategies to address the resource gap for the SRH component including inter alia through partnership with the government and the private sector.
3. Develop strategies for engaging with and tapping the brainpower and expertise of the private sector as a source of new ideas and approaches.

Recommendation 6. UNFPA should continue promotion of SRHR within the newly created government office (TABIB). The office should further strengthen advocacy efforts and negotiation with MoH for developing strategies to strengthen primary-level health care facilities with a particular focus on rural areas.

Priority: High

Target level: UNFPA CO

Based on conclusion #5

Operational implications:

1. Initiate negotiations with TABIB to develop strategies for cooperation in the areas of mutual interest
2. Initiate negotiations with the MoH for developing the strategies to strengthen primary-level health facilities and their staff, with particular focus on rural areas.
3. Convene an inter-agency group under co-leadership of UNFPA and MoH for elaboration of the inter-ministerial formal agreement for the purposes of multi-sectoral engagement for MISIP roll out.
4. Conduct assessment on the current status of the near miss approach.

Recommendation 7. In GEWE, UNFPA should continue efforts for monitoring the implementation status of human rights treaties and ensure institutionalisation of behaviour change communication strategies

Priority: High

Target level: UNFPA CO

Based on conclusion #6

Operational implications:

1. Continue efforts for monitoring the implementation status of CEDAW and UPR recommendations on SRHR and gender equality in close partnership with partner organisations.
2. In close partnership with the government develop roadmap for institutionalisation of behaviour change communication strategies encompassing gender transformative approaches.

Recommendation 8. In PD, UNFPA should continue contributing to informed and rights-based policy formulation and implementation and strengthening national institutional capacities regarding use of available population data and information.

Priority: High

Target level: UNFPA CO

Based on conclusion #8

Operational implications:

1. Contribute to informed and rights-based policy formulation and implementation through generation of data and evidence on population dynamics, SRH and gender equality.
2. Systematically strengthen national institutional capacities as regards use of available population data and information in close collaboration with the SSC.

Annex 1.

The terms of reference of the cluster evaluation

Turkey, Georgia and Azerbaijan

(Abridged version)

A. INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead United Nations sexual and reproductive health agency for ensuring rights and choices of all. The strategic goal of UNFPA is to achieve the three transformative results: ending unmet need for family planning, ending maternal death, and ending violence and harmful practices against women and girls. In pursuing its goal, UNFPA has been guided by the International Conference on Population and Development (ICPD) Programme of Action (1994), the Millennium Development Goals (2000) and the 2030 Agenda for Sustainable Development (2015).

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

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

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

The primary users of this evaluation are the decision-makers in cluster countries where UNFPA operates, including the organization as a whole, government counterparts, and other development partners. The UNFPA Regional Office for Eastern Europe and Central Asia and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making.

The evaluation will be managed by a steering committee consisting of country office evaluation managers with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation and the UNFPA Evaluation Office, and in consultations with the Evaluation Reference Group. A team of competitively selected independent evaluators will conduct the cluster evaluation and prepare the cluster evaluation report and country reports.

B. CONTEXT

a. Country Profile

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

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

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

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

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

According to the Georgia reproductive health survey (2010), the total fertility rate is 2 children per woman. Trends in health indicators show improvements in attaining universal coverage of prenatal care,

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

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

b. UNFPA Country Programme

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

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

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

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

Georgia CP: The third country programme (2016-2020) was developed by UNFPA Georgia and the Government through a participatory approach, in line with the needs of the country. It responds to national priorities, contributes to the United Nations Partnership for Sustainable Development (UNPSD) 2016-2020, and is in line with the aspiration of Georgia for European integration. The country programme contributes to the post-2015 development agenda and to the UNFPA Strategic Plan, 2014-2017. The programme focuses on the following areas: (a) sexual and reproductive health, including adolescents and youth; (b) gender equality and women's empowerment; and (c) population dynamics

and proposed programme employs effective programming strategies to work in the middle-income country context, such as advocacy, policy dialogue and advice, generating evidence for policy development, knowledge management and brokerage of technical expertise. Service provision is supported only in the conflict-affected regions, including within the framework of the United Nations joint programme.

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

C. OBJECTIVES AND SCOPE OF THE CLUSTER EVALUATION

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

The specific objectives:

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

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

Scope of evaluation:

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

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

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

D. EVALUATION CRITERIA AND EVALUATION QUESTIONS

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

Relevance:

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

Effectiveness:

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

Efficiency:

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

Sustainability:

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

UNFPA Country programme coordination with UNCT:

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

UNFPA Country programme added value:

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

E. METHODOLOGY AND APPROACH

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

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

Data Collection

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

The evaluators will be required to take into account **ethical considerations when collecting information**.

Data validation

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers and the Evaluation Reference Group.

Data Analysis

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

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

Stakeholders participation

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

An **Evaluation Reference Group (ERG)** will be established by the UNFPA Country Office in each country comprising key programme stakeholders (national governmental and non-governmental counterparts, Evaluation Manager from the UNFPA Country Office). The ERG will review and provide inputs to the country case study, provide feedback to the evaluation design report, facilitate access of

evaluators to information sources, and provide comments on the main deliverables of the evaluation, in particular the country case studies at the draft stage.

F. EVALUATION PROCESS

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

a. Preparation phase:

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

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

b. Evaluation design phase

This phase will include:

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

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

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

c. Training phase

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

d. Field phase

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

e. Synthesis and dissemination phase

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

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

G. Expected outputs/ deliverables

The evaluation team will produce the following deliverables:

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

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

The evaluation team will consist of:

The evaluation team will consist of:

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

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

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

H. Management and conduct of the evaluation

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

The Cluster Evaluation Steering Group:

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

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

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

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

The Evaluation Manager of each country office will:

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

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

The main functions of the Reference Group will be:

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

Annexes:

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

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

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

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

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

Annex 2. List of interviewed persons

UNFPA

Bahija Aliyeva, Evaluation Manager
Farid Babayev, Assistant Resident Representative
Ramiz Huseynov, Program Assistant
Narmina Melikova
Elkhan Khalilov, AFA
Farhad Hajiyev, CS
Javahir Suleymanova

Other UN Agencies/Donors

Ghulam Isaczai, RC
Elgun Taghiyev, UNRC
Ulker Hamidova, FAO
Zulfiyya Guliyeva, OHCHR
Humay Eminli, IOM
Leyla Fathi UNRC
Vugar Salmanov, UNICEF
Aida Ailarova, UNICEF
Kenan Mustafayev, USAID
Onno Kervers, The Embassy of the Kingdom of the Netherlands
Maryam Haji-Ismailova, EU

Ministries/Government agencies

Afat Mammadova, MoH/PHRC
Sabina Babazade, MoH/PHRC
Jamilya Kurbanova, MoH/ObG Institute
Rashid Rumzade, Ombudsman office
Malahat Ibrahimkyzy, MP rep
Sabina Manafova, SCFWCA
Taliya Ibrahimova, SCFWCA
Aynur Veysalova, SCFWCA
Nadir Adilov, ASAN
Naila Verdiyeva, MLSPP
Rena Abdullayeva, MLSPP
Rza Allahverdiyev, SSC
Zabina Asker, SSC
Narmin Aslanbeyova, MoY

NGOs, Local/international experts, media

Mehriban Zeynalova, NGO
Javid Shahmaliyev, NGO FBO
Seymur Huseynov, Nayora
Saadat Abdullazade, Y-PEER
Khalisa Shahverdiyeva, Local expert
Ayse Akin, International expert
Jamal Mustafayev, International expert
Tomas Kucera, International expert
Ramina Eyvazkyzy, media
Suheyly Jafarova, media

GBV service providers

Zulfiyya Sadiqova, FSC

Beneficiaries

FBOs Zabrat

FBOs Xirdalan
GBV sessions, Sumgait
GBV sessions, Bilajari
Youth groups (14-18 y.o), Mingechevir
Youth groups (18-25 y.o), Mingechevir
Beneficiaries, Jalilabad
Beneficiaries, Jalilabad

Health providers

Gulnara Rzayeva, Health provider
Leyla Mamedova, Health provider
Health providers, Jalilabad
Health providers, MISP Goranboy
Health providers, MISP Lenkoran

Annex 3. List of documents consulted

General

UNFPA Annual Work Plan 2016, 2017, 2018
UNFPA Azerbaijan CPD 2011-15
UNFPA Azerbaijan CPD 2016-20
UNFPA Azerbaijan CPAP 2011-15
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UNCT GTG Annual report 2016
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UNCT GTG Semiannual report 2018
UNFPA Country Programme Evaluation: Azerbaijan (2011-2015)
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UNFPA Strategic Plan 2014-2017
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United Nations Azerbaijan Partnership Framework 2016-20
Terms of Reference for the Evaluation of the 4th Country Programme of Assistance to the Government of Azerbaijan
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Azerbaijan 2020: Vision to the Future Development Concept. December 2012.

SRH

Azerbaijan Demographic and Health Survey, 2011
Assessment of the implementation status of treaty body recommendations on sexual and reproductive health and rights in the Republic of Azerbaijan, 2015
About adoption of international live birth criteria. Order of Health Minister #142, 2014
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Order of Health Minister #87, 2014
Decree of the Azerbaijan President on establishing Public Legal Entity for the Territories' Health Units Management ("TABIB") near the State Compulsory Health Insurance Agency, 2018
MOH Strategic Action Plan 2014-2020, Appendix 1 to the MoH Order #30, 2014
Reproductive Health Law of Azerbaijan (updated 2017draft)
Reproductive Health Strategy of MOH (draft)
State Program on Improvement of Mother and Child Health 2014-2020. Approved by the President of AR, 2014
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The Law about Prevention of HIV/AIDS. Approved by the AR President, 1996
UN Inter-agency Group for Child Mortality Estimation, 2018

GEWE

Draft Law on Gender Equality.
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Law on Gender Equality. 2006
Law on Equalization of Minimum Legal Marriage Age, 2011
Law on Prevention of Domestic Violence. June 2010.
Combating Gender-based Violence Activity in Azerbaijan. Final project report. UNFPA/USAID 2017
Gender Equality and Gender Relations in Azerbaijan: Current Trends and Opportunities. Baku 2018
<http://www.scfwca.gov.az/en>

PD

AZERBAIJAN COUNTRY PROFILE. Global Programme to Prevent Son Preference and the Undervaluing of Girls. Baku, 2018
State Programme on Improvement of Official Statistics in Azerbaijan in 2013-2017. December 2012
State Programme on Improvement of Official Statistics in Azerbaijan in 2018-2025. February 2018
State Statistical Committee of the Republic of Azerbaijan. Women and Men in Azerbaijan 2016, 2017, 2018.
Draft Law on Gender based Self Selection

Draft State Programme on Population Development and Demography (2018-2030)
Employment Strategy of the Republic of Azerbaijan (2019-2030)
Mechanisms behind the Skewed Sex Ratio at Birth in Azerbaijan: Qualitative and Quantitative Analyses, Baku, 2014.
NARRATIVE REPORT COUNTRY OFFICES. Global Programme to Prevent Son Preference and the Undervaluing of Girls. Baku, 2017
NARRATIVE REPORT COUNTRY OFFICES. Global Programme to Prevent Son Preference and the Undervaluing of Girls. Baku, 2018
Population Situation Analysis: beyond the demographic transition. UNFPA/UNDP, 2015
Population Projections, 2014-2050: Different Sex Ratio at Birth Scenarios in Azerbaijan, UNFPA, 2015
PREVENTING SEX SELECTION ABORTIONS: Men are here too for Gender Equality! Project Final Narrative Report. Baku, 2018
<https://www.stat.gov.az/?lang=en>
<http://sosial.gov.az/> (in Azerbaijani)

Annex 4: Evaluation Matrix

<p>EQ1 [alignment]: To what extent is UNFPA support in SRH, GEWE and PD: (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?</p>			<p><i>Relevance</i> <i>Azerbaijan, Georgia, Turkey</i> <i>SRH, GEWE, PD</i></p>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
<p>A.1.1 [internal alignment]: Country programme components are consistent with priorities put forward in the UNFPA Strategic Plans and the UN Partnership Framework</p>	<p>IND 1.1.1 The country programme is an appropriate reflection of the UNFPA Strategic Plan development results and modes of engagement</p> <p>IND 1.1.2 The country programme prioritises leaving no one behind and reaching the furthest behind first</p> <p>IND 1.1.3 The country programme protects and promotes human rights</p> <p>IND 1.1.4 The country programme applies gender-responsive approaches</p> <p>IND 1.1.5 The country programme is in sync with the UN Partnership Framework(s)</p>	<p>UNFPA CPD, UNFPA SP 2018-2021, UNFPA SP 2014-2017 and relevant annexes, UN Partnership Frameworks</p> <p>UNFPA CO staff, UNRC, thematic/results group lead agency representatives</p>	<p>Document review</p> <p>Key informant interviews</p>
<p>A.1.2 [government priorities and commitments]: UNFPA country programme components are consistent with government priorities and international commitments</p>	<p>IND 1.2.1 UNFPA is responsive to the national legislative and policy framework, including national development plans, and aligned with sub-national priorities <i>where applicable</i></p> <p>IND 1.2.2 The country programme is designed to support the fulfilment of government commitments and obligations at the regional/international level</p>	<p>UNFPA CPD, government policies/strategies and legal frameworks, Agenda 2030, UN treaties (Report on MDGs, SDGs, ICPD, UPR, CEDAW)</p> <p>UNFPA CO staff, UN staff, government partners, non-governmental partners</p>	<p>Document review</p> <p>Key informant interviews</p>

A.1.3 [beneficiary needs]: UNFPA support is consistent with and responsive to the needs of supported institutions and vulnerable population groups	IND 1.3.1 Country programme interventions respond to institutional needs and requests in order for supported institutions to fulfil their duties IND 1.3.2 Country programme interventions respond to the rights and needs of targeted vulnerable population groups	UNFPA CPD, AWP, COARs UNFPA CO staff, government partners, non-governmental partners, service providers, end beneficiaries	Document review Key informant interviews Group discussions Training follow-up assessment
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Key findings: 1. The UNFPA Country Programme for Azerbaijan is consistent with organisational priorities put forward in the UNFPA Strategic Plans 2014-2017 and 2018-2021; in line with UNFPA’s business model, the country office does not directly provide services. The CP is designed to contribute to the UN country team’s efforts to strengthen institutional capacities and effective public and social services.

2. The CP applies a human rights-based approach and encourages gender responsiveness. It pays attention to leaving no one behind, including young people and people vulnerable to HIV/AIDS, and reaching the furthest behind first.

3. The UNFPA Country Programme was developed in a participatory fashion, including national government counterparts, and is designed to support relevant government priorities, especially the national development concept “Azerbaijan: Vision 2020”.

4. The strategic interventions encompassed by UNFPA CP are consistent with Azerbaijan’s international commitments, notably in the ICPD Programme of Action, SDGs 3, 4 and 5, as well regarding the UPR and CEDAW.

5. Thanks to constant communication, the UNFPA country office has been able to respond to government requests for support to informed policy making and institutional capacity building in a timely manner.

6. UNFPA interventions have responded to the specific SRHR needs of vulnerable population groups - i.e., disabled women and girls, the elderly, veterans of Nagorno Karabakh, women and girls vulnerable to gender-based violence and sexual abuse, and rural women and girls. Work in this area remains relevant given continued needs for information and services, especially in rural areas and for the young population

EQ2 [SRH results]: To what extent has UNFPA strengthened legal and policy frameworks for delivering integrated SRH services with a focus on adolescents, youth and vulnerable groups⁸²? To what extent has UNFPA contributed to improved emergency preparedness, including MISP? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased⁸³, including in humanitarian situations where applicable? What was UNFPA’s contribution? What were constraining and facilitating factors?			<i>Effectiveness SRH Azerbaijan</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods

⁸² CPD Azerbaijan SRH output 1.

⁸³ CPD Azerbaijan SRH outcome 1.

<p>A.2.1 [policies] UNFPA has contributed to stronger legal and policy frameworks for delivering quality integrated SRH services, including in humanitarian <i>settings where applicable</i>, and with a focus on the SRH rights and needs of A&Y and vulnerable groups</p>	<p>IND2.1.1 Evidence-based policy advocacy for informed policy making on SRHR</p> <p>IND2.1.2 National legal and policy frameworks for delivering quality integrated SRH services developed, endorsed and in use, with UNFPA support</p> <p>IND2.1.3 Reflection of needs and rights of A&Y and vulnerable groups to access integrated quality SRH services in UNFPA-supported legal and policy framework</p> <p>IND2.1.4 Contribution of UNFPA-supported policy documents to improved access to quality SRH services</p>	<p>AWPs, COARs, legal and policy documents</p> <p>UNFPA CO staff, government partners, other stakeholders, WHO</p>	<p>Document review</p> <p>Key informant interviews</p>
<p>A.2.2 [SRH services/information] UNFPA-supported institutions are capacitated and delivering quality integrated SRHR services/information, particularly for A&Y and vulnerable groups, including in humanitarian settings <i>where applicable</i></p>	<p>IND2.2.1 Incorporation of SRHR services/information into national institutional frameworks, including thanks to advocacy events for implementing protocols for FP services⁸⁴</p> <p>IND2.2.2 Improved institutional capacities for delivering quality integrated SRHR services/information, including in humanitarian situations</p> <p>IND2.2.3 regions with capacity to implement MISP at onset of crises⁸⁵</p> <p>IND2.2.4 New national CSE curriculum aligned with international standards developed⁸⁶ and in place</p>	<p>AWPs, COARs, clinical protocols and national guidelines, training manuals, monitoring data, UNFPA list of trainings, training reports</p> <p>UNFPA CO staff, government partners, trained service providers, intended end beneficiaries</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p> <p>Training assessment</p>

⁸⁴ CPD Azerbaijan SRH output 1 indicator 1: # of advocacy events with state and non-state actors to improve the institutional framework for the newly-adopted protocols for FP services. Baseline: 0. Target: 120.

⁸⁵ CPD Azerbaijan SRH output 1 indicator 3. Baseline: 15%. Target: 40%.

⁸⁶ CPD Azerbaijan SRH output 1 indicator 2. Baseline: No. Target: Yes.

A.2.3 [uptake SRH services/information] Targeted beneficiaries, and particularly A&Y and vulnerable groups, are using UNFPA-supported SRHR services/information, including in humanitarian settings <i>where applicable</i>	IND2.3.1 Evidence of SRHR services/information being used by intended beneficiaries, and particularly A&Y and vulnerable groups IND2.3.2 Increase in contraceptive prevalence rate (modern) ⁸⁷ IND2.3.3 Percentage of target population covered by cervical prevention and screening services	Monitoring data Service providers, intended end beneficiaries	Group discussions
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Key findings: 7. For many years, UNFPA has played a lead support role in the process of elaborating SRH Strategies and a RH Law, led by the Ministry of Health. Its support has been steady and purposeful, and has included a focus on IDPs, young people, and people with disabilities. However, because of sensitivities around family planning, planned improvements and alignments with international standards have met with strong political opposition.

8. UNFPA has contributed to the introduction of new guidelines, protocols and tools in the health sector and their implementation. In terms of its institutional capacities, Azerbaijan is better equipped to reduce maternal and child mortality and to prevent cervical cancer. The Ministry of Education is overcoming its reluctance to address SRHR of adolescents and youth, and young people are becoming more aware of SRHR issues. However, access barriers still exist. The MISP has been introduced, but not yet integrated into a national multi-sectoral response system.

EQ3 [GEWE results]: To what extent has UNFPA strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights⁸⁸? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth been advanced⁸⁹, including in humanitarian situations where applicable? What was UNFPA’s contribution? What were constraining and facilitating factors?			<i>Effectiveness GEWE Azerbaijan</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful	IND3.1.1 Production of data and information and policy advocacy for the purposes of	AWPs, COARs, donor reports, policy documents, surveys on GE, GBV and harmful practices, rapid assessments and	Document review Key informant interviews

⁸⁷ CPD Azerbaijan SRH outcome 1 indicator 1. Baseline: 13.9%. Target: 25%.

⁸⁸ CPD Azerbaijan GEWE output 1.

⁸⁹ CPD Azerbaijan GEWE outcome 1.

practices, including in humanitarian settings <i>where applicable</i> , and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	<p>informed policy making on GE and RR, including on GBV and harmful practices⁹⁰</p> <p>IND3.1.2 Policies and costed action plans on GE and RR, including GBV and harmful practices, developed, endorsed and in use</p> <p>IND3.1.3 Reflection of the needs and rights of A&Y and most marginalised and vulnerable women in the UNFPA-supported policy framework</p>	<p>country fact sheets on harmful practices, UNFPA CO website</p> <p>UNFPA CO staff, government partners, media, CSOs, NGOs</p>	
A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women, including in humanitarian settings <i>where applicable</i>	<p>IND3.2.1 Evidence of GBV services/information incorporated into national institutional frameworks (ESPs and SOPs), including thanks to advocacy events⁹¹</p> <p>IND3.2.2 Evidence of improved capacities for delivering quality GBV services/information, including in the health sector</p>	<p>AWPs, COARs, donor reports, ESPs and SOPs, UNFPA list of trainings, training reports, training materials</p> <p>UNFPA CO staff, government partners, USAID, FSCs, accredited NGOs, trained service providers, trained media representatives, trained FBO representatives, intended end beneficiaries</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p> <p>Training assessments</p>
A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women, are using UNFPA-supported GBV services/information, including in humanitarian situations, <i>where applicable</i>	<p>IND3.3.1 Evidence that UNFPA-supported GBV tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services/information, particularly by A&Y and the most vulnerable and marginalised women</p>	<p>AWPs, COARs, monitoring data</p> <p>UNFPA CO staff, government partners, USAID, FSCs, accredited NGOs, male youth, young girls, other intended end beneficiaries</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p>

⁹⁰ Including CPD Azerbaijan GEWE output 1 indicator 1: Surveys on GBV and harmful practices conducted with advocacy or technical support from UNFPA and results disseminated for policymaking on GE and SRHR. Baseline: 8. Target: 13.

⁹¹ CPD Azerbaijan GEWE output 1, indicator 2: # of advocacy events with state and non-state actors for institutionalisation of protocols and standards that integrate GBV prevention, protection and response. Baseline: No. Target: Yes.

A.3.4 [women's human rights] Recommendations and obligations on SRHR issued by human rights treaty bodies are monitored	IND3.4.1 Functional tracking and reporting system for monitoring and implementing of recommendations and obligations on SRHR issued by human rights treaty bodies in place ⁹² IND3.4.2 UPR recommendations on RR from the previous reporting cycle implemented ⁹³	AWPs, COARs, UNFPA list of trainings, UPR and CEDAW reports UNFPA CO staff, OHCHR, government partners (Ombudsman Office)	Document review Key informant interviews
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Key findings. 9. UNFPA's efforts to produce reliable and accessible evidence and data were successful: the national online inter-agency GBV database was developed and is fully operational under the auspices of the SCFWCA. In addition to this, six new reports are being used to inform policy-making on GE, GBV and RR.

10. At policy-level, UNFPA is highly commended for its advocacy efforts and support for the development of draft national action plans on gender equality and GBV that also consider the needs of vulnerable women (including rural women, women with disabilities, internally-displaced women and women refugees).

11. In 2016, UNFPA led a multi-sectoral effort to develop GBV ESPs and SoPs to complement the existing mechanism for effective GBV prevention and response.

12. UNFPA has built institutional capacities as regards GBV (e.g., health professionals, social workers, NGOs), though more systematic intervention strategies are necessary for improved multi-sectoral response capacities.

13. On the demand-side, UNFPA-supported campaigns have improved awareness regarding GBV and available protection mechanisms; though more institutionalised approach responsive inter alia to the needs of vulnerable groups is needed.

14. UNFPA has successfully supported the government, NGOs and UN country team members to monitor and report on the implementation of UPR and CEDAW recommendations on GE and SRHR. The Country Office contributed to the VI Periodic State Report to the CEDAW Committee; and it led the elaboration of a joint UN country team submission to the UPR Secretariat. UNFPA has initiated inter-ministerial discussions on the ratification of the Istanbul Convention. Efforts are ongoing to promote the creation of a national mechanism for reporting on the implementation of human rights recommendations including SRHR.

EQ4 [PD results]: To what extent has UNFPA strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with SRHR⁹⁴? To what extent have national policies been strengthened⁹⁵? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Azerbaijan</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods

⁹² CPD Azerbaijan GEWE output 1 indicator 3. Baseline: No. Target: Yes.

⁹³ CPD Azerbaijan GEWE outcome 1 indicator 1. Baseline: 10%. Target: 100%.

⁹⁴ CPD Azerbaijan PD output 1.

⁹⁵ CPD Azerbaijan PD outcome 1.

<p>A.4.1 [data] UNFPA has built awareness and capacities for generating and analysing disaggregated population data and assessing demographic development linkages, and surveys and reports are being produced and disseminated</p>	<p>IND4.1.1 New age and sex-disaggregated indicators incorporated into the publicly-accessible national statistical databank to guide the development of policies on PD⁹⁶</p> <p>IND4.1.2 Strengthened national statistical system in a capacity to generate, analyse and use disaggregated population data, including thanks to UNFPA-supported advocacy events⁹⁷</p> <p>IND4.1.3 Availability and accessibility of census data with advocacy and technical support from UNFPA, with particular focus on vulnerable populations</p> <p>IND4.1.4 Availability and accessibility of qualitative and quantitative reports and surveys on PD and its interlinkages with SRHR developed with advocacy or technical support from UNFPA, with particular focus on vulnerable populations⁹⁸</p>	<p>AWPs, COARs, surveys and reports on PD and interlinkages with SRHR, SSC database, UNFPA CO website</p> <p>UNFPA CO staff, government partners, other stakeholders</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p>
<p>A.4.2 [policies] Political will and capacities have been built for evidence-based policy-making, and national policies and programmes that address PD and its interlinkages with SRHR are in place and being implemented</p>	<p>IND4.2.1 Advocacy events for informed policy making on PD and its interlinkages with SRHR</p> <p>IND4.2.2 Improved capacities for evidence-based policy making on PD and its interlinkages with SRHR</p> <p>IND4.2.3 Development, endorsement and use of national policies and programmes addressing PD and its interlinkages with SRHR⁹⁹</p>	<p>AWPs, COARs, policy documents</p> <p>UNFPA CO staff, government partners, youth</p>	<p>Document review</p> <p>Key informant interviews</p> <p>Group discussions</p>

⁹⁶ CPD Azerbaijan PD output 3 indicator 2. Baseline: 257. Target 307 (2020).

⁹⁷ CPD Azerbaijan PD output 3 indicator 3. Baseline: 100. Target: 200.

⁹⁸ CPD Azerbaijan PD output 3 indicator 1. Baseline: 17. Target: 27.

⁹⁹ CPD Azerbaijan PD outcome 3 indicator 1. Baseline: 1. Target: 2.

<p>A.4.3 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent GBSS</p>	<p>IND4.3.1. UNFPA-supported awareness-raising and capacity-building for the purpose of preventing GBSS IND4.3.2 Contribution to attitudinal and behaviour change among targeted stakeholders and beneficiaries</p>	<p>AWPs, COARs, donor reports, UNFPA list of trainings, training reports, media articles UNFPA CO staff, government partners, EU, the Netherlands, CSOs, FBOs, media, intended end beneficiaries</p>	<p>Document review Key informant interviews Group discussions</p>
<p>A.4.4. [Youth participation] Youth are provided with necessary knowledge and skills on the issues concerning their health, well-being and meaningful participation in decision-making on PD and its interlinkages with SRHR</p>	<p>IND4.4.1 UNFPA supported awareness-raising and capacity-building activities promote youth participation in decision-making on PD and its interlinkages with SRHR, with particular focus on vulnerable populations</p>	<p>AWPs, COARs, policy documents UNFPA CO staff, UNICEF, government partners, youth</p>	<p>Document review Key informant interviews Group discussions</p>

Key findings: 15. UNFPA has played an important role in improving the availability and quality of demographic data in Azerbaijan in cooperation with the State Statistical Committee. In particular, UNFPA has contributed to the expansion of the national population databank by 37 new indicators disaggregated by sex, age and region.

16. UNFPA has successfully strengthened the technical skills of the State Statistics Committee to generate, analyse and use disaggregated population data; this work should continue.

17. Generating knowledge through in-depth analysis, research and evidence for informed policy and decision-making was one of the major areas of UNFPA’s intervention, which has generated a wealth of new knowledge.

18. Building on strong political will to address population-related issues, UNFPA has effectively contributed to the development of national policies and programmes on population dynamics and interlinkages with SRHR. UNFPA was a major driving force behind the draft State Programme on Population Development and Demography, the draft National Action Plan on GBSS, and a demography section of the Employment Strategy of the Republic of Azerbaijan.

19. UNFPA-supported awareness-raising activities have drawn attention to the importance/urgency of tackling GBSS and contributed to increased awareness on GBSS and the value of the girl child. To reduce GBSS, UNFPA has led extensive national and sub-national-level awareness-raising campaigns using a variety of communication channels, and with a particular focus on reaching young males and faith-based groups. Feedback on UNFPA’s efforts to change attitudes and behaviours is positive; the recent decrease in SRB may also be attributed to UNFPA.

20. UNFPA has interacted with young people through SRHR awareness-raising campaigns and in consultation processes.

<p>EQ5 [sustainability of effects]: To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?</p>	<p><i>Sustainability Azerbaijan, Georgia, Turkey</i></p>
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			<i>SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.5.1 UNFPA-supported activities and services are nationally-owned and financially viable	IND 5.1.1 Continuation (likely continuation) of policy support for UNFPA-supported activities and services (policy-level sustainability) IND 5.1.2 Institutionalisation and embedding of UNFPA-supported activities and services in national/local structures (institutional sustainability) IND 5.1.3 Availability (likely availability) of funds for continuing activities and services once UNFPA support comes to an end (financial sustainability)	Relevant policy documents; budgets UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors	Desk review Key informant interviews Group discussions

Key findings. 21. The policy-level sustainability of UNFPA-supported activities and services is likely to be ensured thanks to the existence of draft policy documents on SRH, GE and PD. However, a number of factors have delayed the adoption and implementation of these documents, including financial constraints. Government and non-governmental capacities (MoH, SCFWCA, SSC, MLSPP, NGOs) have been strengthened in a number of areas, including through the development and institutionalisation of a series of research and capacity-building initiatives.

EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?			<i>Efficiency</i> <i>Azerbaijan, Georgia,</i> <i>Turkey</i> <i>SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.6.1 UNFPA resources were adequately converted into activities and outputs	IND 6.1.1 Disposal of financial resources to the level foreseen and in a timely manner for UNFPA country office and Implementing Partners IND 6.1.2 UNFPA success in mobilising resources for implementing the country programme IND 6.1.3 Delivery of AWP in a timely manner	Resource Mobilization Strategy, Atlas reports, SIS, GPS, MoUs, project contracts/agreements, UNFPA organogram	Document review Key informant interviews

	<p>IND 6.1.4 RR (core) and OR (non-core) implementation rates over time</p> <p>IND 6.1.5 Level of financial resources used compared to value of achieved outputs/outcomes</p> <p>IND 6.1.6 Appropriateness of the UNFPA country office structure and access to human/technical for regular programming and, where applicable, humanitarian response</p>	<p>UNFPA staff, including finance and admin officers, donors</p>	
<p>A.6.2: UNFPA has used an appropriate combination of tools and approaches for smooth programme delivery</p>	<p>IND 6.2.1 Appropriateness of chosen use of DEX modality for regular programming and, where applicable, humanitarian response</p> <p>IND 6.2.2 Appropriateness of UNFPA administrative and financial procedures for regular programming and, where applicable, humanitarian response</p> <p>IND 6.2.3 Existence of a monitoring system, including monitoring instruments, which serves the purpose of decision-taking, accountability and transparency</p> <p>IND 6.2.4 Availability of an up-to-date UNFPA CO humanitarian preparedness plan and/or emergency preparedness measures in line with UNFPA Minimum Preparedness Actions (MPAs)</p>	<p>MPAs, financial audit reports, monitoring instruments, micro-assessment reports for IPs</p> <p>UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer</p>	<p>Document review</p> <p>Key informant interviews</p>

Key findings. 22. Allocation of financial resources was made in a timely manner and to the level foreseen by AWP. No significant delays were faced, and the UNFPA Country Office achieved high financial programme implementation rates. The cost-benefit ratio is considered adequate. The use of local expertise and partnerships has helped to create effective synergies.

23. The UNFPA CO managed to exceed the OR target for GEWE and PD, including for the first time thanks to funding the Government of Azerbaijan. UNFPA also managed to engage with the private sector. In 2017, UNFPA's GEWE programme was negatively impacted by the US State Department's decision to withdraw from UNFPA.

24. In terms of human resources, the UNFPA Country Office staffing is appropriate for regular programming. However, hiring an M&E focal point and a person with responsibility for resource mobilization would be useful.

25. UNFPA has given preference to the DEX modality to maximise flexibility and responsiveness and avoid potential risks. UNFPA corporate administrative and financial procedures are appropriate for country-level regular programming.

26. The UNFPA CO has conducted regular monitoring and reporting against the CPD Results Framework using its own MIS model and the corporate SIS system.
27. The UNFPA CO does not have its own humanitarian preparedness plan, but is part of the UNCT Azerbaijan Contingency Plan which it helped develop, based inter alia on the UNFPA Minimum Preparedness Actions.
28. There is a good degree of interlinkages and cooperation between UNFPA programme components on PD and GEWE; there is a scope for more synergised approach to planning and delivery of the strategic interventions encompassing all programme components.
29. The UNFPA CO has actively engaged in communication - including through its membership in the UNCT Communication Group and through planned partnerships with governmental and non-governmental organizations, including the private sector, and sport and youth organizations. UNFPA communication activities contributed to increased visibility of UNFPA's work.

EQ7 [UNCT coordination]: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			<i>Coordination Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.7.1 [coordination mechanisms and joint programmes/initiatives]: The UNFPA country office is an active member of UNCT coordination mechanisms and has initiated and/or actively contributed to joint programmes and initiatives	IND7.1.1 UNFPA leadership and active participation in UNCT coordination mechanisms in UNFPA priority areas IND7.1.2 UNFPA leadership and active participation in joint programmes/initiatives in UNFPA priority areas IND 7.1.3 Satisfaction with UNFPA leadership and membership	UNDAF annual plans and reports, UNCT meeting minutes, UNCT retreat reports, RC reports, joint action plan/programme documents, results/thematic group annual work plans and reports UNFPA staff, members/lead agencies of relevant results/thematic groups, co-implementing partners	Document review Key informant interviews

Key findings. 30. Within the frame of “Delivering as One” and the UNCT, UNFPA Country Office staff have contributed to UNCT coordination mechanisms around the topics of human rights and HIV respectively and have participated in mechanisms to coordinate UNCT operations and communications. UNFPA has successfully led the Gender Theme Group. It has engaged in joint programming with UNDP to strengthen the rights of women with disabilities and with UNICEF to improve youth SRHR.

EQ8 [UNFPA added value]: What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?			<i>Added value Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.8.1 [added value in development cooperation]: UNFPA has added benefits to its partners development programming, including emergency preparedness	IND8.1.1 UNFPA’s comparative strengths in its regular programming as perceived by international and national counterparts (governmental and non-governmental) IND8.1.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	UNFPA staff, government partners, NGOs, donors	Key informant interviews Group discussions

Key findings. 31. UNFPA’s comparative strength in its mandate areas is evident. The Country Office can take credit for its technical expertise and ability to raise sensitive issues. Its convening power and openness to pursuing collaboration add value to the work of development partners.

Annex 5. Methodological tools

Interview questions

Criteria	Questions
Relevance	<p>1. To what extent is UNFPA support in SRH (GEWE, PD): (1) aligned with the UNFPA Strategic Plans 2014-17 and 2018-21 and relevant UN Partnership Frameworks? (2) in line with priorities set by national and international policy frameworks; and (3) adapted to the needs of beneficiary institutions and intended final beneficiaries (in particular young people, vulnerable and marginalised groups)?</p> <p>1.1. To what extent UNFPA CP components are consistent with priorities put forward in the UNFPA Strategic Plans and the UN Partnership Framework?</p> <p>1.2. To what extent UNFPA CP components are consistent with government priorities and international commitments?</p> <p>1.3. To what extent UNFPA support is consistent with and responsive to the needs of supported institutions and vulnerable population groups?</p>
Effectiveness SRH	<p>2. To what extent has UNFPA strengthened legal and policy frameworks for delivering integrated SRH services with a focus on adolescents, youth and vulnerable groups? To what extent has UNFPA contributed to improved emergency preparedness, including MISP? To what extent has the availability and use of integrated SRH services that are gender-responsive and meet human rights standards for quality of care and equity in access increased, including in humanitarian situations where applicable? What was UNFPA’s contribution? What were constraining and facilitating factors?</p> <p>2.1. Has UNFPA contributed to stronger legal and policy frameworks for delivering quality integrated SRH services, including in humanitarian settings where applicable, and with a focus on the SRH rights and needs of A&Y and vulnerable groups?</p> <p>2.2. Are UNFPA-supported institutions capacitated to deliver quality integrated SRHR services/information, particularly for A&Y and vulnerable groups, including in humanitarian settings?</p> <p>2.3. Are UNFPA-supported SRHR services/information used by targeted beneficiaries, and particularly A&Y and vulnerable groups, including in humanitarian settings where applicable?</p>
Effectiveness GEWE	<p>3. To what extent has UNFPA strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women’s and girls’ empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth been advanced, including in humanitarian situations where applicable? What was UNFPA’s contribution? What were constraining and facilitating factors?</p> <p>3.1. Has UNFPA contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, including in humanitarian settings where applicable, and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women?</p>

	<p>3.2. Are UNFPA-supported institutions capacitated to provide quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women, including in humanitarian settings where applicable?</p> <p>3.3. Are targeted beneficiaries, and particularly A&Y and the most vulnerable and marginalised women using UNFPA-supported GBV services/information, including in humanitarian situations?</p> <p>3.4. Are recommendations and obligations on SRHR issued by human rights treaty bodies monitored?</p>
Effectiveness PD	<p>4. To what extent has UNFPA strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with SRHR? To what extent have national policies been strengthened? What was UNFPA's contribution? What were constraining and facilitating factors?</p> <p>4.1. Has UNFPA built awareness and capacities for generating and analysing disaggregated population data and assessing demographic development linkages and are the related surveys and reports produced and disseminated?</p> <p>4.2. Has UNFPA contributed to building political will and capacities for evidence-based policy-making and are national policies and programmes that address PD and its interlinkages with SRHR in place and being implemented?</p> <p>4.3. Are targeted stakeholders and beneficiaries sensitized and enabled to prevent GBSS?</p> <p>4.4. Are youth provided with necessary knowledge and skills on the issues concerning their health, well-being and meaningful participation in society life?</p>
Sustainability	<p>5. To what extent has UNFPA supported capacity building and the establishment of national mechanisms to ensure durability of effects? To what extent have partnerships established with representatives of partner governments promoted and safeguarded national ownership of supported interventions, programmes and policies?</p> <p>5.1. Are UNFPA-supported activities and services nationally-owned and financially viable?</p>
Efficiency	<p>6. To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?</p> <p>6.1. Were UNFPA resources adequately converted into activities and outputs?</p> <p>6.2. Has UNFPA used an appropriate combination of tools and approaches for smooth programme delivery?</p>
Coordination	<p>7. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?</p> <p>7.1. Is UNFPA country office an active member of UNCT coordination mechanisms and has initiated and/or actively contributed to joint programmes and initiatives?</p>
Added value	<p>8. What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?</p> <p>8.1. UNFPA has added benefits to its partners development programming, including emergency preparedness</p>

Questions for Focus group discussions

SRH. Health providers.

- 1 What was training supported by UNFPA you participate about?
- 2 Was it helpful?
- 3 What did you learn?
- 4 What benefits have you gained by participating in this training?
- 5 How do you employ new knowledge in your everyday practice?
- 6 What do you need for application your knowledge and new skills?
- 7 Do you think that doctors from other health facilities need to participate in such training?

SRH. Beneficiaries.

1. What was UNFPA-supported training that you participate in about?
2. Was it helpful?
3. What did you learn?
4. What benefits have you gained by participating in this training?
5. Did you share the knowledge you acquired from that training with other community members- mothers of girls?
6. Have you talk to your daughters on the issue?
7. Who may help you on that?

GE and PD. Beneficiaries

1. What was UNFPA-supported training/information session that you participate in about?
2. What did you learn as a result of training/info session?
3. Was it helpful? If so, how?
4. Are there any gains received as a result of training/information session?
5. What is the impact of these gains in your life?
6. Do you use information you received in your daily life? If so, how?
7. Has the information/knowledge you received influence your behavior and world view? If so, how?
8. Have you ever shared information you received during training with others? If so, what information? Who you shared it with?
9. Are you satisfied with UNFPA training/info session? If so, why/why not?

Annex 6. Stakeholder map.

Donors	Implementing Partners	Other Partners	Targeted Beneficiaries	Other Stakeholders
GENDER EQUALITY				
Strategic Plan Outcome: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth				
CPAP Output: Strengthened national institutional capacities for design and implementation of evidence-based policies to advance gender equality and reproductive rights				
AZE04GEQ				
UNFPA, USAID	UNFPA	State Committee for Family, Women and Children's Affairs	Policy and decision-makers, staff of national service providing institutions, local NGOs, local FBOs, Government gender focal points, Family Support Centers, local communities	Ministry of Labour and Social Protection of the Population, Public Health and Reforms Center, Ministry of Internal Affairs, local NGOs, Ombudsperson's Office, international and local experts, Gender Theme Group
REPRODUCTIVE HEALTH				
Strategic Plan Outcome: Increased availability and use of integrated sexual and reproductive health services that are gender sensitive and meet human rights standards for quality of care and equity and access				
CPAP Output: Strengthened legal and policy frameworks to deliver integrated sexual and reproductive health services, with focus on adolescents, youth and vulnerable groups				
AZE04SRH				
UNFPA	UNFPA	Ministry of Health, Public Health and Reforms Center	Policy and decision-makers, health providers, local communities	State Committee for Family, Women and Children's Affairs, WHO, local NGOs, Ombudsperson's Office, local expert community
POPULATION AND DEVELOPMENT				
Strategic Plan Outcome: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality				
CPAP Output: Strengthened national institutional capacities for formulation and implementation of transparent and rights-based policies that integrate evidence on population dynamics and its interlinkages with sexual and reproductive health and rights				
AZE04PDS				

	UNFPA, EU, Embassy of the Netherlands	UNFPA	Ministry of Labour and Social Protection of the Population, State Statistics Committee	Policy and decision-makers, local communities, youth groups, local FBOs, media, staff of national statistics institutions	State Committee for Family, Women and Children's Affairs, Ministry of Youth and Sports, National Youth Houses, local NGOs, international and local experts, national Paralympics Committee, UNICEF, Azerbaijan Y-Peer Network, NAYORA
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Annex 7. Azerbaijan country programme financial structure

Source: If not otherwise indicated, Atlas Cognos Report 2018. All 2018 figures are provisional and as of December 5th 2019 only (**03 May 2019**), for which reason certain discrepancies can appear in the grand totals. The amounts do not include commodities received in kind over the years.

Table 1: Indicative Assistance by Programmatic Area 2016-20 (in millions of US\$)

Programmatic Area	RR	OR	Total	%
Sexual and reproductive health	1.2	0.6	1.8	43.9
Gender equality and women's empowerment	0.5	0.5	1.0	24.4
Population dynamics	0.6	0.4	1.0	24.4
Programme Coordination and Assistance (PCA)	0.3	-	0.3	7.3
Total	2.6	1.5	4.1	100.0

Source: CPD 2016-2020

Table 2: Annual Ceilings (RR) and Mobilised OR 2016-2018 (in US\$)

	2016	2017	2018	Total
RR	410,000.00	336,673.00	542,500.00	1,289,173.00
ERF	-	-	-	-
OR	376,328.32	322,215.38	87,478.87	786,022.57
Total	786,328.32	658,888.38	629,978.87	2,075,195.57

Table 3: OR Mobilisation by Programmatic Area and Origin (Donor) 2016-2018 (in US\$)

Donor	SRH	GEWE	PD	Total
Chiesi Foundation (3FPBF)	16,399.87			16,399.87
USAID (USA66)		500,000.00		500,000.00
EU (EUA87)			161,100.00	161,100.00
The Netherlands (NLA72)			108,522.70	108,522.70
Government		-	-	-
Total	16,399.87	500,000.00	269,662.70	786,022.57

Table 4: Annual Utilisation RR/OR 2016-2018 (in US\$)

	2016	2017	2018	Total
RR	407,953.19	341,140.35	545,952.29	1,295,045.83
ERF	-	-	-	-
OR	82,431.78	509,632.05	96,264.91	688,328.74
Total	490,384.97	850,772.40	642,217.20	1,983,374.57

Table 5: Expenditures by Programmatic Area RR/OR 2016-2018 (in US\$)

	SRH	GEWE	PD	PCA	Total
RR	497,259.01	347,809.74	378,061.79	71,915.29	1,295,045.83
OR	15,184.83	462,947.71	210,196.20	-	688,328.74
Total	512,443.84	810,757.45	588,257.99	71,915.29	1,983,374.57

Table 6: Annual Expenditures by Fund Utilisation Modality 2016-2018 (in US\$)¹⁰⁰

¹⁰⁰ Including institutional budget.

	2016	2017	2018	Total
NEX	-	-	-	-
DEX	490,384.97	850,772.40	642,217.20	1,983,374.57
IB (Institutional Budget)	157,360.92	152,266.47	174,235.73	483,863.12
Total	647,745.89	1,003,038.87	816,452.93	2,467,237.69

Budget Utilization Rate (%) 2016-2018 (Ref.: Cognos report).

Annual variations between programme components:

% RR 2016-2018					% OR 2016-2018				
	SRH	GEWE	PD	PCA		SRH	GEWE	PD	PCA
2016	41.11	25.41	29.20	4.28	2016	18.42	81.58	-	-
2017	37.43	27.81	30.34	4.41	2017	-	73.54	26.46	-
2018	36.97	27.34	28.47	7.21	2018	-	21.74	78.26	-

Budget Utilization Rate (%) 2016-2018 (ref.: Atlas/GPS).

Annual variations between RR and OR:

	Budget Utilization Rate % - RR	Budget Utilization Rate % - OR	Total Budget Utilization RR and OR Rate %
2016	99.50	93.85	96.7
2017	101.33	87.15	94.2
2018	100.64	90.56	94.6

Total for Budget Utilization Rate (%) 2016-2018:

Budget Utilization Rate % - <u>RR</u> 2016-2018	100.49
Budget Utilization Rate % - <u>OR</u> 2016-2018	90.52
Total Budget Utilization Rate % <u>RR and OR</u> 2016-2018	95.50

Annex 8. Azerbaijan Key Programme Results 2016-18

Sexual and reproductive health

*In 2016, UNFPA reported the following achievements:*¹⁰¹

- > development and approval of the National Strategy on Reproductive Health for Azerbaijan 2017-25 and initial work to prepare a costed national SRH action plan 2017-25
- > elaboration of a draft SRH Law
- > development of training manual and training sessions for health care providers on live-birth definition (LBD) in six regions
- > joint monitoring of the quality of FP services and pre- and perinatal care

*In 2017, UNFPA reported the following achievements:*¹⁰²

- > endorsement of a national cost-benefit analysis on contraceptives and abortions
- > endorsement of the national SRH action plan
- > preparation and endorsement of national guidelines on perinatal audit, including near-miss case review, and piloting of near-miss case reviews in 10 regions
- > development of national guidelines on MISP implementation
- > development of national guidelines on cervical cancer prevention and screening
- > training sessions on SRH action plan implementation in 10 regions
- > training sessions on MISP implementation in five regions
- > training sessions on cervical cancer prevention and screening in ten regions

*In 2018, UNFPA reported following achievements:*¹⁰³

- > development of manual on physical and sexual violence against girls
- > training sessions on physical and sexual violence against girls in 4 districts of Azerbaijan
- > adaptation of the WHO module on perinatal audit
- > development of training manual on Near-Miss Case Reviews
- > certification of 2 national experts in OSCE international certification programme on the prevention of cervical cancer
- > training in Baku (TOT) on Near-Miss Case Reviews
- > first simulation exercise on MISP in Khachmaz and Goranboy districts
- > development of the online VIC package for Azerbaijan; work with the EEIRH Romania
- > monitoring visits to the regions to track progress in the fields of FP, prenatal care

Gender and women's empowerment

*In 2016, UNFPA reported the following achievements:*¹⁰⁴

- > advocacy to raise awareness among the government officials and the population at large of the Concluding Observations and the recommendations issued by the CEDAW Committee (2015)
- > a comprehensive assessment document on the situation with gender equality in the country produced

¹⁰¹ Source: UNFPA Azerbaijan COAR 2016; UNFPA country office.

¹⁰² Source: UNFPA Azerbaijan COAR 2017; UNFPA country office.

¹⁰³ Source: Extracted by UNFPA country office from SIS portal for UNFPA Azerbaijan, 2018.

¹⁰⁴ Source: UNFPA Azerbaijan COAR 2016; UNFPA country office.

- > advocacy for improved evidence base on the dynamics of gender relations in Azerbaijan (International Men and Gender Equality (IMAGES) research launched, first draft report produced) held
- > advocacy efforts targeting decision-makers undertaken to speed up endorsement of the policy framework on GBV
- > advocacy efforts held for an improved policy framework on combating GBSS including through the ASAN public service network
- > draft policy papers on FP and RH for the purposes of informed grass-roots advocacy developed
- > series of advocacy campaigns to increase the understanding of the population on GBV and the available protection mechanism held
- > family festival held in close partnership with the SCFWCA
- > additional resources mobilised from USAID to complement the strategic interventions for improved national referral mechanism for preventing and addressing GBV
- > the resource package on strengthening health system responses to GBV finalised, advocacy with the MoH for endorsement of the package held, and ToT for rolling out the package held
- > assessment of the needs of the SCGWCA's Family Support Centers as well as the NGOs accredited by the MLSP to render support service to GBV victims held
- > nation-wide 16 days of activism campaign against GBV held with active participation of several UN agencies, EU, USAID, Government and CSO partners under the leadership of UNFPA as the UNCT Gender Theme Group Chair
- > capacity building trainings targeting national media representatives for improved reporting on GBSS held

*In 2017, UNFPA reported the following achievements:*¹⁰⁵

- > CEDAW monitoring tool drafted to track the UNCT's support to the government for implementation of CEDAW Convention and the latest Concluding Observations (2015)
- > in-depth analysis of available legal and policy framework on GBV in Azerbaijan conducted for the purpose of improving the national legal and policy environment for effective prevention, protection and accountability mechanisms for reducing GBV
- > national inter-agency GBV database established for the purposes of facilitating evidence-based decision and policy making to prevent and address GBV in Azerbaijan
- > nationally-representative survey on GBV prevalence rates and women's coping strategies initiated and data collection process finalised
- > second updated draft of the IMAGES (International Men and Gender Equality Survey) report produced
- > advocacy efforts undertaken for an improved policy framework on combating GBSS
- > advocacy targeting the decision-makers on the need to endorse policy framework on GBV held
- > national action plan on GBV prevention and response updated with the international expert support
- > family festival held in close partnership with the SCFWCA
- > guidelines for interagency coordination and monitoring mechanism on GBV prevention and response drafted to support establishment of the national Inter-agency Steering Council on Gender Equality and GBV aimed at facilitation of collaboration between all involved stakeholders (including the ministries of interior, health, education, social protection, the State Committee on Family, Women and Children's Affairs and other ministries and bodies)

¹⁰⁵ Source: UNFPA Azerbaijan COAR 2017; UNFPA country office.

- > series of advocacy campaigns to increase the understanding of the population on GBV and the available protection mechanism held
- > joint grass-roots advocacy held with the government and CSOs through information sessions on the causes and consequences of GBV as well as protection mechanisms for GBV survivors
- > clinical protocols on health response to GBV finalised
- > capacity building training held for the staff of 11 regional Family Support Centres functioning under the auspices of the SCFWCA to increase their knowledge and skills on GBV in order to enable service providers to adapt their skills in dealing with cases of GBV to provide better effective and responsive services to the victims
- > UNCT action mobilised for drafting a joint submission to the UPR Secretariat on behalf of the UN RC by UNFPA, UNICEF, IOM, and FAO. UNFPA's section was on Reproductive Health, Gender-Based Violence and Gender Equality and covered all gaps and recommendations as regards these issues
- > nation-wide 16 days of activism campaign against GBV held with active participation of several UN agencies, USAID, Government and CSO partners under the leadership of UNFPA as the UNCT Gender Theme Group Chair
- > Participatory Gender Audit held under the leadership of UNFPA as the UNCT Gender Theme Group Chair for assessing the extent to which gender is mainstreamed across the UNCT and individual UN agencies

*In 2018, UNFPA reported having delivered:*¹⁰⁶

- > IMAGES report and infographics finalised, published and extensively disseminated
- > UNFPA/UNDP joint research on gender barriers for economic participation of women finalised, study report produced
- > a qualitative study on economic costs of Gender-Based Violence (GBV) held for presenting further evidence for catalysing prompt action for effective GBV response. The first draft of the report produced.
- > first draft of the nationally-representative survey on GBV prevalence rates and women's coping strategies produced
- > advocacy event for the endorsement of the national action plan on GBV conducted
- > capacity building training for the Government delegation held to support the process of development of the VI Periodic State Report to the CEDAW Committee
- > GBV inter-agency coordination group for adaptation of GBV ESPs (Essential Service Packages) and SoPs (Standard Operating Procedures) established and operational
- > GBV ESPs and SoPs finalised and submitted to the SCFWCA for further follow-up and advocacy with line ministries for endorsement
- > capacity building trainings for local GBV monitoring groups held
- > family festival held in close partnership with the SCFWCA
- > joint project proposal developed in close partnership with UNDP and the Government to mobilise additional resources to advocate for the rights of the women with disabilities and submitted for Government funding
- > nation-wide 16 days of activism campaign against GBV held with active participation of nine UN agencies, Government and CSO partners under the leadership of UNFPA as the UNCT Gender Theme Group Chair

¹⁰⁶ Source: Extracted by UNFPA country office from SIS portal for UNFPA Azerbaijan, 2018.

Population dynamics

In 2016, UNFPA reported the following achievements:¹⁰⁷

- > 9 new sex-disaggregated indicators developed and integrated into the national statistical population database
- > SAS (Statistical Analysis System) with special focus on natural movement of population and migration introduced to the SSC
- > sample household statistical survey on early marriages and out of wedlock birth cases in Azerbaijan conducted; report published and launched
- > population projections by economic regions of Azerbaijan until 2050
- > advocacy for improved evidence base on the dynamics of gender relations in Azerbaijan (International Men and Gender Equality (IMAGES) research launched, first draft report produced) held
- > statistical yearbook “Women and Men in Azerbaijan, 2016” compiled and published
- > to complement the strategic interventions aimed at addressing GBSS in Azerbaijan a series of advocacy activities held through the active involvement of mass media, civil society representatives and government counterparts
- > awareness-raising sessions and a theatre-based training on promotion of the healthy life style held in the frames of the Youth Solidarity Summer Camp organised jointly with ASAN Service Network and the Ministry of Youth and Sports of the Republic of Azerbaijan
- > national advocacy campaign ‘The Role of Youth in Promoting SDGs in Azerbaijan’ held
- > two draft policy papers on reproductive health and family planning with particular emphasis on the role of religion (Islam) produced
- > incorporation of the standalone section on combating sex selection into the draft State Programme on Population Development and Demography (2018-2030)
- > Employment Strategy of the Republic of Azerbaijan (2019-2030) drafted based on the current demographic trends and population development prospects in the country

In 2017, UNFPA reported the following achievements:¹⁰⁸

- > statistical yearbook “Women and Men in Azerbaijan, 2017” compiled and published 15 new sex-disaggregated indicators developed and integrated in the national population database
- > second updated draft of the IMAGES (International Men and Gender Equality Survey) report produced
- > additional resources for addressing son preference and GBSS in Azerbaijan were mobilised from the Embassy of the Kingdom of the Netherlands and the EU
- > strong support of men for addressing GBSS was secured through active involvement of young men/future fathers as lead advocates and agents of change in the frames of the community-based awareness raising interventions, which was a promising, effective and indispensable approach to effectively promote the value of a girl child
- > ToT for the selected group of young male trainers conducted
- > 50 information sessions were rolled out both in the 24 cities of Azerbaijan and in Baku; more than 1,000 young males benefited from these information sessions throughout the country. They became more gender sensitive and aware about the skewed sex ratio at birth phenomenon, its implications and consequences;

¹⁰⁷ Source: UNFPA Azerbaijan COAR 2016; UNFPA country office.

¹⁰⁸ Source: UNFPA Azerbaijan COAR 2017; UNFPA country office.

- > active engagement of faith-based groups and local community leaders in the efforts to address the GBSS and son preference secured; 44 mosques were covered and overall about 2,000 attendees were reached through the training/information sessions
- > series of capacity building trainings held for representatives of major national media portals to provide them with more knowledge and information on the causes and negative consequences of GBSS
- > series of information materials on GBSS (leaflets, brochures, etc.) developed and extensively disseminated;
- > photo exhibition displayed in one of the biggest Baku shopping mall Park Bulvar to draw attention of the public to the value of a girl child and responsible fatherhood
- > social experiment and public survey to gauge the public opinion about GBSS and the value of a girl in the society held in cooperation with the 1news.az and uploaded in social media on 11 October, International Day of the Girl Child
- > theatre play “Qız Yüğü” (“Daughter’s Burden”) organised as a part of grass roots advocacy campaign to combat GBSS
- > PSA “You are a source of my strength” was produced to reinforcing the father’s crucial role in empowering a girl child
- > Open air festival “Fathers and Daughters” was held as a part of grass roots advocacy campaign to combat GBSS
- > drafting process of the National Action Plan on Prevention of and Response to Gender Biased Sex Selection (GBSS) in Azerbaijan was initiated

In 2018, UNFPA reported the following achievements¹⁰⁹

- > Pilot National Population Census held in Gabala region
- > 10 new sex-disaggregated indicators developed and integrated in the national population database
- > statistical yearbook “Women and Men in Azerbaijan, 2018” compiled and published
- > IMAGES report and infographics finalised, published and extensively disseminated
- > awareness raising sessions on sexual and reproductive health, and gender sensitization were held for teenagers and youth in Binagadi district and Mingachevir city of Azerbaijan
- > Open air festival “Fathers and Daughters” was held in Ganja, the second biggest city of Azerbaijan, as a part of grass roots advocacy campaign to combat GBSS
- > 4 radio programmes were developed and broadcasted by ASAN radio to discuss consequences of boy preference, explore the role of the civil society and media in promoting GBSS prevention, and promote gender equality and women empowerment
- > A PSA “The life is much better when you are in it” with the participation of the famous male sportsmen (karate, tae kwon do, wrestling, Paralympic games winners and footballers) who demonstrated their support to women empowerment and stood for the value of a girl child was as a part of grass roots advocacy campaign to combat GBSS
- > to ensure wider coverage of the GBSS topic in social media, UNFPA cooperated with famous online news company to prepare a short educational video on GBSS
- > project proposal developed in close partnership with the Government to mobilise additional resources to advocate for the promoting wellbeing of the elderly persons in Azerbaijan through active ageing and submitted for Government funding
- > open air flash mobs with the participation of young talented women musicians in 4 regions/cities of Azerbaijan held to contribute further to the awareness raising on GBSS prevention and promotion of the value of a girl child

¹⁰⁹ Source: Extracted by UNFPA country office from SIS portal for UNFPA Azerbaijan, 2018.

- > joint initiative with Special Olympics held to provide girls and young women in Azerbaijan, with and without intellectual disabilities, with equal opportunities to participate in sports and reduce their risk of being victims of gender-based violence and discrimination
- > Joint celebration of the International Yoga Day with the Indian Embassy; Yoga challenge was announced to improve the image of women as equal and strong member of society
- > Workshop for media representatives held with participation of international expert to strengthen media capacities for improved reporting on son preference and GBSS
- > Cooperation with media holdings in Turkey strengthened
- > process of developing National Transfer Accounts (NTA) for the Republic of Azerbaijan was initiated
- > monitoring and evaluation system for the draft State Programme (SP) on Population Development and Demography (2018-2030) was drafted in joint cooperation with the MLSP
- > gender assessment of legislation and social policies contributing to reinforcement of son preference and undervaluing of girls in Azerbaijan was initiated
- > National Action Plan on Prevention of and Response to Gender Biased Sex Selection (GBSS) in Azerbaijan developed, launched and submitted to the Government for the endorsement

Annex 9. Participation in coordination mechanism. List of trainings 2016-2018

Development cooperation, humanitarian assistance and peace support, including UNCT and other

Country:
Azerbaijan

Programme component (SRH, GEWE, PD)	Name of coordination mechanism	National or sub-national coverage (please specify region/district etc.)	Current membership	UNFPA role (chair, co-chair, participant, other)	Year(s)	Remarks
GEWE	UNCT Gender Theme Group	national		Chair	In progress (since establishment)	
	UNCT Communications Group	national		Member	In progress	
	UNCT Human Rights Group	national		Member	In progress	
	UNCT OMT	national		Member	In progress	
SRH	UNCT thematic group on HIV/AIDS	national		Member	until 2017	group's operations were ceased in 2017

Training overview 2016-2018

Country: Azerbaijan

Programme component (SRH, GEWE, PD)	Name of training (in English)	Training provider	Training dates	Training location	Audience	# Participants	Availability of training report/evaluation
SRH	Training sessions for health care providers on live-birth definition (LBD) in six regions	Local trainers (S.Asadova, M.Rzayeva, A.Bagirova)	23 May 2016 – 30 June 2016	Baku, Guba, Sabirabad, Sheki, Gandja, Lenkoran,	Health care providers	165	Yes
SRH	Capacity building trainings on MISP implementation in five regions	Local Experts (Ms. Sabina Babazade)	21 May - 26 May 2017	Baku, Saatly, Sabirabad, Gandja	Health care providers, Ministry of Emergencies and Ministry of Internal Affairs local representatives	80	Yes
SRH	Training sessions on CC Prevention and screening for Health service providers from Baku and 10 regions of Azerbaijan	Local Trainers OBGYN	June - July 2017	Baku	Health Service Providers	40	Yes
SRH	Training sessions for working groups on development of the RH/FP strategy	International WHO Expert, Local Experts	27 February - 2 March 2017	Baku	Representatives from MoH, MoF, SSC, SCFWCA	50	Yes
SRH	Training sessions on GBV and its interlinkages with SRH	Local experts (G.Rzayeva and M.Zeynalova)	12 March - 20 April 2018	Jalilabad, Masalli and Zakatala	Health care providers, secondary school teachers	75	Yes

SRH	Capacity building training on perinatal audit	Local expert (Ms. Gulnara Rzayeva)	June - July 2018	Baku	Health Service Providers	30	Yes
SRH	MISP Simulation based training sessions	Local Experts (Ms. Sabina Babazade, Ms. Leyla Mammadova, Ms. Gulnara Rzayeva)	July-September 2018	Guba, Goranboy	Health care providers, Ministry of Emergencies and Ministry of Internal Affairs local representatives	80	Yes
Gender	Capacity building training for the local technical group analysing the findings of the IMAGES research	International expert (R.Levtov)	23-25 May 2016	Baku	local researchers and UNFPA's programme staff	10	yes
Gender	Capacity building training for national media representatives for improved reporting on GBSS	Local experts (S.Jafarova, A.Veysalova, G.Rzayeva)	10-11 May 2016	Baku	local media representatiavs	20	yes
Gender	Training on health system responses to GBV	International experts (A.Akin and E.Turkcelik)	April 25- June 30, 2016	Baku	health care providers	20	yes
Gender	Training summer camp/information sessions for youth	UNFPA's Y-PEER activists	20-25 July 2017	Lahij district	youth	16	Yes
Gender	Information sessions on the causes and consequences of GBV as well as protection mechanisms for GBV survivors	Local trainers from CSOs	May-September 2017	Quba-Khachmaz, Sheki-Zaqatala, Ganja-Qazakh	community members	1046	yes

Gender	Information sessions on the causes and consequences of GBV as well as protection mechanisms for GBV survivors	Local trainers from CSOs	May-September 2017	Absheron, Lenkoran, Aran	male groups	234	yes
Gender	Capacity building trainings for improved identification and support to the GBV victims	International experts (A.Akin and E.Turkcelik)	14-17 December 2017	Mingechevir	service staff of 11 Family Support Centers	21	yes
Gender	Capacity building training for the facilitators and interviewers of the survey on GBV prevalence rates	Local trainers from CSO	18-21 October 2017	Baku	study interviewers and facilitators	40	yes
Gender	Capacity building training for GBV database users from ministries, state committees and local executive committees	Local trainers from CSO	Oct-17	Baku	government and NGO representatives	43	yes
Gender	Training on gender mainstreaming across UNCT (Participatory Gender Audit)	International expert (L.W.Dominique)	13-14 June 2017	Baku	UN professional and support staff	33	yes
Gender	Information sessions to raise awareness of GBV among young girls	Local trainers from CSO	Nov-17	Bilesuvar, Lenkoran	local community members/young girls	170	yes
Gender	Capacity building trainings for local GBV monitoring groups held	Local experts (T.Ibrahimova, J.Rahmatullayeva)	April-June 2018	Baku, Shemakha, Qakh, Sheki, Goygol, Gedabek, Shemkir	staff of the local GBV monitoring groups	151	yes

Gender	Capacity building training for Government delegation for development of VI State Report to CEDAW Committee)	International expert (M.S.Dairiam)	20-21 November 2018	Baku	technical level staff of the line ministries and state committees responsible for drafting the report	34	yes
Gender	Information sessions to raise awareness of GBV among young girls	Local trainers from CSO	25 November - 6 December 2018	Mingechevir, Qusar, Lenkoran, Balakan	local community members/young girls	320	yes
PD	Awareness-raising sessions and a Theatre-based training on healthy lifestyle	Local trainers from CSO	25 November - 15 June 2016	Lenkoran, Quba, Ganja, Sheki	local youth groups	80	yes
PD	Information sessions targeting male groups to combat GBSS	Local trainers from CSO	20 May - 30 September 2017	Ismailli, Shamakhi, Guba, Gusar, Khachmaz, Ganja, Baku, Goygol, Shamkir, Qazakh, Agdam, Shaki, Balakan, Qax, Zaqatala, Hacıqabul, Sabirabad, Goyçay, Mingachevir, Beylaqan, Bilasuvar, Lenkoran, Astara, Yardimli, Lerik	male youth	1020	yes
PD	Gender sensitization sessions with focus on GBSS	Local GBV expert (J.Shahmaliyev)	27 April - 7 December 2017	Baku, Sumgayit, Mingechevir, Absheron, Massali, Lenkoran, Astara, Jalilabad, Lerik,	Representatives of local FBOs and mosques' participants	1700	yes

				Guba, Aran and Ganja			
PD	Capacity building training for national media representatives for improved reporting on GBSS	Local trainers from CSO	24-25 May 2018	Baku	Journalists and bloggers	12	yes
PD	Awareness raising sessions on SRH and Gender	Local trainers from Y-PEER Network	1 March - 18 December 2018	Bineqedi and Mingechevir	youth groups	500	yes
PD	Development of population projections	International experts from Charles University in Prague (Mr. T. Kucera and Mr. B. Burchin)	15-20 May, 2016	Baku	representatives from MLSP and SSC	10	yes
PD	Statistical Analysis System (SAS) application with special focus on natural movement of population and migration	International expert from Hacettepe University, Ankara (Mr. M. Aytac)	17-21 July, 2016	Baku	representatives from SSC	17	yes
PD	Development of population projections	International experts from Charles University in Prague (Mr. T. Kucera and Mr. B. Burchin)	28 August- 8 September, 2016	Baku	representatives from MLSP and SSC	8	yes
PD	Study-visit to participate at the pilot Population Census	SSC in Belarus	5-7 December, 2017	Minsk, Belarus	representatives from SSC	3	Yes
PD	UNSD regional workshop on population and	UNSD	24-27 April, 2018	Tbilisi, Georgia	representatives from SSC	2	yes

	housing censuses for CIS/Central Asian countries						
PD	UNECE Workshop on Population Housing Censuses for countries of Eastern Europe, Caucasus and Central Asia	UNECE/UNFPA	24-28 September, 2018	Geneva	representative from SSC	1	yes

Annex 10. Selected testimonials

“The upcoming changes in the healthcare system related to introduction of health insurance may become good opportunity to further progress in improving legal and policy environment”(international expert)

“UNFPA CO supported health care providers in many ways, mainly capacity building” ”(health worker)

“UNFPA did a great job in the area of GE: contributed to raising awareness on GBV, building capacities on CBV response, changing attitudes towards gender-based violence”(stakeholder)

“UNFPA always brings to the attention new topics, new approaches that we need to learn”(beneficiary)

“UNFPA engages broadly with stakeholders and beneficiaries. Through its mandate UNFPA addresses key priorities and interests of the country relating to population issues, working to promote different aspects of population development” (donor)

“UNFPA is a hub for all activities related to Gender” (UN representative)

“UNFPA is doing a great job leading GTG” (UN representative)

“UNFPA is an organization with good reputation in the UN system”(donor)

“UNFPA is a leading organization in promoting SRH, Gender and PD issues”(NGO representative)

“UNFPA is a pioneer in addressing sensitive issues” (UN representative).

“UNFPA CO is a team of a highly qualified professionals” (international expert).