

UNFPA Country Programme Evaluation: Georgia

Period covered by evaluation: 2016-2018

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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

AIDS	Acquired immunodeficiency syndrome
AtipFund	State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking
A&Y	Adolescents and youth
BtN	Beyond the Numbers
CCM	Country Coordinating Mechanism
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CME	Continuing Medical Education
CO	UNFPA country office
COAR	UNFPA country office annual report
CPD	UNFPA country programme document
CSE	Comprehensive sexuality education
CSO	Civil society organisation
DEX	Direct execution
DMCT	Disaster Management Country Team of Georgia
ECHO	European Civil Protection and Humanitarian Aid Operations
EECARO	UNFPA Regional Office for Eastern Europe and Central Asia
EMTCT	Elimination of Mother to Child Transmission
EQ	Evaluation question
EQA	External Quality Assurance
ERF	UNFPA Emergency Response Funds
ERG	Evaluation Reference Group
EU	European Union
EYP	European Youth Parliament – Georgia
FBO	Faith-based organisation
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
FP	Family planning
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GBSS	Gender-based sex selection
GDP	Gross domestic product
GE	Gender equality
GeoStat	National Statistics Office of Georgia
GEWE	Gender equality and women's empowerment
GII	Gender Inequality Index
GNI	Gross national income
HA	Humanitarian assistance
GoG	Government of Georgia
GYDEA	Georgian Youth Development and Education Association
HDI	Human Development Index
HIV	Human immunodeficiency virus
HLSE	Healthy lifestyle education
IB	Institutional Budget
ICPD	International Conference on Population and Development
IDP	Internally-displaced person
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersexed community
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MISP	Minimum Initial Service Package
MH	Maternal health
MNHS	National Maternal and Newborn Health Strategy for 2017-2030
MoES	Ministry of Education, Science, Culture and Sports of Georgia
MoH	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
MSM	Men having Sex with Men

MSMIT	Tool for Implementing Comprehensive HIV and STI Programmes MSM
NCCE	Network of Centers for Civic Engagement
NCDC	National Center for Disease Control and Public Health
NEX	National execution
NGO	Non-governmental organisation
NMCR	Near-miss case review
ODA	Official development assistance
OECD-DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
PAAC	Policy and Advocacy Advisory Council (for HIV policy)
PD	Population dynamics
PDO	Public Defender's Office
PHC	Primary health care
PSA	Population Situation Analysis
PWID	People Who Inject Drugs
QA	Quality assurance
RR	Reproductive rights
SDG	Sustainable Development Goal
SOP	Standard operating procedures
SP	UNFPA Strategic Plan
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
SW	Sex Workers
SWIT	Tool for Implementing Comprehensive HIV and STI Programmes with sex worker
TGF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
ToR	Terms of reference
ToT	Training of trainers
TRANSIT	Tool for Implementing Comprehensive HIV and STI Programmes with Transgender People
TSMU	Tbilisi State Medical University
UN JP	UN Joint Programme
UNPSD	United Nations Partnership for Sustainable Development Georgia 2016-20
UNRAF	Unified Budget, Results and Accountability Framework
UNCT	United Nations country team
UNFPA	United Nation Population Fund
UPR	Universal Periodic Review
VAW	Violence against women
YKP	Young Key Populations

Key facts	
ODA	US\$446.3m in 2017 3.1% of GNI (2017) OECD-DAC Aid at a Glance Chart
Income level	Lower middle-income country
Per capita GDP USD	4,047 (2017) National Statistics Office of Georgia
Population	3.7m (2018) National Statistics Office of Georgia, 2018
Young population (15-24)	11.60% (2018) National Statistics Office of Georgia, 2018
Elderly population aged 65 and above	14.5% (2018) National Statistics Office of Georgia, 2018
Urban population in % of total	58.6% (2018) CIA World Factbook, 2018
Annual population growth rate	-0.1% (2017) The World Bank, Georgia Country Profile
Internally-displaced persons (IDPs)	262,000 (2015) Ministry of IDPs from Occupied Territories, Accommodation and Refugees of Georgia, 2015
Refugees	215 (2017) Ministry of IDPs from the Occupied Territories, Accommodation and Refugees of Georgia
% of seats held by women in national parliament	15.0% (2017) Union Sapari, Report on “Women in Parties: Deconstructing Myths”, 2017
Human Development Index (HDI)	0.780 (rank 70) (2018) UNDP, Human Development Index: 2018 Statistical Update
Unemployment rate	12.7% (2018) National Statistics Office of Georgia
Female/male unemployment	12.1% / 15.0% (2017) National Statistics Office of Georgia
Youth unemployment rate (aged 15-24)	28.7% (2017) The World Bank, 2018
Health expenditure (% of GDP)	3.1% (2015) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
Life expectancy at birth	73.4 years (2017) UNDP, Human Development Index: 2018 Statistical Update
Antenatal care coverage (at least 4 visits)	89.1% (2015) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
Total fertility rate	2.2 per woman (2016) GeoStat
Induced abortions	1.0 (2017) (Total Induced Abortion Rate) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
Coverage of cervical cancer screening	18% in Tbilisi & 11.5% in regions (2016) Population-based cancer registry - Results of the 3-year implementation 18.5% in Tbilisi & 9.6% in regions (2016) National Strategy for Cancer Control 2017-20
% of people living with HIV, 15-49 years old	0.4% (total) (2017) 0.2% (f) / 0.7% (m) UNAIDS, Georgia Country Factsheet, 2017
HIV prevalence among young people aged 15-24	<0.1% (f) / 0.1 (m) UNAIDS, Georgia Country Factsheet, 2017
Comprehensive knowledge about HIV prevention among youth (f/m) age 15-24	17.4% (2014) UNICEF Georgia
Key populations living with HIV	Sex workers (f): 0.9% (2017)

	MSM: 20.7% (2015) UNAIDS, The Key Populations Atlas
Gender Inequality Index (GII)	0.350 (rank 78) (2017) UNDP Human Development Report
Sex ratio at birth	108 boys per 100 girls (2017) The World Bank, 2018
SDG Indicators	
3.1.1 Maternal mortality rate (deaths of women per 100,000 live births)	13.1 (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
Under-5 mortality (per 1,000 live births)	11.1% (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
3.1.2 Births attended by skilled health personnel	99.9% (2017) National Centre for Disease Control, Healthcare Statistical Yearbook, 2017
3.7.1 Unmet need for family planning, women aged 15-49	15% (2019, UNFPA)
Proportion of demand for contraception satisfied	79% (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (all methods)	55 % (2019, UNFPA)
Contraceptive prevalence rate women aged 15-49 (modern methods)	41% (2019, UNFPA)
3.7.2 Adolescent birth rate (aged 15–19 years) per 1,000 women in that age group	43.6 (2016) National Centre for Disease Control, Healthcare Statistical Yearbook, 2016
5.3.1 Early marriages before the age of 18	14.0% (2010) Reproductive Health Survey Georgia, 2010
% of ever-partnered women years experiencing intimate partner physical and/or sexual violence at least once in their lifetime	6.0% (aged 15-64) (2017) UN Women, Global Database on Violence against Women - Georgia

Executive Summary

Purpose, Objectives and Scope of the Country Programme Evaluation

The purpose of the evaluation was to assess the contribution of UNFPA to improving sexual and reproductive health (SRH) and gender equality and women empowerment (GEWE). Issues of population dynamics (PD) and the extent of mainstreaming of youth issues were also considered. The evaluation covers the UNFPA country program for Georgia during the period 2016-2018, and to some extent activities/implementations between January and end-March 2019.

The objectives of this independent evaluation are to

- Provide an assessment of the relevance and compliance of the country program (CP) with relevant corporate, national and international frameworks;
- Present 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;
- Provide an assessment of UNFPA's strategic positioning within the UN country team and the development/humanitarian community;
- Draw key lessons and provide a set of clear, specific, strategic and action-oriented forward-looking recommendations for the next programming cycle - the 7th CP in light of the UNFPA's strategic goal.

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 July 2019. The evaluation team consisted of an international team leader (Ms. Alison King) and two national experts: Ms Nato Alhazishvili, Team Leader/National Evaluator (Gender Equality and Women Empowerment/Population Dynamics) and Ms Mzia Tabatadze, National Expert (Sexual and Reproductive Health and Rights). It was directly managed by the UNFPA Country Office, represented by the Evaluation Manager Dr. Natalia Zakareishvili. 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, focus groups. Evaluation team interviewed over 77 stakeholders and beneficiaries. Methodological constraints consisted mainly of geographic dispersal of final beneficiaries, limited access to beneficiaries in Abkhazia due to political reasons, unavailability of some quantitative and research-based data, e.g. Multiple Indicator Cluster Survey (MISC)).

Main Findings

Relevance

UNFPA Georgia Country Programme is directly aligned with UNFPA Strategic Plan outcome statements in SRH, GEWE and PD; support for adolescents and youth has been mainstreamed in programme design. The country programme is well coordinated and harmonized with the UN Partnership Framework for Sustainable Development 2016-2020 - health is one of the five focus areas, thanks to the country office's active involvement in the elaboration of the Framework.

UNFPA has based its policy-level and capacity-building work on an understanding that Sexual and Reproductive Health (SRH) and Reproductive rights (RR) are fundamental human rights and has worked

to strengthen the human rights monitoring framework. Gender has been a cornerstone of programme design and planning. Reflecting the people-centered nature of the 2030 Agenda, UNFPA has sought to ensure that no one is left behind, and that the furthest behind are reached first. UNFPA has targeted women and girls vulnerable to domestic violence and early marriage and has responded to women and girls' vulnerabilities in the conflict-affected region in Abkhazia, Georgia by providing life-saving SRH/Family Planning service.

UNFPA country programme is consistent with relevant national priorities, including Georgia's aspiration for European integration.

Effectiveness - Sexual Reproductive Health and Rights

UNFPA has substantially contributed to the development of the national policy framework for delivering quality integrated Sexual Reproductive Health and Rights (SRHR) and HIV services for women and youth with a focus of the SRH rights and needs of underserved and vulnerable groups, including women and girls in conflict-affected region of Abkhazia, Georgia. UNFPA, under the leadership of the MoH and alongside other partners, supported the elaboration of the National Maternal and Newborn Health and RH Strategy (MNHS) 2017-2030 and a 3-year Action Plan. UNFPA has contributed to an improved perinatal care system to reduce maternal and new-born mortality and to implementation of the Perinatal Care Regionalization process followed by the development of a sound national antenatal care model.

UNFPA, in partnership with other counterparts, has contributed to a stronger HIV policy framework through supporting of the development of National HIV/AIDS Strategic Plan (NSP) 2019-2022, and Elimination of Mother to Child Transmission (EMTCT) of HIV, Syphilis and Hepatitis B. UNFPA-supported HIV prevention service guidelines and protocols for MSM, SWs and YKP are expected to serve as effective implementation and advocacy instruments for promoting comprehensive sets of HIV prevention services and prioritizing high-impact and low-cost HIV prevention interventions after the Global Fund financial support ends in Georgia.

UNFPA has successfully supported the MoH to introduce the Beyond the Number methodology and has supported the roll-out of the hospital-based Near-Miss Case Review as an important contributor to avoiding maternal mortality and morbidity.

Within the framework of the National Cancer Screening Programme, UNFPA has assisted the MoH to pilot the introduction of an organized cervical cancer screening programme at the primary health care level. UNFPA, in cooperation with national counterparts, has supported the development of a population-based, national Cancer Registry, which may become a breakthrough for improving cancer prevention, treatment and care in Georgia.

Along with other UN agencies, UNFPA has contributed to improved emergency preparedness, particularly through integrating the Minimum Initial Service Package (MISP) into the National Emergency Response Plan. UNFPA is a leading partner of the MoH for promoting the highest attainable standard in reproductive health through development/adaptation of clinical guidelines, service protocols and standard operation procedures.

UNFPA has provided a range of training opportunities to government and non-government medical and non-medical service providers, including in Abkhazia, Georgia. Besides strengthening the local capacity and healthcare system for delivering quality integrated Sexual Reproductive Health (SRH) services under the special business case for Abkhazia, Georgia, UNFPA has directly satisfied "life-saving" SRH needs of women of reproductive age, including through a mobile team operating in remote and underserved regions.

UNFPA's contribution was significant in supporting professional development through the creation of a web-based training platform and the development of accredited online training modules to improve national capacity for delivering quality reproductive health, family planning and HIV prevention services.

UNFPA is one of only few organizations in Georgia striving to equip adolescents and youth with SRH-related knowledge and skills through formal and non-formal education to enable them to make informed healthy choices. Within the UN Joint Programme for Gender Equality, UNFPA provided significant support for the integration of SRH and healthy lifestyle in the formal education system at primary and

basic education levels and has supported its roll-out. UNFPA has also engaged in peer education within and outside school settings.

The country program has advocated for prioritizing free access to family planning services in Georgia within the context of the Georgia Healthcare System State Concept 2014-20. However, final outcomes are directly linked to the government's political and budgetary commitments.

Effectiveness – Gender Equality and Women Empowerment

UNFPA has contributed to improved regulatory framework on gender issues and advocated effectively against Gender-Based Violence (GBV) and harmful practices. It has actively cooperated with the national gender machinery by co-chairing the **Task Force on Early Marriages and Other Harmful Practices** with the Government **Commission on Gender Equality, Violence against Women and Domestic Violence** and by cooperating with the **Gender Equality Council of the Parliament of Georgia**. **This work resulted in producing several reports that were instrumental in policy- and decision-making.** In bearing with the objectives of the National Strategy for Human Rights (2014-2020), **UNFPA cooperated with UNDP and UN Women to support the Interagency Commission on Gender Equality, Violence against Women and Domestic Violence (DV/VAW) to draft two National Action Plans:** Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security endorsed by Government Order # 173 of 10.04.2018 and Action Plan 2018-2020 against GBV and Family Violence endorsed by Government Order # 175 of 11.04.2018.

UNFPA, through the UN Joint Programme for Gender Equality, assisted the State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking (AtipFund) to conduct a pilot programme to create a national referral mechanism for responding to DV/VAW. In 2018, two normative acts were approved, Documentation for Ambulatory Care (MoH Ministerial Decree N01-41/n) and Regulations for Documentation for Stationary Hospital Care (MoH Ministerial Decree N108/n), enabling primary healthcare professionals to document cases of DV/VAW appropriately.

UNFPA has spearheading multi-pronged awareness-raising activities on harmful practices that involved stakeholders from the Government of Georgia and opinion-makers as well as local leaders, civil society and beneficiaries. Key results include the decision of the Administration of Muslims of All Georgia that underage marriage and FGM are unacceptable and of the Spiritual Council of Yezidis in Georgia not to conduct marriages of people younger than 18. The MenCare Georgia campaign was awarded the first place in the 2018 Equality-Friendly Initiative.

Effectiveness – Population Dynamics

UNFPA has remained the main institutional partner of the National Statistics Office of Georgia. Having helped to conduct the Census 2014, UNFPA's support during this country program cycle was provided in the form of assistance to analysing census data. This support resulted in five reports viewed as an important input to policymaking, creation of the census data-base and re-estimation of the population figures for years 2013-1994 (for national and regional levels). Based on the Population Situation Analysis (2015), UNFPA advocated and supported the Parliament of Georgia in developing of "The Concept of Demographic Security" and "State Policy Concept on Population Ageing in Georgia", both of which were approved by the Parliament in 2016.

Sustainability

UNFPA has substantially contributed to shaping national policy and regulatory frameworks in areas related to its mandate. Capacities of state institutions and partner NGOs were developed through UNFPA-supported capacity building interventions. A cadre of trained medical and non-medical professionals was established and is likely to continue delivering quality Sexual and Reproductive Health and HIV services. Continued policy-level and financial sustainability of the National Cancer Screening Program, including roll-out of the UNFPA-supported primary healthcare-based model, is also likely.

Strengthening institutional and human capacity of the Ministry of Education, Science, Culture and Sports of Georgia (MoES) and civil society to lead the work on healthy lifestyle and Sexual and Reproductive Health and Rights education, as well as introducing institutional changes in the healthcare system in terms of identifying, documenting and referring to Violence against women/Domestic violence are some of the key achievements of the UNFPA work contributing to sustainable development.

The integration of Healthy Lifestyle Education into the formal education system is likely to be sustainable. Youth-focused interventions in the non-formal education system are less likely to be sustained without external funding.

The UNFPA-supported programme in Abkhazia, Georgia has successfully laid the basis for improving Reproductive Health/Family planning services, HIV/AIDS and Sexually transmitted infections prevention and cancer screening. At the same time, these achievements may be reversed due to an unfavourable legal framework in health and the overall social and economic context of Abkhazia region.

Efficiency

UNFPA has been successful in mobilizing Other Resources and achieved about 90% of its planned target of USD 2.1m by the end of 2018. It should be mentioned that the bulk of Other Resources (USD 1.40m) was mobilized through participation of UNFPA in the UN Joint Programme for Gender Equality. The absorption capacity of the office is high. The office structure and human resources respond well to corporate guidelines and country priorities. It should be mentioned, however, that the bulk of capacity to implement gender and women empowerment-related programming is concentrated in the UNFPA component of the UN Joint Program on Gender.

UNFPA has delivered results through Direct execution (DEX) and National execution (NEX) modalities, with very limited funding going to other UN agencies (UNICEF to assist with MICS). Over 60% of all funding has been implemented through DEX. About 35% of the Country Office's total expenditures - i.e., USD 1.28m – have been made through Implementing Partners, through NEX modalities.

UNCT Coordination

UNFPA has been an active and appreciated member of the UN country team. It is a member of the UNCT theme groups on gender, democratic governance, education, health and human security. Within the UN Gender Theme Group, UNFPA has co-chaired a Special Task Force of Child/Early Marriages and Harmful Practices. This task force successfully lobbied for the integration of early marriage prevention/response activities in the Human Rights National Action Plan (NAP) (2016-17) and the NAP on Domestic Violence and Elimination of violence against women (2016-17) and was engaged in the Common Country Mechanism (CCM), Policy and Advocacy Advisory Council (PAAC) and PTF. UNFPA has also been the UNCT focal point for youth – which is considered an important role as youth issues are often mainstreamed in many areas where the UNCT works. UNFPA has played a leading role in “16 days of Activism against Gender-Based Violence” annual campaigns and, jointly with UNDP and UN Women, successfully advocated for inclusion of additional targets in nationalized Sustainable Development Goal 5.

UNFPA Added Value

UNFPA's long-time engagement and strong focus on core issues is considered to be its added value by its partners. The high calibre of local staff of the Country Office has allowed UNFPA to provide essential inputs that are valued by partner organizations.

UNFPA is the only UN agency in Georgia that has remained actively engaged in HIV policy and advocacy initiatives. According to interviewed stakeholders from government and the non-government sector, UNFPA in Georgia is well-acknowledged to be the major agency promoting Sexual and Reproductive Health and Rights and Family Planning with a focus on young people and vulnerable populations.

Conclusions

The UNFPA country programme 2016-2020 is well aligned to national priorities of Georgia in UNFPA focus areas. It can even be argued that UNFPA stays relevant by creating/maintaining and advocating for the policy agenda befitting its mandate (e.g., the issues of demographic policy, aging and early marriages). UNFPA has a clear comparative advantage in data/evidence generation. This will help it in positioning itself to advance the government-led work on data generation for SDG indicators as well as reporting on SDG achievements.

UNFPA has been successful in creating space for policy-level and public discussions and institutional interventions in the issues of harmful practices, early marriages and Gender-based sex selection (GBSS).

Sustainability of UNFPA's policy work will depend on the uptake by the government as well as existence of institutional mechanisms and budget availability for implementation.

UNFPA has contributed to strengthened capacity of institutions through the cascade of trainings on a variety of topics related to Sexual and Reproductive Health and Rights (SRHR) and HIV. Within the UN system in Georgia, UNFPA is the only agency engaged in HIV policy and advocacy work with a particular focus on SRHR and HIV integration and vulnerable populations. UNFPA-supported reproductive health and family planning services, cancer screening and Sexually transmitted infections (STI) services in Abkhazia, Georgia have responded to critical unmet needs of conflict-affected women and girls to access safe and quality health services.

As a result of UNFPA advocacy work and technical assistance, reproductive health and healthy lifestyle issues have been integrated into the formal education system. Moreover, UNFPA is the major agency in Georgia pushing the youth agenda forward to ensure that they access youth-friendly, safe and quality SRHR, HIV and Family Planning services. UNFPA 'casts its net wide' and involves many implementing partners. On one hand, this allows UNFPA to work with a diversity of organizations, but on the other hand its deliverables can be small and higher-level results not readily attributable to UNFPA.

Recommendations

UNFPA received 11 recommendations, 9 of which are of high priority, two recommendations are of medium priority. 4 recommendations specifically target UNFPA CO and the rest target UNFPA CO and a variety of its partners. Recommendations for UNFPA CO: The UNFPA-supported SRH programme is essential for making a life-saving and long-lasting impact on women's health in the conflict-affected region of Abkhazia, Georgia. It needs to be evaluated in-depth and possibly clustered with GEWE-relevant interventions. UNFPA should seize the opportunity created by the appointment of a Youth Advisor by the Prime Minister and the expected creation of the Youth Agency to up its active involvement in youth policymaking. Commission an independent evaluation/validation of National Action Plan implementation needs in order for lessons to be distilled for the next phases. Broaden gender transformative programming and campaigning to include more segments of society; expand geographical coverage (medium priority).

The UNFPA country programme should continue contributing to stronger, evidence-informed policy framework to deliver quality integrated SRHR and HIV services through developing strategies, revising/upgrading guidelines and protocols, strengthening partnerships, and strengthening the capacity of community-led organizations. While UNFPA should continue its contribution to establishing a well-functioning unified cancer registry to achieve successful implementation of this innovative policy development, UNFPA through partnership with Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and National Center for Disease Control and Public Health (MoH/NCDC) should mobilize technical assistance and advocate for improving the quality of screening programmes, including institutionalization of effective quality assurance mechanisms. UNFPA should mobilize technical assistance to support the Ministry of Education, Science, Culture and Sports of Georgia (MoES) to conduct a quality review of the newly developed textbooks of relevant subjects and, if feasible, conduct an overall evaluation of healthy lifestyle education. To further promote human-rights based SRH, UNFPA should continue its partnership with the Public Defender's Office (PDO) to assess and address SRHR for vulnerable populations with an emphasis on young girls and adolescents living and working on streets, women with special needs, transgender women, drug user women, and women with mental disorders.

UNFPA should continue advocating for improved access to youth-friendly SRH/FP and HIV services for adolescents and young people. Before investing considerable resources into the 'school health system', it should conduct a feasibility and acceptability study to generate evidence about the potential of this approach.

Using UNFPA's data generation capacities assist the government in creating better evidence for the indicators of the Nationalized SDG Matrix and consider using national SDG indicators to monitor UNFPA programming in Georgia.

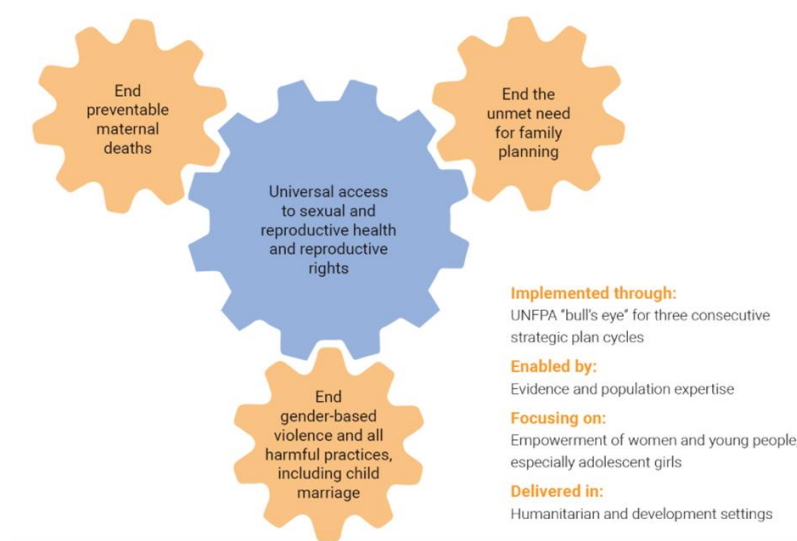
Pursue an integrated approach to the issues of child/early marriages (involving municipalities, teachers, parents, police and social workers) to achieve results at the local level and provide assistance to municipalities for improving their work on gender equality, youth and/or elderly.

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 (Figure 1): *by 2030, end unmet need for family planning, end maternal death, and end violence and harmful practices against women and girls.*

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

FIGURE 1 THREE TRANSFORMATIVE AND PEOPLE-CENTERED RESULTS



Source: UNFPA Strategic Plan 2018-21

An independent evaluation of the UNFPA Georgia country programme 2016-20 was envisaged by the UNFPA evaluation plan approved by the UNFPA Executive Board.¹

UNFPA has identified the cluster evaluation approach to conducting country programme evaluations in middle-income countries as an alternative to isolated country programme evaluations. In particular, the cluster evaluation approach should add value to the analysis of issues of particular strategic relevance within a cluster of UNFPA programme countries and 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 country programme evaluation is part of a cluster evaluation of the UNFPA Azerbaijan, Georgia and Turkey country programmes.

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

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:

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

The primary intended users of this country programme 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 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 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 country programme for Georgia during the period 2016-18, and to some extent events during January to end of 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 - in development setting.

1.3 Evaluation methodology

1.3.1 Data collection and analysis

Evaluation components and questions

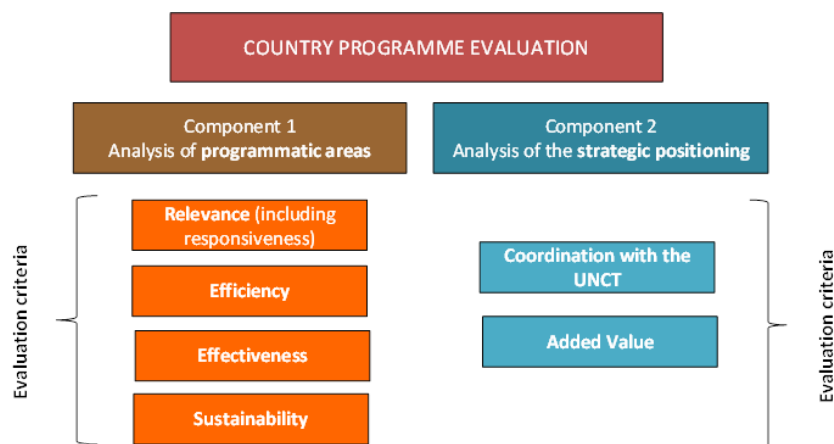
The evaluation has two components: (i) UNFPA programmatic areas; and (ii) UNFPA's strategic positioning. The UNFPA Country Programme Evaluation Handbook prescribes the set of evaluation criteria for each of these two components (Figure 2). Data collection and analysis of the programmatic areas was conducted 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 country programmes. The two criteria

² Source: Handbook How to Design and Conduct Country Programme Evaluation at 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, p. 224.

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.

FIGURE 2 CPE EVALUATION CRITERIA



Source: UNFPA Country Programme Evaluation Handbook

The evaluation questions in Table 1 were consulted with the UNFPA country office (CO) and were 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
<p>Relevance</p> <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>Effectiveness</p> <p>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?</p>
<p>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?</p>
<p>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?</p>

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 mid-February to end-April 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 and focus groups.

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. 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 both the concerned UNFPA country office staff and the Evaluation Reference Group.

1.3.2 Site and stakeholder sampling

A stakeholder map was developed by the UNFPA CO (Annex 3). 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 process. According

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

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

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 (see Table 2).

Due to their relatively manageable size, representatives of all UNFPA implementing partners were interviewed. Key informants from relevant line ministries, and health officials and policy makers were also interviewed. Key informants were selected in consultation with the UNFPA CO staff from those with particular knowledge and understanding of the topics under evaluation who could provide insights on the nature of challenges and share recommendations.

Due to the political situation, the evaluators were not able to interview respondents from Abkhazia, Georgia. Instead, findings and conclusions are based on desk review and interviews with high officials from the MoH as well as UNFPA CO staff members and the Implementing Partner UNION Tanadgoma.

Training follow-up assessment: One focus-group discussion (FGD) was held to assess beneficiaries’ satisfaction with the UNFPA-supported training on the comprehensive package for integrated HIV & SRHR services for men who have sex with men (MSM), sex workers (SWs), people who inject drugs (PWIDs), transgender people, and young key populations (YKP). To ensure anonymity of HIV-vulnerable populations (KPs), respondents were selected by partner civil society organizations from those participants who were willing to be identified and provided informed consent for participation. With the intention to reach at least one representative of each key population group, the composition of the FGD was as follows: a female sex worker (1); one transgender person (1); injecting drug users (2) and MSM (2). The participants’ names were kept anonymous. In addition, two service providers from low-threshold HIV service centres participated in the discussion: a counsellor from the community-based organization of PWIDs – ‘Hepa +’ and a social worker from the local NGO (and UNFPA Implementing Partner) Center for Information and Counselling on Reproductive Health - Tanadgoma working with MSM and SWs. Per the respondents’ preference, the group discussion was organized at the Georgian Harm Reduction Office (GHRN) where participants felt safe and comfortable. During the discussions, questions were asked about the training relevance, effectiveness, gained knowledge and personal benefits, as well as overall satisfaction with the training.

TABLE 2 STAKEHOLDER TABLE

Institutions/Areas	SRH	GEWE	PD	Coordination
Government (central)	13	5	3	1
Government (local)	1	1		
Parliament	2	3	1	
NGOs	6	8	2	
UN Agencies	6	5	2	3
Beneficiaries	11	4		

Source: Evaluator Team

1.3.3 Limitations

The key limitation encountered during the evaluation was the triangulation of evidence due to the few data sources affecting the robustness of findings. The evaluation mostly relied on information collected through document review, secondary data analysis and interviews with UNFPA CO staff and selected partners.

Furthermore, many activities that the CO has carried out are not necessarily detailed in AWP because they do not involve the assignment of specific funds. These activities are generally related to soft aid: political dialogue, coordination, advocacy and facilitation of spaces for dialogue.

It should be noted that each component of the UNFPA country programme was ambitious, involving complex sets of interventions not only in Tbilisi, but also in other regions of the country. Thus, it was not feasible to conduct on-site visits/spot-checks of all implementing partners. Due to the limited number of consultancy days and time-period devoted to fieldwork, evaluators could travel to only a very limited number of places in regions, and whenever it was done, the location was selected based on close distance from Tbilisi, the capital city. During 2016-2018, many hundreds of people from diverse groups (such as medical personnel, school staff, non-medical service providers from HIV field, key affected populations) have participated in UNFPA-supported training sessions. Despite the fact, the evaluators managed to conduct 58 interviews with relevant stakeholders, IPs and beneficiaries within the limited timeframe, it was not possible to meet representatives of every beneficiary group of capacity-building interventions supported by UNFPA. Furthermore, many thousands of young people throughout the country have participated in health education and peer-education training in summer camps. Meetings with reasonable number of participants, including from different regions, would have required more resources in terms of time and finances. Thus, the evaluators relied on the opinions of few service providers and/or trainers that may have been biased and not accurately reflecting beneficiary views.

Another limitation was unavailability of reliable research-based data, particularly for assessing quantitative indicators contained in the UNFPA country programme results and resources framework. Evaluators were unable to obtain most recent data on abortions or contraceptive prevalence rate given that findings from the MICS conducted in Georgia in 2018 were not yet available. In addition, the screening/cancer registry operationalization was still in progress, which also restricted the assessment of UNFPA outcome indicator “percentage of target population covered by cervical screening services (disaggregated by urban vs. rural)”.

Limitations were not so significant as to affect the validity and credibility of the evaluation results.

TABLE 3 LIMITATIONS AND MITIGATION MEASURES

Limitations to data collection and analysis	Mitigation measures
Many CO activities (policy dialogue, coordination activities) are not presented in detail in AWPs.	Evaluation team discussed these issues with numerous partners, often from different angles.
UNFPA activities are dispersed in many regions and the team was not able to visit all.	The team visited limited number of locations (mostly those closer to Tbilisi).
Unavailability of some quantitative and research-based data (e.g. MICS).	Alternative data sources (such as ICPD Global Indicator Survey results, NCDC Statistical Yearbook, etc.) were used, that may not be completely comparable with the baseline and the target set in the CPD.
Limited access to beneficiaries in Abkhazia, Georgia.	Reliance on the external programme evaluation, and stakeholder interviews.

1.3.4 Evaluation team and management

This country programme evaluation was conducted by independent consultants – Natalia Alhazishvili and Mzia Tabatadze. It was directly managed by the UNFPA CO, represented by the evaluation manager Natalia Zakareishvili. An Evaluation Reference Group was established, which comprised of the evaluation manager, representatives of the UNFPA CO 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-April 2019
Debriefing country offices and ERGs	11 April 2019
Reporting and dissemination phase	
1 st draft country evaluation report	28 May 2019
2 nd draft country evaluation report	4 July 2019
Final country evaluation report	20 July 2019

Chapter 2: Country context Georgia

2.1. Development challenges and national strategies

Georgia is a post-Soviet country located in the South Caucasus in South-western Asia. The Human Development Index (HDI) of Georgia for 2018 was 0,780 (rank 70), which put the country in the high human development category. According to the World Bank, it is a lower-middle income country. In 2017, economic growth was 5% and per capita GDP USD4,046.8. 22% of the population lives under the absolute poverty line, which is approximately USD2.1 per day.⁶ 13.9% of the population are unemployed (2017).

Georgia's development has been affected by civil unrest and armed conflict. The challenge of integrating around 262,000 IDPs has continued to burden the country. Despite substantial investments in housing by the government, still a large number of IDPs live in collective centres. Households in conflict-affected areas continue to suffer from a high level of vulnerability, isolation and exclusion from sustainable development opportunities, including limited mobility and limited access to basic health and education services.⁷ **Conflict and political tensions in the break-away regions of Abkhazia, Georgia and South Ossetia, Georgia continue to affect daily life and international cooperation.**

Population dynamics

Georgia's population reached 3.7m in 2018, of which over half reside in urban areas. **Population growth is negative - i.e., -0.1 in 2017; life expectancy at birth was 73.4 years.** With a total fertility rate below the replacement level and high life expectancy, the population of Georgia is ageing. Currently, the median age is 38.1 years.⁸ **14.5% of the overall population is 65 or older.** Due to longer life expectancy, elderly women outnumber men, with around 61 men for 100 women. The old-age dependency ratio was 22 in 2017 and 22.4 in 2018.⁹ Elderly people comprise the majority (58.6%) of disabled persons.¹⁰ Young people aged 10-24 years make up 11.6% of the population. The Georgian National Youth Policy Document defines young people as persons aged 15-29. **Unemployment in the 15 to 24-year age group is high - i.e., 28.7% in 2017; in the 15-29 age group it is about 26%.¹¹**

Sexual and reproductive health

Government's commitment to health: In recent years, the Government of Georgia has put significant efforts into improving access to health care and eliminating health disparities among the general population. Since the introduction of universal healthcare in 2013, the government's expenditure on health has substantially increased. "However, existing data show that Georgia still holds one of the last places in terms of the share of state healthcare expenditure in total health care expenditure (36% in 2015) as well as in GDP (2.9% in 2015) and in the state budget (8.6% in 2015) among the countries of the European Region."¹² The government recognizes that more efforts are warranted to increase the accessibility of a full range of health services, improve the efficiency of healthcare system, and the quality of medical services in Georgia.¹²

According to the 2014 Population Situation Analysis (PSA), the total fertility rate was 2 children per woman, which was below the replacement level. However, based on the 2014 Census results, the data was adjusted and the TFR for 2016 y. was set at 2.2 per woman.^{Error! Bookmark not defined.} More recent s

⁶ Source: GeoStat 2018 - http://www.geostat.ge/index.php?action=page&p_id=188&lang=eng.

⁷ Source: United Nations Partnership for Sustainable Development (Framework Document) Georgia 2016-20.

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

⁹ Source: http://www.geostat.ge/index.php?action=page&p_id=472&lang=geo.

¹⁰ Source: GeoStat/UNFPA AGEING AND OLDER PERSONS IN GEORGIA - An Overview Based on the 2014 General Population Census Data, 2017.

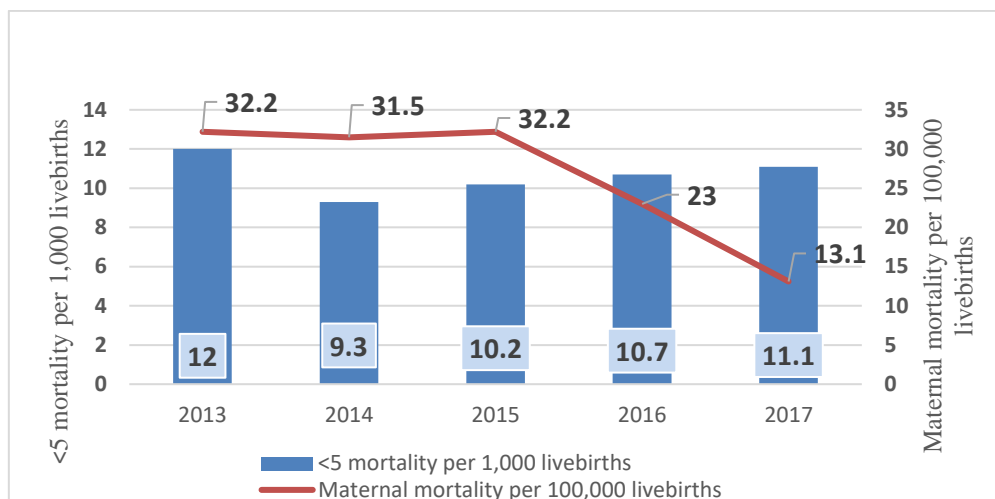
¹¹ Source: National Statistics Office of Georgia 2018.

¹² Vision for developing the healthcare system in Georgia by 2030. Parliament of Georgia.

http://www.parliament.ge/ajax/downloadFile/81366/Health_Strategy_Eng (accessed 22.03.2019).

studies suggest that fertility in Georgia is substantially higher than what statistical authorities have disseminated, and that it may even be the highest anywhere in Europe, with the possible exception of Ireland and Iceland. According to the NCDC, **the maternal mortality rate, at 13.1 per 100,000 live births in 2017, is a priority public health agenda** (31.5 per 100,000 live births in 2014).

FIGURE 1 : SELECTED SRH INDICATORS FOR GEORGIA 2013-2017¹³



Trends in health indicators show improvements towards attaining universal coverage of prenatal care, increasing modern contraceptive prevalence rates and reducing the abortion rate. Per the ICPD Global Survey, the contraceptive prevalence rate among women aged 15-49 in Georgia is estimated at 53% (EECA average 66%) for any method, and 38% for modern method (EECA average 49%) in 2017¹⁴. The estimated rate slightly increased in 2018¹⁵ to 55% (EECA average 65%) and 40% (EECA average 50%), respectively. Though on the rise, the estimated contraceptive prevalence rate in Georgia remains below the average for EECA. It should be mentioned that more reliable, population-based data on contraceptive prevalence rates as well as on the total induced abortion rate in Georgia will be generated through the MICS conducted in 2018 (report to be released in September 2019). The abortion rate is declining - i.e., 468 induced abortions per 1,000 live births in 2017 as opposed to 605 in 2011.¹⁶ According to the NCDC Statistical Yearbook, in 2017 the share of abortion via vacuum aspirations and medical abortion was on the rise reaching 40% and 37% of all abortions, respectively. The number of abortions among <15 years of old girls dropped drastically from 19 cases in 2016 to one case in 2017 (Figure 2).

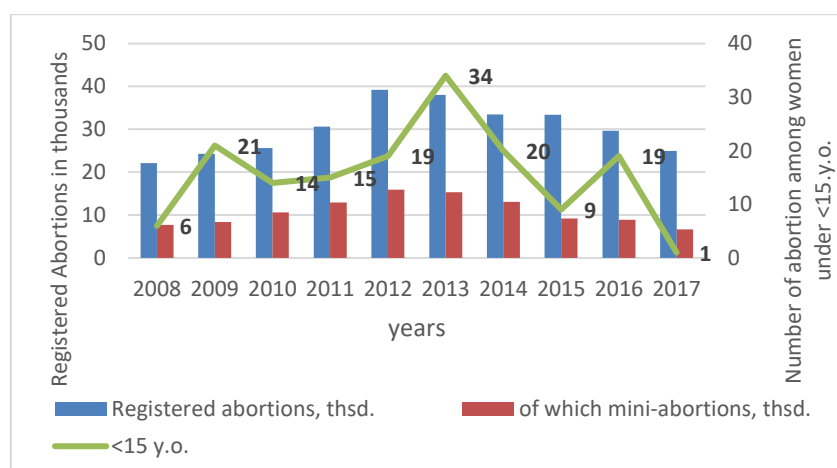
¹³ NCDC Statistical Yearbook 2017 <http://www.ncdc.ge/Handlers/GetFile.ashx?ID=f7a28a1e-0489-49a0-b183-eb8674244541> accessed April 4 2019 (available in Georgian).

¹⁴ <https://www.unfpa.org/data/world-population-dashboard>.

¹⁵ THE POWER OF CHOICE. REPRODUCTIVE RIGHTS AND THE DEMOGRAPHIC TRANSITION. UNFPA State of world population 2018. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2018_EN_SWP.pdf.

¹⁶ Source: NCDC, Healthcare Statistical Yearbooks.

FIGURE 2 : TRENDS IN ABORTIONS



Breast and cervical cancers are among the main causes of morbidity and mortality of women; over 45% of cases are diagnosed at late stages. Generally speaking, geographic coverage and financial accessibility of ante-natal and perinatal services are comparatively high in Georgia (the Universal Health Programme was introduced in 2013). However, the quality of health care services, including in the area of SRH and maternal care is a major concern. SRH services, especially family planning (FP), are not fully integrated at the primary health care (PHC) level, which remains the weakest part of the health care system in Georgia. No state funding is made available for FP counselling or service delivery. A Continuing Medical Education (CME) system is neither demanded nor financed by the government and has been completely left to pharmaceutical industry support.

Georgia is among countries with a low HIV prevalence rate among adults aged 15 to 49 - i.e., 0.4% (2017). HIV prevalence among young men and women aged 15-24 is 0.1% and <0.1% respectively, although only 17.4% of young people have correct knowledge on the ways HIV/AIDS is transmitted. **HIV prevalence is higher among key populations and especially among men who have sex with men (20.7% in 2015).**

A lack of youth-friendly services, the absence of comprehensive sexuality education (CSE) in the formal education system and pervasive cultural stigma hinder adolescents and youth from accessing SRH services and information, thereby risking HIV infection and unintended pregnancies. The country lacks policies and guidelines that support the provision of FP services to youth. Youth FP services are not offered alongside other health services that youth may seek. In 2016, the adolescent fertility rate was 43.6 per 1,000 women aged 15-19.

Gender equality and women's empowerment

Gender inequality is high in Georgia, ranking 78 among 189 countries in the Gender Inequality Index (GII) (0.350) in 2017, albeit up from 0.419 in 2011.¹⁷ Low political and economic participation of women, high prevalence of early marriage (**14% of women married before the age of 18 in 2010, constituting one of Europe's highest rates**), GBV and GBSS are major concerns. In 2017, 6% of ever-partnered women aged 15-64 years reported having experienced intimate partner physical and/or sexual violence at least once in their lifetime. The **sex ratio at birth is skewed** - i.e., 108 boys per 100 girls, but improving after a peak of 115 boys per 100 girls in 2004 (2017). There is a paucity in data regarding FGM/C within the ethnic (Muslim) Avar community in eastern Georgia, however it is likely that the age-old practice has gone underground.¹⁸

¹⁷ Source: <http://hdr.undp.org/en/indicators/68606#>.

¹⁸ Source: National Centre for Disease Control and Public Health/Promundo-US Exploring Harmful Practices of Early/Child Marriage and FGM/C in Georgia", UNFPA, UNICEF, 2017.

CEDAW/UPR

Georgia ratified the CEDAW in October 1994. It last submitted a periodic report in 2012. This was discussed in 2014.¹⁹ In its concluding observations, the Committee on the Elimination of Discrimination against Women positively noted legislative reforms. (i). The principle of gender equality is enshrined in the Constitution of Georgia. The Law on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence was adopted in 2006. Amendments in 2012 to the Criminal Code, introduced provisions defining the scope and categories of domestic violence. The Law on Gender Equality was adopted in 2010, the Law on the Elimination of All Forms of Discrimination was adopted in 2014; (ii). The CEDAW committee welcomed efforts to improve the policy framework, including: (i) Strategy of Health Protection System 2014-20, aimed at promoting the health of mothers and children; (ii) national action plan on gender equality 2014-16; and (iii) action plan for combating domestic violence and implementing measures for the protection of victims of domestic violence 2013-15. The Committee made the following recommendations:

- provide access to FP services and affordable contraceptive methods, especially for women in rural areas, adolescent girls and young women, ethnic minorities and women with disabilities
- introduce age-appropriate sexual and reproductive health and rights education, including on responsible sexual behaviour
- take measures to prevent the growing number of murders of women by their husbands and partners and other forms of domestic violence; encourage women to report acts of sexual and domestic violence and ensure that women survivors of violence have access to effective protection and assistance
- strengthen efforts to overcome gender stereotypes to prevent child marriage
- take measures to eliminate the practice of sex-selective abortions

Since the meeting of the Committee, Georgia has adopted the Strategy for Human Rights, which explicitly covers gender equality (chapter 14), and the National Action Plan 2018-2020 against GBV and Family Violence; and b) endorsed the National Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security (both in 2018).

Georgia's second review took place on November 10, 2015 in Geneva²⁰. Seventy SRHR-related recommendations were raised during Georgia's second review, approximately 34% of the total 203 recommendations raised.

Georgia accepted 69 of those recommendations, among those: ensuring that SRH services and information including on abortion and contraception are available, accessible and affordable to all women and girls, including in rural areas and for women living with HIV; providing learning support for ethnic minority girls to reduce their school dropout rates. The large number of recommendations addressed violence against women in its different forms (mentioned in 22 recommendations); accession to international human rights treaties (10); child, early and forced marriage (8); rights of LGBT persons (7), birth registration and women's participation in public life (4 recommendations each).

2.2 The role of external assistance

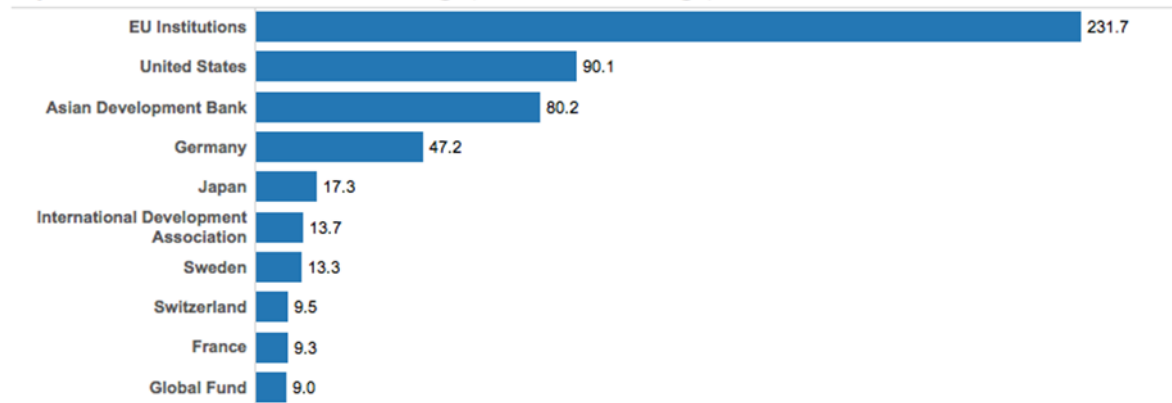
Between 2015-17, net official development assistance (ODA) to Georgia increased from USD448.9m to USD462.7 in 2016 and dropped to USD446.3m in 2017. The ratio of ODA as a share of gross nation income (GNI) was consistent - i.e., 3.1%. The largest donor by far in 2016-17 were the EU institutions (USD 231.7m gross ODA) followed by the United States and the Asian Development Bank (Figure 3).

¹⁹ Source: https://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Countries.aspx?CountryCode=GEO&Lang=EN. Another state party report was due in 2018.

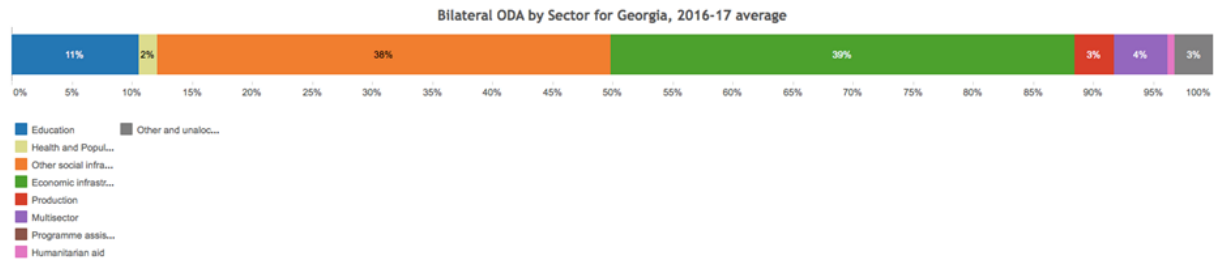
²⁰ <https://www.ohchr.org/EN/HRBodies/UPR/Pages/GIndex.aspx>

FIGURE 3 TOP TEN DONORS FOR GEORGIA

Top Ten Donors of Gross ODA for Georgia, 2016-2017 average, USD million



Other important bilateral donors were Germany and Japan. Bilateral ODA was mainly directed to “other social infrastructure and services”, economic infrastructure and services, and education; only 2% of total aid was spent on health and population issues (Figure 4).²¹ Figure 4 Bilateral ODA



²¹ Source: OECD-DAC Aid at a Glance Chart Georgia.

Chapter 3: UNFPA response Georgia

3.1. United Nations and UNFPA response

The 3rd UNFPA country programme for Georgia was formulated under the UNFPA Strategic Plan 2014-17. It intends to contribute to SP outcomes 1 (SRH), 3 (GEWE) and 4 (PD). In 2016 and 2017, the CO reported progress against SP outputs 1, 2 and 4 (SRH); 10 and 11 (GEWE); as well as 13 and 14 (PD).²² 2018 annual workplans (AWPs) were aligned to the UNFPA Strategic Plan 2018-21 Integrated Results and Resources Framework: Atlas projects should contribute to SP outputs 1, 2, 3 and 5 (SRH); 9, 11 and 12 (GEWE); as well as 13 and 14 (PD).

The country programme commits UNFPA to contribute to UNPSD²³ outcome 1: expectations of citizens of Georgia for voice, rule of law, public sector reforms and accountability are met by stronger systems of democratic governance at all levels; and outcome 6: health of the population especially the most vulnerable groups is enhanced through targeted health policies and provision of quality, equitable and integrated services including management of major health risks and promotion of targeted health seeking behaviour.

TABLE 1 STRATEGIC PLANS VIS-A-VIS CPD

UNFPA Strategic Plan 2014-2017	UNFPA CPD 2016-2020	UNFPA Strategic Plan 2018-2021
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	Output: Strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated sexual and reproductive health services for women, adolescents and youth with focus on vulnerable populations and in humanitarian settings	Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence
Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services		Outcome 2: Every adolescent and youth, in particular, adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	Output: Strengthened capacity of public and civil society organizations, and national human rights institution to advance gender equality and reproductive rights, including prevention of gender-based violence and harmful practices	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive	Output: Strengthened body of evidence for formulation of rights-based policies through cutting-edge analysis on population dynamics and its interlinkages with sustainable development	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

²² Source: UNFPA Georgia COAR 2016 and COAR 2017.

²³ United Nations Partnership for Sustainable Development Georgia 2016-20.

health and reproductive rights, HIV and gender equality		
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3.2 UNFPA programme response

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

The previous UNFPA country programme (2011-2015) was approved in 2010. It featured three components: a) reproductive health and rights; b) population and development and c) gender equality. Youth issues are mainstreamed in all programme components. The programme was aligned with UNFPA strategic plan 2008-2013 as well as with the Georgia UN Development Assistance Framework. The programme was evaluated in 2014 and the report was published in January 2015. The main findings of the evaluation were:

1. Support of UNFPA was highly relevant to the needs of the country as well as the UNFPA Strategic Plan.
2. UNFPA contributed to improved coordination of the UNCT through playing an important role in the work of thematic groups on HIV/AIDS, Gender, and Emergency Preparedness.
3. UNFPA successfully leveraged financial resources and demonstrated high delivery rates (ranging from 92% to 99%).
4. UNFPA technical expertise was recognized, especially in RH.
5. UNFPA was instrumental in bringing up the issues of GBV and demographic development.
6. UNFPA was the only partner working with the Government of Georgia in cancer screening, particularly in the conflict zone of Abkhazia, Georgia²⁴.

Lessons learned during the second country programme include the following: (a) fostering collaboration with partners in new programme areas led to the establishment of several national and regional thematic partnerships, such as the Black Sea coalition for breast and cervical cancer prevention; (b) knowledge management and capacity development maximized results of evidence-based policy dialogue and promoted a sense of ownership among partners; (c) implementation of innovative pilot programmes through brokering partnerships was a successful strategy for institutionalizing innovations, such as the breast and cervical cancer screening programme.²⁵

3.2.2 Current UNFPA country programme

Georgia belongs to the yellow country quadrant according to the UNFPA business model. In “yellow” countries, UNFPA normally focuses on capacity building of systems and institutions; partnerships and coordination (including South-South and triangular cooperation); advocacy, policy dialogue and advice; and knowledge management. Humanitarian assistance is not provided. However, there is one separate business case dealing with Abkhazia, Georgia (discussed below).

Under the current country programme 2016-20, UNFPA is pursuing one CPD output each in SRH, GEWE and PD. UNFPA outputs should contribute to the following *national priorities*: high-quality health care, especially for vulnerable groups; enabling environment for comprehensive youth development; GE and gender mainstreaming in policy development; prevention of and response to domestic violence and violence against women (VAW); and evidence-based public policy management.

Together with various Implementing Partners, UNFPA has been implementing 11 Atlas projects in SRH, 12 in GEWE and one in PD.²⁶ Interventions related to young people have cut across the three country programme components. Besides young people, the programme also puts a particular emphasis on other

²⁴ The UNFPA Second Country Programme for Georgia 2011-2015, Country Programme Review Report. January 2016, Tamar Gotsadze, MD, PhD.

²⁵ Source: UNFPA Country Programme Document 2016-2020.

²⁶ Source: Atlas project monitoring; UNFPA Georgia stakeholder map.

vulnerable and marginalised groups - i.e., rural youth, conflict-affected persons, key populations, ethnic minority groups, and the elderly.

The UNFPA country programme is mainly in support of national initiatives and their roll-out to the regions. GEWE interventions are implemented in Samegrelo, Kakheti and Kvemo Kartli. In addition, under the special business case, but not as humanitarian assistance, SRH support is provided to Abkhazia, Georgia. The stakeholder map in Annex III provides an overview of donors, partners, intended beneficiaries and other stakeholders.

Sexual and reproductive health

According to the CPD 2016-20, UNFPA aims to strengthen evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth with a focus on vulnerable populations and in humanitarian settings (SRH output 1) in order to contribute to increased availability and use of integrated SRH services, including FP, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity and access (SRH outcome 1).

Interventions

Different Implementing Partners have been in charge of implementing the 11 Atlas projects under the SRH country programme component, mainly in support of national initiatives and their roll-out in different geographical areas - e.g., piloting the new cervical cancer model in Gurjaani and rolling out the national perinatal regionalisation programme. In addition, based on a special business case²⁷, interventions have targeted the population in conflict-affected Abkhazia, Georgia. Other Resources for SRH have been forthcoming from Sweden²⁸ (Atlas Fund Code UDJ29) and the Unified Budget, Results and Accountability Framework (UBRAF) (Atlas Fund Code UQA66 and Atlas Fund Code UQA67).²⁹

1. *UNFPA*: Strengthened policy and mechanisms for SRH services (GEO03SRH)
2. *UNFPA*: Support to HIV prevention, policy and advocacy (UBRAFGE0)
3. *UNICEF*: Georgia MICS 2017-2018 (GEO03MIC)
4. *Tbilisi State Medical University (TSMU)*: Support the improved quality of the SRH Continuing Medical Education (CME) (GEO03CME)
5. *Union Tanadgoma*: Support Increased Access to Basic Quality SRH Services in Abkhazia, Georgia (GEO03RHA)
6. *Centre for Information and Counselling on RH "Tanadgoma"*: Support to Healthy Lifestyle and SRH Education (GEO03EDU & UBRAFGE0)
7. *National Centre for Disease Control and Public Health (NCDC)*: Cervical Cancer Screening Registry Development (GEO03REG)
8. *National Screening Center (NSC)*: Support to increased quality and coverage of cervical cancer screening programme (GEO03RH1)
9. *State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking (AtipFund)*: Healthcare Response to DV/GBV (GEO03DVR)
10. *Georgian Youth Development and Education Association (GYDEA)*: Support to Youth Advocacy for SRH & RR and Equality (GEO03YA2)
11. *European Youth Parliament (EYP) – Georgia: Support to strengthen policy dialogue for promoting youth advocacy (GEO03YA1)*

UNFPA has achieved a number of results in connection with strengthening evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth with a focus on vulnerable populations and in humanitarian settings (SRH output 1). Results achieved contribute to SRH output 1. The CPD defines a selected number of indicators and targets to account for UNFPA's performance (Box 1).

²⁷ UNFPA: Business case for project activities in Georgia break-away region of Abkhazia 2016-18, March 2015.

²⁸ Although formally the UN Joint Programme, supported by Sweden/SIDA, has been targeting GEWE, according to the project document, some resources have been utilised for SRH programming, including promotion of youth SRH awareness raising. They figure under GEWE in the financial tables below.

²⁹ Source: UNFPA Georgia 2016-20 stakeholder map.

Box 1: Georgia SRH output 1

Strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth, with a focus on vulnerable populations and in humanitarian settings, as evidenced by:

- *Number of evidence-based protocols for healthcare workers for achieving universal access to high-quality SRH and FP services*
- *Introduction of routine practice of maternal near-miss cases review*
- *Adoption by the Government of the national organised cervical cancer screening programme based on evidence from the pilot*
- *Number of community-led and NGOs supported by UNFPA to address HIV and the SRH needs of key populations*

The UNFPA Georgia CO has monitored progress against the country programme output-level indicators. According to data provided for 2016-18, 17 guidelines/protocols were already approved (12) or been submitted for approval (5) with UNFPA support. Development of additional five protocols was initiated in 2019. Thus, results achieved so far exceed the target of 5 set for the programme cycle by 2020. Routine practice of maternal near-miss case reviews was piloted in selected comprehensive emergency obstetrics and new-born care facilities. Cervical screening SOPs were adopted by the municipality of Tbilisi, but are not yet in place for the rest of the country; however, implementing an organised screening structure and quality assurance in order to increase the efficacy of the screening programme was identified as one of the main priorities of the National Cancer Control Strategy. Six NGOs³⁰ were supported to address HIV and SRH needs of key populations (target: 5).

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 SRH services that are gender-responsive and meet human rights standards for quality of care and equity and access (SRH outcome 1). The CO selected the following outcome-level performance indicators:

- contraceptive prevalence rate
- percentage of target population covered by cervical screening services

The CO 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) Instable socio-economic situation and national ownership; (ii) Decreased government commitment to provide contraceptives and SRH consultation services; (iii) Lack of private healthcare provider interest to implement MH/near miss case audits; (iv) Conflict escalation in Abkhazia, Georgia. Assumptions are: (i) Legislation and policies implemented; (ii) Government resource allocation for SRH improved; (iii) More Government resources; (iv) Demand for policies, guidance and tools on integrated SRH, FP, MH increased; (v) Commitment to strengthen primary health care (PHC) increased; (vi) Demand for Continuing Medical Education (CME) created; (vii) Policy and political environment improved.

Gender equality and women's empowerment

According to the CPD 2016-20, UNFPA aims to strengthen the capacity of public and civil society organizations as well as national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices (GEWE output 1) and this should 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

³⁰ Eurasia Coalition on Male Health (ECOM); Eurasian Women's Network on AIDS (EWNA); Union Tanadgoma; Eurasian Harm Reduction Network (EHRN); Centre Tanadgoma, and Equality Movement.

Different Implementing Partners have been in charge of implementing the 12 Atlas projects under the GEWE country programme component, both at national level and regional levels (e.g., Samegrelo, Kakheti and Kvemo Kartli regions). Other Resources for GEWE have been forthcoming from Sweden (Atlas Fund Code UDJ29), the EU (Atlas Fund Code EUA87) and the President's Fund³¹ (Atlas Fund Code FPA90 and Atlas Fund Code UNDJ29).³²

1. *UNFPA*: Strengthened Gender Equality and Reproductive Rights (GEO03JP2)
2. *UNFPA*: Global Programme to Prevent Son Preference and Gender-biased Sex Selection (GEO03GP3)
3. *Union 21st Century*: Joining Inter-Religious Efforts for Prevention of Harmful Practices in Georgia (GEO0FBO)
4. *Sapari/NNLP*: Support to Prevention of Harmful Practices against Women and Girls in Kakheti and Kvemo Kartli Regions (GEO03CMP/2018)
5. *Sapari/NNLP*: Strengthening Early/Child Marriage Prevention in Kvemo Kartli Region of Georgia (GEO03CMP/2017)
6. *Association Atinati*: Civil Society Awareness Raising in Samegrelo Region (GEO03AW1)
7. *Public Defender's Office (PDO)*: To Conduct the Country Inquiry in relation to the sexual and reproductive health and well-being (GEO03PDO)
8. *National Centre for Disease Control and Public Health (NCDC & PH)*: Qualitative Research on the Harmful Practice of Early Marriages in Georgia (GEO03RSR)
9. *ISET Policy Institute*: Global Programme to Prevent Son Preference and Gender-biased Sex Selection (GEO03GP1)
10. *Network of Centers for Civic Engagement (NCCE)*: Civil Society and Community Awareness Raising on Harmful Practices in Georgia (GEO03AW2)
11. *NGO We Care*: Gender Transformative Programming (GEO03GTP)
12. *Promundo-US*: Gender Transformative Programming (GEO03PRM)

UNFPA has achieved a number of results in connection with strengthening the capacity of public and civil society organizations as well as national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices (GEWE output 1). Results achieved contribute to GEWE output 1. The CPD defines a selected number of indicators and targets to account for UNFPA's performance (Box 2).

Box 2: Georgia GEWE output 1

Strengthened capacity of public and CSOs and national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices, as evidenced by:

- *National action plans that address child marriage, gender-biased sex selection and VAW*
- *Number of studies to establish evidence on harmful practices, gender inequality and GBV for informed policy making*

The UNFPA Georgia CO has monitored progress against the country programme output-level indicators. According to data provided for 2016-18, UNFPA supported the development and adoption of the National Action Plan on Human Rights (2018-2020) and the National Action Plan on Combating Violence against Women/DV (2018-2020). Both documents include specific measures to be implemented by the healthcare sector to ensure the prevention and elimination of VAW/DV cases. Of the two studies³³, one was conducted with UNFPA and UNICEF support - "Exploring Harmful Practices of Early/Child Marriage and FGM/C in Georgia" together with NCDC & PH and Promundo-US, 2017 and the other "Trends in the Sex ratio at Birth in Georgia" was conducted with UNFPA support in cooperation with the National Statistics Office of Georgia.

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 CO selected a single outcome-level performance indicator:

³¹ Parallel funding modality: funding from the President's Fund was directly transferred to the NGO Implementing Partner. Source: UNFPA country office.

³² Source: UNFPA Georgia 2016-20 stakeholder map.

³³ Source: UNFPA Georgia CPD 2016-18.

- proportion of CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken

The CO 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) Socio-cultural and legal barriers increase; (ii) National ownership reduces; (iii) Lack of will of government bodies to collaborate; (iv) Barriers affecting ability of IPs. Assumptions are: (i) Government partners, civil society and women willing to participate in planned interventions; (ii) Sufficient resources available; (iii) Receptiveness/responsiveness to advocacy interventions by government institutions, civil society and public at large; (iv) Benefits and added value of interventions shared by state agencies; (v) Partnerships established and maintained; (vi) Media is in our side; (vii) CSOs are active.

Population dynamics

According to the CPD 2016-20, UNFPA aims to strengthen the body of evidence for formulation of rights-based policies through cutting-edge analysis on PD and its interlinkages with SD (PD output 1) in order to contribute to strengthened national policies and their implementation (PD outcome 1).

Interventions

UNFPA directly implements the only Atlas project under the PD country programme component, for which Sweden/SIDA (Atlas Fund Code UDJ29 and Atlas Fund Code SEA67³⁴) has provided Other Resources.³⁵

- UNFPA: Evidence-based Advocacy on Population Dynamics (GEO03PDA)

UNFPA has achieved a number of results in connection with strengthening the body of evidence for formulation of rights-based policies through cutting-edge analysis on PD and its interlinkages with SD (PD output 1). Results achieved contribute to PD output 1. The CPD defines one indicator and associated target to account for UNFPA's performance (Box 3).

Box 3: Georgia PD output 1

Strengthened body of evidence for formulation of rights-based policies, including on ageing, through cutting-edge analysis on population dynamics and its interlinkages with sustainable development, as evidenced by:

- Existence of database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socio-economic and demographic inequalities

The UNFPA Georgia CO has monitored progress against the country programme output-level indicator. According to data provided for 2016-18, a web-based database has been updated with census-based population data.. Two policies on ageing and demographic security respectively as well as an action plan on ageing 2017-18 were adopted.

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 and their implementation (PD outcome 1). The CO selected a single outcome-level performance indicator:

³⁴ In 2013 and 2014 UNFPA received a contribution from the Government of Sweden (under Atlas Fund Code SEA67) for supporting the 2014 Census, with total amount of USD1,132,120, which was spent throughout two country programme cycles, as the project was extended until the end of 2017.

³⁵ Source: UNFPA Georgia 2016-20 stakeholder map.

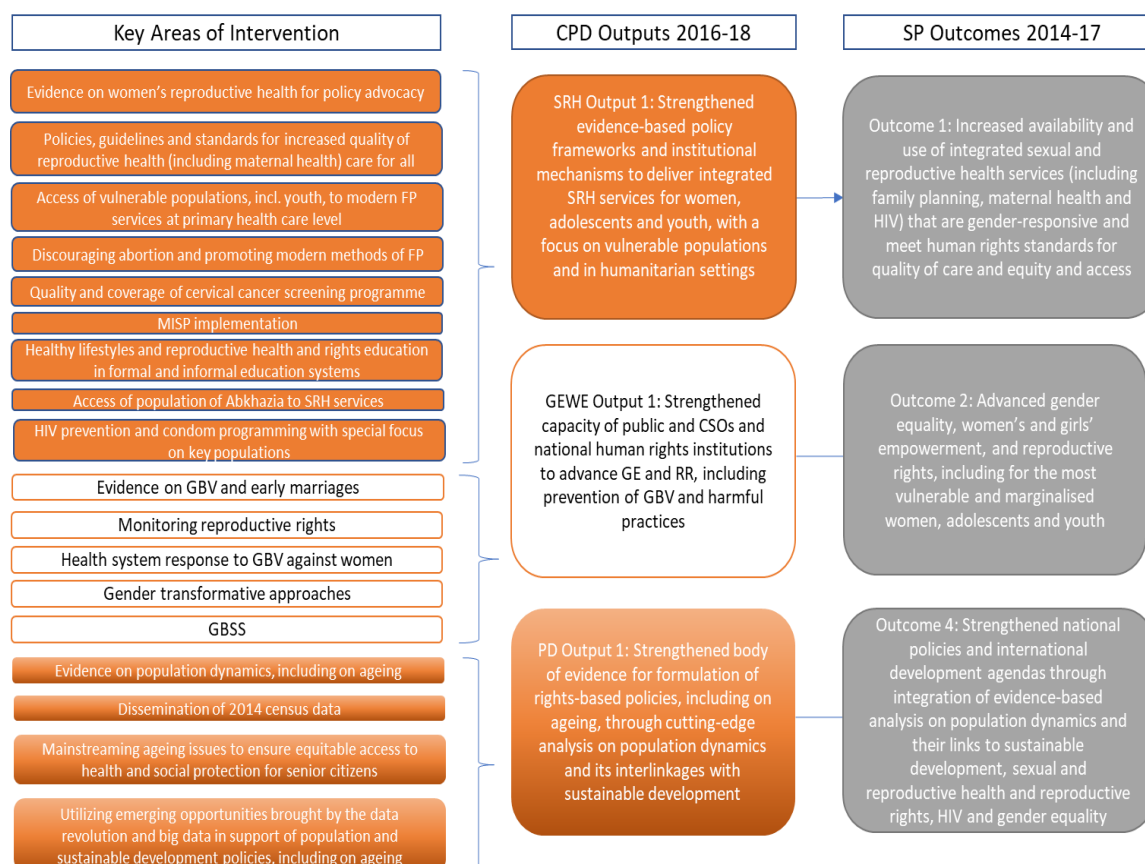
- number of national policies and plans developed that address PD by accounting for population trends and projections in setting development targets

The CO 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) Social instability/conflicts/crisis; financial crisis; (ii) Losing institutional knowledge and difficulties in maintaining relationships due to high staff turnover at ministries; (iii) Lack of government interest in strengthening evidence-based policy making. Assumptions are: (i) Peace and security will improve; (ii) Favourable political environment and full civil society engagement; (iii) Sociocultural and political environment is conducive to the development of policies around PD.

Programme intervention logic

The following figure provides a visualisation of the UNFPA Georgia country programme intervention logic as developed by the CO.³⁶ 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 country programme contributes to, but will not achieve change on its own, but that other stakeholders who work in the same area also play a role.

Intervention Logic UNFPA Georgia CP 2016-20



It was noted that two different theories of change exist - i.e., the original CPD results framework and a separate document entitled “UNFPA Georgia Country Office - Outcome Theories of Change for 2016-2020 Country Programme” that added an output related to SP outcome 2. Since the CO has not reported

³⁶ Source: UNFPA CPD 2016-20; UNFPA country office Theory of Change.

against SP outcome 2 in its country office annual reports (COARs), stakeholder map or financial analysis, the CPD has been used as main point of reference.

3.2.3 Financial structure of the country programme

The indicative assistance of UNFPA as per the CPD (**Error! Reference source not found.**) is \$5.3m: \$3.2m from Regular Resources and \$2.1m to be mobilised as other resources. This amount was to be divided as follows: approximately 50% for SRH (\$2.6m); followed by GEWE (\$1.6m) and \$0.7m for PD.

TABLE 24 INDICATIVE RESOURCES BY PROGRAMMATIC AREA GEORGIA 2016-20 (IN MILLIONS OF USD)

Programmatic Area	Regular Resources	Other Resources	Total	%
Sexual and reproductive health	2.0	0.6	2.6	49.1
Gender equality and women's empowerment	0.2	1.4	1.6	30.2
Population dynamics	0.6	0.1	0.7	13.2
Programme Coordination and Assistance (PCA)	0.4	-	0.4	7.5
Total	3.2	2.1	5.3	100.0

Source: CPD 2016-20

Allocations

At the request of the evaluation team, the UNFPA CO compiled country programme finances data. Overall, UNFPA Georgia has had USD 3,75m at its disposal since 2016. Regular Resources (USD 0.56m per year on average) have not reached the indicative USD 0.64m per annum according to the CPD 2016-20. Other Resources have exceeded Regular Resources. Total Other Resources as per the CPD have just about already been mobilised, two years before programme end - i.e., USD 2.07m. UNFPA Georgia has not received any Emergency Response Funds (ERF).³⁷ The Government of Sweden has provided 90% of total Other Resources, followed by the EU and UBRAF. Other Resources were also received from UNICEF. The GEWE programme component was most successful in terms of resource mobilisation - i.e., 77.3% of total Other Resources (USD1.6m). In 2017, the UNFPA CO also received contraceptives worth USD 25,732.³⁸

Expenditures

The Georgia CO has expended USD 3,59m over the past three years. In monetary terms, the GEWE programme component has been the largest during 2016-18 (USD 1.55m), slightly surpassing expenditures for SRH (USD 1.49m), which at the outset was anticipated to be the largest programme component. Funding for GEWE has already exceeded indicative assistance for 2016-20 according to the CPD 2016-20.³⁹ It is worth mentioning that the GEWE programme component funding comes from the UNJP on Gender Equality and the content of UNFPA's share includes substantial work on SRH.

3.2.4 Country office structure and human resources

The UNFPA Georgia CO is located in Tbilisi and managed by a non-resident Country Director (D1) and Assistant Representative. There are overall 14 staff members in the CO, consisting of five programme staff, three staff members funded through the Institutional Budget (IB), one service

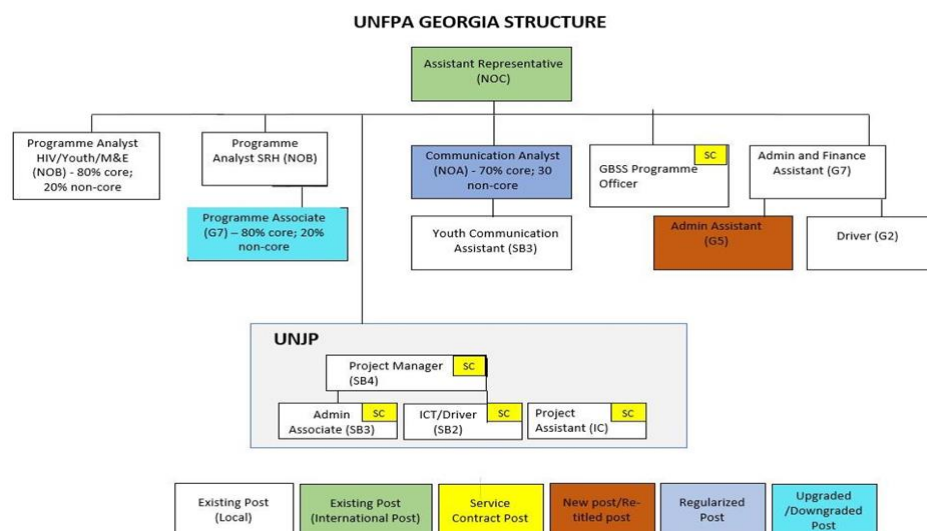
³⁷ ERF funds are internally restricted funds which are part of RR and used for emergency purposes.

³⁸ Source: Evaluation Team based on COGNOS.

³⁹ Source: Evaluation Team based on COGNOS.

contract staff for the EU-funded GBSS Programme and five project staff working on the UN joint programme funded by Sweden (Figure 3).

FIGURE 3 UNFPA GEORGIA COUNTRY OFFICE STRUCTURE AND HUMAN RESOURCES



CHAPTER 4: Findings

4.1 Relevance

Evaluation question 1: 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: UNFPA Country Programme is directly aligned with UNFPA Strategic Plan outcomes, is harmonized with UNPSD and is consistent with relevant national policy framework. It seeks to ensure that ‘no one is left behind’ and has responded to the needs of the vulnerable populations.

4.1.1. Consistency with priorities put forward in the UNFPA Strategic Plans and the United Nations Partnership for Sustainable Development Georgia

Finding 1: The UNFPA country programme is directly aligned with UNFPA Strategic Plan outcome statements in SRH, GEWE and PD; support for adolescents and youth has been mainstreamed in programme design. The country programme is well coordinated and harmonised with the UN Partnership Framework for Sustainable Development 2016-20. Health is one of its five focus areas, thanks to the country office’s active involvement in the elaboration of the Framework. UNFPA is expected to contribute to outcomes in all five focus areas.

The UNFPA Country Programme 2016-2020⁴⁰ was prepared based on the UNFPA Strategic Plan 2014-2017 and was approved during the Second Regular Session of UNFPA Executive Board in September

⁴⁰ UNFPA Georgia Country Office: Outcome Theories of Change for 2016-2020 Country Programme.

2015. The UNFPA Strategic Plan 2014-2017 underlined the central place of SRH and reproductive health rights for the work of the organization and declared gender equality as another key principle of its work. The Strategic Plan 2014-2017 identified four development outcomes. The UNFPA Georgia CO developed outcome theories of change for the CPD, which focused on all four of these outcomes. The approved CPD includes three outputs towards the achievement of the Strategic Plan and youth issues were mainstreamed. The Strategic Plan 2018-2021 reaffirmed the strategic priorities of the previous plan in the context of the 2030 Agenda for Sustainable Development, while underlining the principles of 'leaving no one behind' as well as 'reaching the furthest behind first'. The UNFPA CO sought to include these principles in its ongoing work - for example, through updating its Partnership Plan⁴¹ in January 2018.

The country programme is well coordinated and harmonized with the UN Partnership Framework. UNFPA actively participated in the work of UN country team in Georgia to prepare the new UNDAF – UN Partnership for Sustainable Development 2016-2020 (UNPSD). Of the eight UNPSD outcomes, UNFPA is considered a contributing agency for six outcomes under all five focus areas (see Table 6 below). UNFPA provides financial contributions to outcomes 1 and 6. Financial contributions to all other outcomes are mentioned as “addressed within outcomes 1 and 6”.⁴² UNFPA has chaired the thematic working group on health, which contributed to the inclusion of a focus area on health and associated priority indicators (e.g., modern contraceptive prevalence rate; % of HIV prevention and treatment programmes, including for young people and key population groups, funded by the state). The UNFPA Georgia country programme responds to all components of the expected outcome through:

- development of health policies, national strategic plans
- development of clinical guidelines and protocols, and service standards for marginalized groups;
- Strengthening human resources in health for delivery of quality SRH services
- Institutionalization of health education in formal and non-formal education to improve youth's access to accurate information about major health risks and empowering them to make informed decision about their health

TABLE 5 : UNFPA ALIGNMENT TO UNPSD FOCUS AREAS AND OUTCOMES:

Focus Area	Outcome
FA1: Democratic Governance	Outcome 1: By 2020, expectations of citizens of Georgia for voice, rule of law, public sector reforms, and accountability are met by stronger systems of democratic governance at all levels.
FA2: Jobs, Livelihoods and Social Protection	Outcome 4: By 2020, poor and excluded population groups have better employment and livelihood opportunities as a result of inclusive and sustainable growth and development policies
FA3: Education	Outcome 5: By, 2020 state and nonstate parties at central and municipal levels are providing inclusive and high-quality Preschool and General Education for children
FA4: Health	Outcome 6: By 2020 health of the population especially the most vulnerable is enhanced through targeted health policies, and provision of quality, equitable and integrated services, including management of major health risks and promotion of targeted health seeking behaviour.
FA5: Human security and community resilience	Outcome 7: By 2020 conflict affected communities enjoy better security and stronger resilience to conflict-induced consequences

Source: UNPSD 2016-20

Finding 2: UNFPA in Georgia has generally based its policy-level work and institutional capacity building on an understanding of SRH and RR as fundamental human rights. The country office has specifically engaged to strengthen the human rights monitoring framework. Gender has been a cornerstone of programme design and planning.

⁴¹ 2016-2020 Partnership Plan, UNFPA Georgia Country Office

⁴² United Nations Partnership for Sustainable Development, Tbilisi 2016, Table 4.1

A major goal of the UNFPA strategic direction and most recent Strategic Plan 2018-2021 is to achieve universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. UNFPA support has been designed to achieve important policy changes and to institutionalize high-quality RH services based on SRH and RR as a fundamental human right. The UNFPA CO has established close cooperation with the Public Defender's Office in order to provide targeted support to integrate SRHR into the human right monitoring framework.

Women's perspectives have been a cornerstone of programme design and planning. UNFPA's policy and advocacy initiatives have been oriented to improve women's health, reduce morbidity and maternal mortality, and reduce unwanted pregnancy. UNFPA has emphasised gender-responsive health programmes such as: cervical cancer screening programmes; healthcare system response to GBV; and provision of RH/FP and specialized health care services to respond to unmet needs of women and girls in Abkhazia, Georgia.

Finding 3: Reflecting the people-centred nature of the 2030 Agenda, UNFPA has sought to ensure that no one is left behind, and that the furthest behind are reached first. UNFPA has targeted women and girls vulnerable to domestic violence and early marriage; it has responded to women and girls' vulnerabilities in the conflict-affected region of Abkhazia, Georgia by providing life-saving SRH/FP services. Furthermore, UNFPA has piloted initiatives to promote healthy and active aging as well as gender-responsive and rights-based SRH and HIV integrated services for marginalized population groups.

The UNFPA CPD 2016-2020 does not explicitly speak the language of 'no one left behind', as these terms were introduced by the 2030 Agenda for Sustainable Development after the CPD was approved. However, in accordance with the strategic direction of UNFPA and in line with the 2030 Agenda, UNFPA has advocated to improve access to quality SRHR services focusing on most vulnerable population groups in Georgia. For instance, UNFPA has worked through several NGOs in regions populated by ethnic minorities to raise awareness of the issues of domestic violence and early marriage as well as to train young people (through peer-to-peer methods). Furthermore, UNFPA has sought to make its mark through working with many groups of beneficiaries and supporting two local NGOs to pilot initiatives targeted at the elderly population in two regions of Georgia.

Under the special business case model, UNFPA has focused on women in Abkhazia, Georgia who are in critical need of free and quality RHR/FP services due to unfavourable political, legal and socio-economic conditions. UNFPA has provided RH/FP services, including modern contraceptives, to girls and women in the conflict-affected region. The UNFPA-supported cervical cancer screening programme and SRH/FP services have targeted women and girls who would not otherwise have access to health information and reproductive health and FP services.

The CO has also placed much emphasis on the integration of SRHR and HIV services for key populations such as MSM, transgender women, sex workers, and young key populations (YKP). UNFPA has advocated for including rights-based services into the national HIV policy.

4.1.2 Consistency with government priorities and international commitments

Finding 4: The UNFPA country programme is consistent with the relevant national policy framework, including Georgia's aspiration for European integration. UNFPA has been actively involved in the SDG nationalisation process, according to its global mandate.

The UNFPA country programme was developed through a participatory process involving the government, which ensured that it responds to national priorities and is in line with the Association Agenda between the European Union and Georgia⁴³, which specifically mentions gender equality as one

⁴³ https://eeas.europa.eu/delegations/georgia/35853/annex-ii-eu-georgia-association-agenda_en (accessed 15.04.2019)

of the corner-stones of development and specifically discusses combatting GBV as a pressing priority. The country programme is also in line with core documents of public policy in Georgia - e.g., “Georgia 2020”; the 2014 Government Programme “For Strong, Democratic, United Georgia”; Georgia’s National Human Rights Strategy, which specifically mentions gender equality and vows to ensure gender equality, to protect the rights of women and to combat domestic violence; the Georgia Healthcare System State Concept for 2014-2020 and the Vision for Developing the Healthcare System in Georgia by 2030.⁴⁴

Georgia was an early supporter of the 2030 Agenda for Sustainable Development, having submitted its First National Voluntary Review in 2016.⁴⁵ Maternal and infant health is mentioned in the document as a specific priority. Georgia created its Sustainable Development Council in May 2017 with the mandate to coordinate the nationalization of the goals and to monitor their implementation. The Council is co-chaired by the Head of the Administration of the Government of Georgia and the UN Resident Coordinator. The Council established thematic working groups on (i) Social Inclusion, (ii) Economic Development, (iii) Democratic Governance, and (iv) Sustainable Energy and Environmental Protection to oversee strategic planning, integrated implementation and effective monitoring of assigned SDGs and related thematic fields. UNFPA has been an active member of the Council and the Social Inclusion Working Group from the outset. It also contributed to the inclusion of SDG Goal 17 in the priorities of the Government of Georgia.⁴⁶ The Council prepared a so-called Nationalization Matrix, which includes all the goals as well as national indicators for the selected targets. The matrix was validated at the meeting of the Council in February 2019.

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

Finding 5: UNFPA has responded to urgent needs of the health sector for professional development. Its support for conflict-affected women and girls in Abkhazia, Georgia, for key vulnerable groups, and for youth has been relevant to their GBV, SRHR and HIV needs. However, UNFPA advocacy for HIV key vulnerable groups may have been overly cautious.

UNFPA has consistently promoted new policies and procedures and built relevant institutional capacities for their enforcement and compliance. In the health sector, for instance, UNFPA has responded to the expressed need to build mechanisms for professional development in the absence of a functional Continuous Medical Education (CME) system - e.g., the introduction and promotion of an e-learning platform in partnership with the MoH and Tbilisi State Medical University (TSMU).

UNFPA has addressed the needs of women and girls in Abkhazia, Georgia who are deprived of their right to receive quality health services, particularly SR/FP services, including life-saving modern methods of contraceptives. This is especially important considering the de-facto government ban on abortion services (even on medical grounds), which severely infringes women’s rights to health.

UBRAF-funded activities for key vulnerable groups at risk for HIV infection, in collaboration with NCDC and GFATM, have addressed beneficiary needs, but somewhat hesitantly. Interviewed representatives of the LGBTIQI community stated that support for integrated health services is important for the community. However, respondents also mentioned that UNFPA offered few opportunities for MSM activists to participate in national/regional or international forums/meetings, which would strengthen their knowledge and advocacy capacities, and help their networking. Despite their appreciation, respondents believed that UNFPA (and other UN agencies in Georgia) has shown a somewhat reserved attitude and avoided making visible and explicit statements in support of the rights

⁴⁴ Vision for Developing the healthcare system in Georgia by 2030. Parliament of Georgia.

http://www.parliament.ge/ge/ajax/downloadFile/81366/Health_Strategy_Eng

⁴⁵ <https://sustainabledevelopment.un.org/content/documents/10680SDG%20Voluntary%20National%20Review%20Georgia-.pdf> (Accessed 15.04.2019)

⁴⁶ Interview with a government counterpart.

of sexual minority groups and/or sex workers who face devastating discrimination and prejudice from the society. Interviewed community activists believed that UNFPA's open engagement and involvement would be beneficial given the high profile of UN agencies and voiced expectations that UNFPA engage in addressing the following challenges: LGBTIQI destigmatization; changing social norms and public attitudes; building institutional capacity of community organizations; creation of conducive legal environment for sex work; assessment of and responding to the needs of transgender women, drug-user women, and women with special needs.

Despite the above mentioned, it should be acknowledged that UNFPA's current mandate is to advocate for equal access to HIV prevention/SRH services for key affected populations (KAPs). This has been addressed both at the policy and community level through equipping service providers with relevant tools, such as training manuals, service standards, as well as strengthening their knowledge and skills to deliver HIV prevention services. In addition, UNFPA together with UNRC and other members of the UNCT, has advocated for elimination of discrimination against the LGBTIQI community through issuing a joint statement on International Day against Homophobia and Transphobia (IDAHOT) in May 2019. However, this happened shortly after the interviews with key groups were completed in March 2019.

Interviewed stakeholders believed that youth-focused interventions implemented/supported by UNFPA have been responsive to the needs of young people. Officials from the health and education sectors stated that UNFPA is one among only few agencies in Georgia to promote/provide health education to young people through formal and non-formal education systems, and to promote youth engagement by organizing communities for positive social change. Two young persons interviewed highlighted the importance of UNFPA support for advancing the youth agenda in the country. Apparently, due to substantial contribution of the UNFPA CO to the development of youth friendly SRH services in the past, some respondents still have expectations that UNFPA should be a forerunner in ensuring access to sexual and reproductive health services and information for young people. While the UNFPA CPD does not prioritize development of youth-friendly services, UNFPA continues to be committed to building the foundation for strengthening the primary health care system and the school health system for integrated SRH services for youth.

4.2 Effectiveness Sexual Reproductive Health and Rights

Evaluation question 2 [SRH results]: To what extent has UNFPA strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth, with a focus on vulnerable populations⁴⁷? 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 increased⁴⁸? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of Findings: UNFPA has substantially contributed to strengthening evidence-based policy frameworks, building institutional mechanisms and technical capacities for delivering quality integrated SRHR and HIV services in Georgia, including in emergencies. UNFPA-supported initiatives, such as perinatal and antenatal care regionalization and hospital-based Near-Miss Case Review have become important contributors to avoiding maternal mortality and morbidity. UNFPA programme was highly responsive to address the SRH needs of women and girls Abkhazia, Georgia.

⁴⁷ CPD Georgia SRH output 1.

⁴⁸ CPD Georgia SRH outcome 1.

TABLE 6 OVERVIEW PROGRESS TOWARDS SRH TARGETS

UNFPA Strategic Plan Outcome	Country Programme Output	Indicator, Baseline, Target	Assessment of Achievement
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	Output 1: Strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated sexual and reproductive health services for women, adolescents and youth with focus on vulnerable populations and in humanitarian settings	Number of evidence-based protocols for health-care workers adopted for achieving universal access to high-quality sexual reproductive health and family planning services, including for youth <i>Baseline: 15; Target: 20</i>	Overachieved. 17 evidence-based guidelines/protocols developed in 2016-2018. An additional five guidelines/protocols are being prepared. ⁴⁹
		Routine practice of maternal near-miss cases review piloted in selected comprehensive emergency obstetrics and newborn care facilities <i>Baseline: No; Target: Yes</i>	Yes. NMCR has been piloted in 9 selected maternity hospitals in Tbilisi, Kutaisi and Batumi. ⁵⁰
		The model for the national organized cervical cancer screening programme based on evidence from the pilot is adopted by the government <i>Baseline: No; Target: Yes</i>	Yes. The pilot is adopted, although the quality of services remains substandard. ⁵¹
		Number of community-led and non-governmental organizations supported by UNFPA to address HIV and the sexual and reproductive health needs of key populations <i>Baseline: 0; Target: 5</i>	Achieved. UNFPA support for 5 CSOs. ⁵²
		Outcome indicator: Contraceptive prevalence rate (modern methods) <i>Baseline: urban: 42%; rural: 28% Target: urban: 47%; rural: 35%</i>	2018 MICS data is not yet available. Per the ICPD Global Survey, the contraceptive prevalence rate among women aged 15-49 in Georgia in 2018 was estimated at 55% for any method; and 40% for modern method. ⁵³
		Outcome indicator: Percentage of target population covered by cervical screening services. <i>Baseline: urban: 15%; rural: 9%; Target: urban: 30%; rural: 20%</i>	Reliable disaggregated data by regions should be available by the end of 2020 once the population-based screening/cancer registry becomes fully functional. Triangulation of various data sources show that current countrywide coverage does not exceed 20%. ^{54, 55}

4.2.1. UNFPA contribution to stronger evidence-based policy frameworks for delivering quality integrated SRH services for women and A&Y and with a focus on the SRH rights and needs of vulnerable populations.

Finding 6: UNFPA has substantially contributed to the development of the national policy framework for delivering quality integrated SRHR and HIV services, including for youth, through facilitating a participatory process, providing technical expertise and advocacy.

Interviewees from government institutions and CSOs considered UNFPA to be the major agency for assisting the country to strengthen the policy framework on SRH and RR. Based on stakeholder opinions, UNFPA has consistently involved a wide range of stakeholders from government and CSOs in policy development processes.

⁴⁹ See Finding 10 for a more detailed analysis.

⁵⁰ See Finding 11 for a more detailed analysis.

⁵¹ See Finding 12 for a more detailed analysis.

⁵² Annual Reports. UNFPA. Georgia

⁵³ <https://www.unfpa.org/data/world-population-dashboard>. Accessed April 14 2019

⁵⁴ Stakeholders interviews with UNFPA CO staff

⁵⁵ See Findings 12 for a more detailed analysis

UNFPA, under the leadership of the MoH and alongside other partners, supported the elaboration of the **National Maternal and Newborn Health and RH Strategy (MNHS) 2017-2030 and a 3-year Action Plan** with international and local technical expertise. The MNHS provides long-term perspectives for strengthening the national response to reproductive health. It explicitly states the political commitment of the Government of Georgia to achieving the ICPD and SDG goals and targets. The MNHS was formally approved by the Cabinet of Ministers in September 2017, making it legally binding.

UNFPA is positioned as an important partner with regard to HIV policy development: In 2017, the MoH prioritized Elimination of Mother to Child Transmission (EMTCT) of HIV, Syphilis and Hepatitis B, and created the national EMTCT Board. UNFPA, WHO and UNICEF provided technical assistance to the NCDC to plan the elimination process. Thanks to UNFPA's engagement, the EMTCT guiding documents were aligned with the MNHS 2017-2030. As a result of the coordinated support, an **EMTCT National Plan for 2018-2019** and corresponding M&E plan as well as a national EMTCT self-assessment tool were developed. UNFPA has also worked closely with the MoH and NCDC and engaged national experts from state agencies and the NGO sector to participate in the development of the **National HIV/AIDS Strategic Plan (NSP) 2019-2022**. The HIV/AIDS NSP was approved by the Country Coordinating Mechanism (CCM).

UNFPA has been consistently advocating for the integration of youth SRH needs in high-level policy documents, and because of its efforts youth needs are now reflected in the MNHS 2017-2030 as well as in the HIV/AIDS NSP.

Most health policy documents developed with financial or technical assistance from UNFPA have been endorsed by the MoH and are in use. However, some documents are still pending government approval, such as the EMTCT Plan and the HIV/AIDS NSP. Key stakeholders interviewed confirmed that UNFPA, in partnership with other agencies, has advocated with government officials to foster approval processes, but suggested that only advocacy is sometimes insufficient to influence decisions.

Finding 7: Alongside other partners, UNFPA has contributed to an improved perinatal care system to reduce maternal and newborn mortality. Thanks to UNFPA, a sound national antenatal care model has been developed and submitted to MoH for approval.

An important step towards strengthening the healthcare system response to high maternal and child morbidity and mortality in Georgia has been the implementation of the *Perinatal Care Regionalization Process* followed by the *Antenatal Care Regionalization Process* initiated in 2018. Perinatal (PNC) and antenatal (ANC) care regionalization seeks to provide pregnant women, mothers and new-born children with access to safe, quality and timely care during pregnancy, labour and after childbirth. The regionalization process implies defining functional ties across facilities at different levels⁵⁶, which in case of serious complications will facilitate timely and adequate referral to appropriate facilities.

The *Perinatal Care Regionalization Process* was launched in 2015 by the MoH with technical and financial support from USAID, UNICEF, UNFPA and other donor organizations. The first phase of this process was finalized by fall 2017 (developing the criteria for the levels of perinatal care, referral criteria, actual assessment and formal assignment of levels to the selected facilities, etc.). Since then, out of 106 perinatal care facilities assessed, 82 have been assigned with relevant level of perinatal care; thus, these facilities have become eligible for public financing: I level – 23 facilities; II level – 46 facilities; II/III – 6 facilities; III level – 7 facilities. Stakeholders interviewed were confident that successful completion of perinatal regionalization and its application in reproductive health service delivery have solid potential to reduce maternal and newborn mortality. Health officials mentioned that the UNFPA contribution was remarkable when USAID stopped providing financial assistance to the health sector in 2015.

⁵⁶ Source: Facility based Near Miss Case Reviews in Georgia: quality assessment and improvement. November 26 – December 1, 2018. Mission report by: Alberta Bacci; Stelian Hodorogea.

In order to ensure quality of care in delivering RH services along the continuum of care, as a logical next step and in response to MoH efforts to implement the commitments made in the MNH Action Plan 2018-2019, UNFPA in 2018 mobilized technical assistance to support the development of the *Antenatal Care Regionalization National Model* and facility assessment instrument. The proposed model stratifies ANC care into three levels of clinical complexity with established detailed standards and requirements (i.e., infrastructure, services, equipment, supplies, staffing). The ANC regionalization model has been submitted to the MoH for formal approval, which is expected by fall of 2019.

Finding 8: Along with other UN agencies, UNFPA has contributed to improved emergency preparedness, particularly through integrating the MISP into the National Emergency Response Plan.

UNFPA's Minimum Initial Service Package (MISP) for reproductive health forms the starting point for SRH programming in emergencies. In 2016-2017, UNFPA Georgia in partnership with other UN agencies, continued engagement in policy dialogue with the Government of Georgia to integrate and institutionalize MISP in national contingency plans for emergencies and humanitarian assistance frameworks. Through UNFPA technical support and advocacy, a coordinated set of life-saving critical activities designed to prevent sexual violence and manage its consequences, prevent excess maternal and newborn mortality, reduce HIV transmission and ensure availability of FP and STI treatment services became part of the National Emergency Response Plan⁵⁷.

Finding 9: UNFPA is the only agency involved in advocating free access to family planning services in Georgia within the context of the Georgia Healthcare System State Concept 2014-20. However, competition with other health issues is great and final outcomes are directly linked to the government's political and budgetary commitments.

The UNFPA Strategic Plan 2018-2021 identifies three transformative and people-centred results for the duration covering three strategic plans leading up to 2030. One of the three results is eliminating the unmet need for FP. Consistent with the declared UNFPA global priority, the UNFPA CO has continued to proactively advocate free access to FP services in Georgia. Interviews with high-level health officials and young key populations revealed that UNFPA is the only agency in Georgia, which has been moving forward the youth and FP agenda and encouraging policy makers to address the unmet needs of adolescents and young people, as well as women's needs for FP services.

Since 2014 when the government approved the Georgia Healthcare System State Concept for 2014-2020 (adopted by the Government on 26th of December 2014; Decree 724), policy makers have pledged to start covering the costs of contraceptives and FP counselling within the state-funded universal healthcare starting from 2017. To assist the government, UNFPA developed two policy briefs "Invest in Family Planning", and "The Cost of Free Contraceptives" and submitted them to the Parliamentary Committee on Health and Social Affairs in 2017. In 2019, according to the National Action Plan for implementation of the MNH Strategy, upon the request of MoH, UNFPA started providing technical support to elaborate the SOPs for PHC for delivery of FP services.

Some health officials participating in the evaluation reaffirmed the government's political commitment to achieve the FP-related SDG 3.7. However, in their view, many other pressing and prioritised issues in health sector have left very little fiscal space to immediately accommodate FP needs. While government officials seemed optimistic, civil society representatives were highly sceptical about the government's declared commitment.

⁵⁷ Annual Report 2018. UNFPA. Georgia

4.2.2 Delivery of quality integrated SRHR services/information for women and A&Y, with a focus on vulnerable populations, and 4.2.3. uptake of UNFPA-supported SRHR services

Finding 10: UNFPA has proved to be responsive to the increased demand of the MoH to establish quality standards for SRH services in the country. 17 evidence-based guidelines and protocols for the delivery of quality SRH and FP services, including for youth, substantially exceeds the target set for the current programme cycle. UNFPA-supported HIV prevention service guidelines and protocols for MSM, SWs and YKP, once approved, are expected to serve as effective implementation and advocacy instruments for promoting comprehensive sets of HIV prevention services and prioritizing high-impact and low-cost HIV prevention interventions after TGF financial support ends.

UNFPA has supported the development of tools and instruments to enable effective implementation of policy frameworks promoted through its support. Stakeholders confirmed that UNFPA is a leading partner of the MoH for promoting the highest attainable standard in reproductive health through development/adaptation of clinical guidelines, service protocols and standard operation procedures. This has been proved by the number of guidelines and protocols produced with UNFPA support. In 2016-2018, UNFPA supported the development of 12 guidelines/service protocols which were formally approved by the Board of Guidelines of the MoH. During the evaluation period, UNFPA's advocacy efforts were in progress to obtain MoH approval of the five guidelines/protocols already finalized through UNFPA technical assistance.

TABLE 7: GUIDELINES AND PROTOCOLS DEVELOPED WITH TECHNICAL ASSISTANCE FROM UNFPA

#	Guidelines and protocols (G&P)	Type	Year
Submitted to MoH for approval			
1	Uncomplicated labour and childbirth (<i>Guideline</i>)	Guideline	2018
2	Operative Vaginal Delivery	Protocol	2018
3	Postpartum fever management	Protocol	2018
4	Preventing Thromboembolism during Pregnancy and post-partum period	Protocol	2018
5	Clinical protocol for the management of rape survivors in emergencies (CMR)	Protocol	2018
Approved in 2016-18			
6	Antenatal care for healthy pregnant women	Protocol	2017
7	Medical eligibility criteria for contraceptive use (MEC) - Intrauterine device (IUD)	Protocol	2016
8	Medical eligibility criteria for contraceptive use (MEC) - Emergency contraceptive pills (ECPs)	Protocol	2016
9	Medical eligibility criteria for contraceptive use (MEC) - Fertility Awareness Method	Protocol	2016
10	Medical eligibility criteria for contraceptive use (MEC) - Post-abortion contraception	Protocol	2016
11	Medical eligibility criteria for contraceptive use (MEC) - Vasectomy	Protocol	2016
12	Medical eligibility criteria for contraceptive use (MEC) - Sterilization	Protocol	2016
13	Medical eligibility criteria for contraceptive use (MEC) - Progestogen-only contraceptive (POC)	Protocol	2016
14	Medical eligibility criteria for contraceptive use (MEC) - Combined Hormonal Contraceptive (CHC)	Protocol	2016
15	Medical eligibility criteria for contraceptive use (MEC) - Barrier methods (BARR)	Protocol	2016
16	Medical eligibility criteria for contraceptive use (MEC) - Lactational Amenorrhoea Method (LAM)	Protocol	2016
17	Medical eligibility criteria for contraceptive use (MEC) - Post-delivery contraception counselling & communication	Protocol	2016
Work in progress 2019 *			
18	HIV prevention for key populations - MSM	Guideline	2019
19	HIV prevention for key populations – Sex Worker	Guideline	
20	HIV prevention for key populations – Young key population	Guideline	
21	Family Planning Standard Operation Procedures (SOP) for PHC workers	SOPs	
22	Antenatal Care	Protocol	

* G&P development plans for 2020 not yet clearly defined

UNFPA has provided training to a relatively limited number of health care workers on the newly developed service guidelines and protocols at the UNFPA partner institutions. Georgia belongs to the “yellow quadrant” with a combination of advocacy and policy dialogue with knowledge management as modes of engagement. Therefore, UNFPA’s rather limited medical personnel training activities are not designed to have a national-level impact. To support institutionalization of UNFPA-developed training at the national level, UNFPA established linkages between training and piloted service models to existing systems, and focused on capitalizing on the system of professional and continuous education (see Finding #16 for more details).

Stakeholders interviewed acknowledged that increasing national capacity in the health sector does not necessarily require direct involvement of UNFPA in offering training sessions as the government bears key responsibilities to support national capacity building efforts through relevant policies and systems, as well as through funding from national and/or municipal budgets.

Georgia has been transitioning from TGF (Global Fund to Fight AIDS, Tuberculosis and Malaria) funding for HIV, and the government has pledged^{58,59} to gradually increase its own investments in HIV programmes and eventually to take full responsibility for sustaining the scale and scope of the existing HIV national response with state funding. HIV national stakeholders interviewed acknowledged that the sustainability of comprehensive HIV prevention services beyond TGF funding, particularly services provided by CSOs, including community-based organizations, remains the major challenge. Thus, UNFPA support for the development of costed prevention service standards for key populations was appreciated by both state and non-state actors interviewed. In addition to its important policy work, UNFPA has partnered with the MoH, NCDC and other stakeholders to promote the integration of sexual and reproductive health and HIV prevention services. In 2017, UNFPA partnered with NCDC, the European Harm Reduction Network and other stakeholders to promote HIV prevention service guidelines and protocols for three (out of the four) KPs: MSM, sex workers, young key populations.⁶⁰ These tools were based on tools for integrated and comprehensive SRH and HIV services such as MSMIT⁶¹, SWIT⁶², and TRANSIT⁶³, which were prepared by WHO, the World Bank, USAID, PEPFAR and community organizations and introduced to Georgia by UNFPA in 2017. Their approval is pending. NGO representatives believed that formal endorsement of the service guidelines and costed standards for HIV prevention among key affected populations could be an effective advocacy instrument for civil society. Defining HIV prevention service standards should assist the government during the transition period and enable health officials to prioritize high-impact and low-cost HIV prevention interventions after financial support by the TGF ends.

Finding 11: UNFPA has successfully supported the MoH to introduce the Beyond the Number methodology and has supported the roll-out of the hospital-based Near-Miss Case Review as an important contributor to avoiding maternal mortality and morbidity. The participating hospitals show very good results.

The UNFPA Georgia CO has successfully supported the MoH to introduce the hospital-based Near-Miss Care Review (NMCR), which is one of the WHO Beyond the Numbers (BtN) methodologies. The initiative aims at strengthening the quality of maternal care, which is an important contributor to avoiding maternal mortality and morbidity. Reviewing near-miss cases helps generate evidence to identify potential causes and determinants of undesirable clinical outcomes. The knowledge gained

⁵⁸ Georgia Transition Plan. Curatio International Foundation. 2016.

⁵⁹ HIV/AIDS National Strategic Plan. 2019-2020 MoH. 2018. Tbilisi, Georgia.

⁶⁰ HIV Prevention service guideline and protocol for people who inject drugs was developed by Georgian Harm Reduction Network through the financial support from European Harm Reduction Network. Source: Stakeholders’ interviews

⁶¹ Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men.

PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. UNFPA; MSMGF, UNDP, UNAIDS, WHO; USAID; PEPFAR; World Bank Group. <https://mpactglobal.org/wp-content/uploads/2015/11/MSMIT-for-Web.pdf>

⁶² Implementing Comprehensive HIV and STI Programmes with sex workers.

PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. WHO UNFPA; UNAIDS, NSWP; The World Bank Group. UNDP

https://apps.who.int/iris/bitstream/handle/10665/90000/9789241506182_eng.pdf?sequence=1

⁶³ Implementing Comprehensive HIV and STI Programmes with Transgender people

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

through the NMCR practice informs health officials and hospital managements how to improve delivery of safe and quality maternal care services. In 2016, NMCR started in 6 selected hospitals in Tbilisi and Kutaisi. In 2018, it was expanded to additional 5 hospitals in Batumi and Tbilisi. Currently the NMCR is practiced in 9 maternities in Tbilisi, Kutaisi and Batumi.

In 2016 and 2017, UNFPA organized expert visits to targeted hospitals to undertake quality assessments of the NMCR practices.⁶⁴ In addition, in 2018, upon the request of the MoH, UNFPA organized a mission of two international experts⁶⁵ to assess the quality of NMCR implementation and develop recommendations for involved medical institutions at a facility level.⁶⁴ The mission report confirms ‘very good results’ in most areas of the NMCR cycle in nearly all the visited hospitals:

- NMCR sessions are regularly organized, recommendations developed and documented;
- Regular technical support from the national expert deployed by UNFPA is ensured;
- Capacity of involved staff was built; and
- WHO manual translated in Georgian and is accessible to local staff.

Another recommendation concerned the promotion of engagement of mid-level health personnel in NMCR. This recommendation was considered, and service providers interviewed during the present evaluation claimed that together with medical doctors, mid-level staff have already become involved in the NMCR process. Respondents also stated that this approach has enhanced the feeling of ownership among nurses and helped build equal collegial relationships between medical doctors and mid-level medical staff, which is traditionally lacking in the healthcare system in post-Soviet Union countries.

Finding 12: Within the framework of the National Cancer Screening Programme, UNFPA has assisted the MoH to pilot the introduction of an organized cervical cancer screening programme in Tbilisi and Gurjaani (Kakheti region) at the primary health care level. In the absence of a national quality assurance system, UNFPA-organized study and external quality assessment for cervical cytology established low quality of the piloted cervical cancer screening programmes. Data for service uptake is not yet routinely monitored but considered to be too low to have an impact. The UNFPA-supported roll-out of an innovative national cancer registry, expected by 2020, has high potential to improve cancer prevention, treatment and care.

The National Cancer Screening Programme was initiated a decade ago. Its scope and scale have been expanded and the programme currently includes: breast cancer screening, cervical cancer screening, bowel cancer screening, screening for thyroid diseases, and prostate cancer risk management services. The Screening Programme has been implemented throughout the country through cost-sharing from the central government and Tbilisi municipality. In order to introduce organized elements to cervical cancer screening, UNFPA and the MoH have implemented cervical cancer screening pilots in Tbilisi and Gurjaani (Kakheti region) since 2015. Pilots aimed at integrating cancer screening programmes into primary health care settings to bring services as close as possible to the community. In 2017, UNFPA provided strategic inputs to strengthen the capacities of local staff involved in the pilots: Irish National Screening Service (INSS) trainers delivered training to 25 OB&GYN and screening coordinators to support quality and improved management of the screening programme. In addition, 30 village doctors and 30 nurses in Gurjaani received in-service training focused on compliance to SOPs for screening, PAP-test-taking techniques, as well as communication and counselling skills. UNFPA supported the introduction of screening registration software, which was installed in all participating clinics.

Quality assurance has not been supported by the government and has relied solely on UNFPA technical assistance. The findings of an evaluation of the pilots informed the national scale-up of the organized

⁶⁴ Source: Facility based Near Miss Case Reviews in Georgia: quality assessment and improvement. November 26 – December 1, 2018. Mission report by: Alberta Bacci; Stelian Hodorocea.

⁶⁵ Alberta Bacci and Stelian Hodorocea.

cervical screening national programme. Through UNFPA support, external quality assurance was conducted in two rounds: in 2011 and in 2016. In the latest study, randomly selected 300 Pap tests (200 from Tbilisi, and 100 from Gurjaani) were re-screened at Sapienza Università di Roma.⁶⁶ The two studies indicated some improvement, but the report states that a substantial problem remained with the NSC cytologists distinguishing satisfactory and unsatisfactory Pap tests. Moreover, the external quality assurance of the Gurjaani pilot programme indicated very disturbing results:⁶⁷

“100 tests were sent for EQA to the University Hospital St Andrea, Sapienza Università in Rome, and the technical quality of the Pap tests was too poor to make accurate diagnoses. While attempts were made by the Italian experts to complete the review, it was stopped after re-screening 50 Pap-tests. The EQA results on the 50 tests re-screened, indicate that the laboratory has a very high false positive rate. The low quality of test results most likely is the major factor deterring women seeking screening services.”

In addition to shortcomings in the quality in diagnostics, the Gurjaani Pilot analysis⁶⁸ describes more challenges in terms of overall quality of the programme such as an inappropriate clinical environment, poorly-trained staff, suboptimal software of the NSC screening registry, lack of data integrity, non-compliance with the national guidelines, missing some elements of the pilot protocol, etc. The UNFPA annual report for 2017⁶⁹ recognizes bottlenecks of the screening programme and suggests that quality improvement should be the top priority area to ensure programme effectiveness.

Most stakeholders interviewed, including medical staff involved in the screening programme, confirmed

“... Focusing on increasing recruitment before the quality of the program is improved will ultimately be self-defeating because women will have bad experiences that will stop them and their friends from participating. The priority must be to improve the quality of the cervical screening program (with continuous monitoring and evaluation against established performance standards...) and only when this has been achieved, focus on increasing recruitment.”

that the coverage rate remains challenging considering that without increasing the recruitment rate it is unlikely that the screening programme will achieve intended impact on population's health. They also acknowledged that the programme cannot be cost-effective unless two- or three-fold increase in service uptake is ensured. Stakeholders interviewed named reasons for low coverage that include: low awareness of the screening programme among the population; less effective recruitment strategies and promotional campaigns; lack of trust in the cervical screening programme due to own experience or hearing about other's experiences of having false positive results.

Triangulation of different sources^{13; 70;71} shows that the nationwide recruitment rate does not exceed 20%, which lags behind the target set for 2020 (urban 30%; rural 20%).⁷² It should be noted that the screening coverage rate indicator is not routinely monitored and published by NCDC as part of the Statistical Yearbook. The indicator results differ in different data sources as some sources publish data only about regions and/or the capital city. NCDC tracks only those screening cases that are performed under the state programme, and those services paid out-of-pocket fall outside the current health information system. Some indicators assess coverage for women within specific age groups (30-49 y.o), and some data show lifetime prevalence of screening. Interviewed stakeholders hope that once a

⁶⁶ Tbilisi Cervical Screening Pilot Assessment and Recommendations for Cervical Screening. Dr Philip Davies. UNFPA Georgia CO. August, 2018. Unpublished.

⁶⁷ Gurjaani Cervical Screening Pilot Analysis and Recommendations for the Implementation of a National Cervical Screening Programme in Georgia. Dr. Philip Davies. August 2018

⁶⁸ Ibid.

⁶⁹ 2017 – Annual Report, Georgia. Draft Official Report. 16 October 2017. Printed on: 16 Jan, 2018, Page 7.

⁷⁰ Population-based cancer registry Results of the 3-year implementation. Georgia. 2015–2017. Ministry of Health. NCDC.

⁷¹ National Cancer Control Strategy 2017-2020. MoH. Georgia.

⁷² UNFPA CPD. Results Framework.

population-based screening/cancer registry (see below) becomes operational, more accurate data will be available.

The development of a population-based, national Cancer Registry may become a breakthrough for improving cancer prevention, treatment and care in Georgia. The European guidelines for quality assurance in cervical cancer screening⁷³ emphasize the huge potential of a unified cancer registry which links screening data with a cancer registry to monitor the performance and evaluate the impact of screening programmes. Based on stakeholders interviewed, Georgia has been one of the pioneer countries (if not the first in the region) that set an ambitious goal to develop a unified, population-based screening/cancer registry. The Registry should expand linkages across cancer screening registry, cancer registry as well as other available clinical registries of diagnostic and treatment services as recommended by the European screening standards. Such a comprehensive system of cancer registry should allow for collecting and analysing individual health data through all phases: cancer screening, diagnostics, treatment, surveillance and aftercare. Starting from May 1, 2019, per the Ministerial Order №01-26/n, a screening registry system roll-out was launched nationwide. Stakeholders believed that the Registry will become an effective instrument to manage the cancer screening programme through identification and personal invitation of each individual eligible for cancer screening; detecting poor performance of the screening test, examination/procedure; diagnostic of people with detected abnormalities; when indicated, treatment, surveillance and aftercare. UNFPA in cooperation with national counterparts (MoH, NCDC, National Screening Centre, local experts) has been engaged in this initiative. UNFPA mobilized technical assistance and supported the development of the National Cervical Screening Registry software and incorporation of the screening data into the National Cancer Registry. More specifically, a web-based system interface and database was developed. Screening variables, data items and key performance indicators were designed. UNFPA also supported the development of a user manual and provided training of trainers (ToT) to concerned NCDC personnel on the registry protocol and procedures as well as data definitions and interpretation.

Given its innovative nature and high potential, the initiative to establish a unified cancer registry attracted considerable interest from the Government of Georgia, the MoH and high-profile international organizations, such as the International Agency for Research on Cancer (IARC) and the European Cervical Cancer Association. UNFPA mobilized technical expertise from the European Cervical Cancer Association, while NCDC supported involvement of the International Agency for Research on Cancer. Through the coordinated efforts, recommendations adapted to the Georgian context were developed. Based on health officials interviewed, international partners expected the registry to add value not only at the national, but also at the global level, as standardization of national registries may enable international exchange of cancer information and sharing best practices and lessons learnt across national programmes from various countries.

Finding 13: UNFPA has provided a range of training opportunities to government and non-government medical and non-medical service providers, including in Abkhazia, Georgia, for implementing SRH service guidelines, protocols and tools.

UNFPA has provided a cascade of training, including ToT for service providers, from medical professionals from primary and secondary health care institutions, as well as from CSOs. As described in the limitations section of this report, a thorough analysis of training outcomes in terms of capacities built and application of gained knowledge was not possible due to time constraints as well as the variety of trainings sessions supported by UNFPA and large number of trainees from different sectors (such as medical doctors, nurses, managers, human-rights watchers, non-medical staff from the NGO sector, school teachers, school health personnel, youth). Thus, below section provides a brief description of major outputs of the UNFPA-supported capacity building interventions.

⁷³ European guidelines for quality assurance in cervical cancer screening. Second Edition. Europe against Cancer. International Agency for Research on Cancer. http://screening.iarc.fr/doc/ND7007117ENC_002.pdf

Around 200 medical doctors, OB&GYN and nurses were trained on newly-developed protocols and issues related to SRH and FP services, including from Abkhazia, Georgia. In 2016, 80 OB&GYN, village doctors and nurses were trained on SOP for organized cervical cancer screening and PAP-test taking techniques. In 2017, trainers from the Irish National Screening Service delivered training to further 25 OB&GYN and screening coordinators to support quality and effective management of the cancer screening programme. Training was provided to additional 30 village doctors and 20 nurses from Gurjaani on the SOP for organized screening, and communication and counselling skills. In 2018, training of key health service providers followed the elaboration of SOPs related to GBViE, 4W tool for emergencies and protocols on Clinical Management of Rape (CMR).

Finding 14: Besides strengthening the local capacity and healthcare system for delivering quality integrated SRH services under the special business case for Abkhazia, Georgia, UNFPA has directly satisfied “life-saving” SRH needs of women of reproductive age, including through a mobile team operating in remote and underserved regions.

Based on stakeholder interviews, the UNFPA programme in Abkhazia, Georgia is demand-driven and tailored to specific contexts to address critical unmet needs of the local population to basic reproductive health and FP services. UNFPA-supported provision of critical basic SRH services for women and young girls that would otherwise remain uncovered by the local healthcare system and by international aid.

To ensure quality of services, through UNFPA technical assistance, seven protocols⁷⁴ on RH/FP were developed/adapted in 2014. The process was participatory involving Abkhazian and Georgian doctors and colleagues from other partner countries. These protocols were approved by the de-facto MoH of Abkhazia, Georgia. All medical establishments in Abkhazia, Georgia are obliged to use the approved protocols. However, the latest international assessment mission report⁷⁵ from 2016 states that “application of the protocols in practice varies between medical institutions and close monitoring, supervision, and advocacy are still needed to ensure full compliance of all healthcare workers and medical institutions with these guidelines.” The present evaluation found no evidence through desk review and stakeholder interviews that any efforts have been made by the de-facto MoH to improve managerial capacities with regard to the quality control and enforcement of compliance with new medical practices. In 2019, through UNFPA support, a protocol on antenatal care is to be developed and adapted to the Abkhazia context.

Based on interviews, UNFPA support for staff capacity building in Abkhazia, Georgia, has been especially important considering very limited, if any, training opportunities offered to medical personnel in the conflict-affected zone. In 2017, to strengthen local capacities for cervical screening, two colposcopists from Sukhumi, along with their 8 colleagues from Georgia proper, were nominated for the International Federation of National Colposcopy Societies (IFCPC) online training courses in colposcopy. They successfully passed their OSCE exams in Lyon and were awarded with internationally recognized certificates in colposcopy. According to some stakeholders interviewed, medical personnel from Abkhazia, Georgia, are extremely appreciative for having professional development opportunities offered by UNFPA. One respondent shared a feedback from an Abkhazian medical doctor trained under the UNFPA programme:

“I have grown substantially as a professional. I have become more confident. Once I attended international conference and was engaged in professional discussion with my international colleagues. I felt very proud to discover that I was knowledgeable of every modern technology and was aware of all latest developments in the field”.

⁷⁴ WHO medical protocols in the area of Family Planning (FP) - Levonorgestrel Intrauterine Device (1); Combined Oral Contraceptives (2); Progestin-Only Pills (3); Lactational Amenorrhea Method (4); Male condoms (5); Spermicides and Diaphragms (6); Emergency Contraceptive Pills (7).

⁷⁵ Access to Improved Quality Healthcare in Abkhazia (ENPI/2013/330-440)

To support healthcare facilities in Abkhazia, Georgia in logistics management/tracking supply stock at warehouses, UNFPA supported the delivery of CHANNEL training and software installation/application to enable automatic data collection process.

The UNFPA-supported cervical cancer screening programme in Abkhazia, Georgia is the first effort in the local healthcare system to stress the importance of disease prevention. Key programme staff interviewed claimed that the de-facto government has started acknowledging benefits of the screening programme and declared its commitment to gradually take it over. A verbal agreement is in place with the de-facto government, which has pledged to start investing in the screening programme and cover service costs for around 1,000 women during the 1st year.

Under the special business case for Abkhazia, Georgia, the UNFPA Implementing Partner Union Tanadgoma has directly provided RH/FP services to girls and women there. Through the Reproductive Health Centres in Sukhumi and 4 pilot PHC facilities (*women consultations in Gali, Gagra, Gudauta and Sukhumi*) and with the help of a mobile team operating in remote and underserved regions, the following services have been provided: (a) free-of-charge cervical cancer screening services, with reference checks, cytology QA and morphology conducted in Tbilisi; (b) basic RH and FP counselling services; provision of RH commodities, including pregnancy testing and modern methods of contraceptives; (c) SRH-related trainings for medical doctors, specialists and nurses; (d) informational and behaviour change communication through printed materials and promotional videos that are broadcast on local television throughout the year.⁷⁶ In total, during 2016-2018, UNFPA-supported services in Abkhazia, Georgia were used by 13,444⁸¹ women of reproductive age.⁷⁷ Interviewed key informants considered these UNFPA-supported SRH/FP services 'lifesaving' as in February 2016^{Error! Bookmark not defined.} the de-facto government of Abkhazia, Georgia passed a law fully banning termination of pregnancy, even in cases when pregnancy threatens the health of the mother, severely infringing women's rights to health. In addition, based on interviews, thousands of persons from the local population accessed health information through public health promotion and awareness raising campaigns supported by UNFPA.

Finding 15: Training sessions have improved the knowledge, attitudes and practices of participating non-governmental service providers working with key populations.

UNFPA has worked closely with CSOs that work on HIV prevention with key vulnerable populations, such as MSM, sex workers and people who inject drugs. According to NGO stakeholders, their involvement in HIV-related policy work has improved their visibility and the perception of health officials about the value the civil society and representatives of key affected populations may bring to policy dialogue. After the introduction of tools for integrated SRH and HIV prevention (MSMIT, SWIT, TRANSIT), UNFPA organised pilot training sessions for service providers working with KPs. In 2017, a 3-day training was delivered to 40 service providers from the cities with the highest HIV prevalence; in 2018, UNFPA's implementing partners Tanadgoma and Georgia Harm Reduction Network conducted seven rounds of 2-day training, which covered 123 service providers from 15 organizations that provide HIV prevention services to key populations.

Diverse groups of NGO staff participated in the UNFPA-supported training sessions: counsellors, peer educators, outreach workers, social workers, and programme managers, and members of key affected populations – MSM, transgender women, drug users, sex workers and HIV-positive persons employed by CSOs to reach out to peers in community settings. A FGD and individual interviews with trained KPs revealed different viewpoints about the UNFPA-organized training sessions. More-experienced respondents thought that the above-mentioned tools do not necessarily offer new information, but the training has helped them to organize existing knowledge, including empirical knowledge, accumulated through many years of working on the issues. Some think that 'more than 100-page tools' are hard to comprehend and not very user-friendly for community members; however, presentations during the

⁷⁶ Source: UNFPA 2018 Annual Report – Georgia.

⁷⁷ Source: Programme data. UNFPA CO.

training were more useful and practical. Participants in the MSMIT, SWIT, TRANSIT training sessions confirmed that they were using tools in the daily work. However, information was not available on the uptake of UNFPA-supported HIV prevention services for key populations. One transgender openly talked about the training benefits on a personal level:

"I have had health problems for many years but was ashamed to visit healthcare. I was avoiding to find myself on a gynaecological chair. During the training, my mind-set changed, and I decided to go to a doctor! I am very grateful now, because I was told that my uterus was completely degraded. I had a surgery and now all my troubles have gone. I was discharged from the hospital a few days ago, but still came to express my gratefulness. I am ready now for sex-change operation. After this training, I know how to talk to my peers about their sexual rights."

Finding 16: UNFPA's contribution was significant in supporting professional development through the creation of a web-based training platform and the development of accredited online training modules to improve national capacity for delivering quality reproductive health, family planning and HIV prevention services.

UNFPA in partnership with the Tbilisi State Medical University (TSMU) has supported mainstreaming SRHR/FP training courses into a web-based training platform, which is installed on the TSMU server. The TSMU leadership has taken full ownership through allocating adequate infrastructure, IT resources, hardware and personnel to ensure its effective functioning (the TSMU web-based platform can be accessed at www.cme.tsmu.edu). In addition, under the framework of the MoU with TSMU, UNFPA supported "Portfolio" mainstreaming in the field of postgraduate medical education, through its piloting in the OB&Gyn specialization. Portfolio is an innovative assessment tool to measure students' academic achievements and professional development, which eventually contributes to increased quality of education.

Virtual Contraceptive Consultation (ViC) and ANC training course developed with UNFPA support became the very first online training courses that were accredited by the Professional Development Council of MOH and TSMU.

Through UNFPA support and in partnership with NCDC, AIDS Centre and Tbilisi State Medical University, online training modules for service providers on "HIV Prevention and SRH Service Standards for Key Population" were also developed. Training courses were designed to build the capacity not only of medical staff, but also non-medical service providers (including from CSOs), such as social providers, outreach workers and counsellors. In addition, UNFPA supported the development of training modules for school health personnel and other staff to integrate RHR issues into the school health system. Training modules for schoolteachers on newly-adopted healthy lifestyle education were also elaborated.

Officials from the Parliamentary Committee on Health and the MoH highly praised UNFPA's inputs and partnership with academia to promote e-learning in the health sector. Respondents highlighted the important role of modern technologies in distance learning that may change the education system in a profound way. They expressed high expectations that online training courses will be diversified and ultimately used by the MoH as a cost-saving model for continuous medical education (CME). Given the short time span since initiating the online training courses, this evaluation has not attempted to assess the quality of training courses or analyse training uptake.

Finding 17: UNFPA is one of only few organizations in Georgia striving to equip adolescents and youth with SRH-related knowledge and skills through formal and non-formal education to enable them to make informed healthy choices. Within the UN Joint Programme for Gender Equality, UNFPA provided significant support for the

integration of SRH and healthy lifestyle in the formal education system at primary and basic education levels and has supported its roll-out; UNFPA has also engaged in peer education within and outside school settings. Over 11,000 adolescent and youth were reached through UNFPA-supported youth camps.

There is no legislation in Georgia restricting youth access to SRH services.⁷⁸ However, the SRH needs of adolescents and youth are largely overlooked and therefore unmet in Georgia. Absence of youth-friendly SRH services coupled with cultural stigma and taboos creates access barriers that constitute an increased risk for HIV/STIs and unintended pregnancies. Stakeholders interviewed consider UNFPA to be one of the few organizations (if not the only) striving to equip the young generation with SRH-related knowledge and skills through formal and non-formal education to enable them to make informed healthy choices.

Within the scope of the UN Joint Programme for Gender Equality (GEO03EDU), UNFPA has provided technical assistance to the Ministry of Education and Science of Georgia to integrate SRH and healthy lifestyle principles in the formal education system, which was highly praised by key stakeholders regarding it as a ‘revolutionary achievement’ and ‘breakthrough thinking’. For this purpose, a local NGO – Centre for Information and Counselling on Reproductive Health - Tanadgoma was contracted to work with the MoES and national experts’ team. Through UNFPA technical support, age-sensitive and evidence-based information on SRH/RR and healthy lifestyle issues were included in the specific school standards for the basic education level, namely in the biology and civic education subjects. The content of the teaching materials was built upon UNESCO, the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) guidelines and joint publications.⁷⁹ Primary and basic education level standards were approved in the beginning of 2018, while secondary education level standards revised through the UNFPA support are pending approval. Respondents from the MoES as well as representatives of CSOs involved in the process, confirmed that approval of the subject curricula and teaching standards by the MoES has made this achievement formally institutionalized and sustainable. Furthermore, UNFPA provided technical assistance to MoES to prepare new textbooks based on the approved standards. Technical information regarding the new standards was shared with the potential textbook authors. UNFPA also supported development of the training module for teachers that includes interactive learning methods to be implemented in the classroom environment. Through UNFPA support, the biology standard of basic education level was initially piloted in three public schools (two schools in Tbilisi, 1 school in Sagarejo). UNFPA is planning to contribute to capacity building interventions for piloting the newly-adopted educational curricula in 50 schools. In addition, UNFPA will continue supporting experts in developing online learning courses on healthy lifestyle for schoolteachers.⁸⁰

UNFPA, within the frame of the UN Joint Programme, has also promoted the participation of young activists and youth-based organizations to raise awareness of SRH&R among adolescents and youth. A MoU was concluded with the Ministry of education as the umbrella document for UNJP to lead healthy lifestyle education. Building on the overall framework of cooperation, MoUs were concluded with the schools in Kakheti and Samegrelo regions to institutionalize the peer education trainings. The established partnership ensures sustainability of the results in terms of rooting peer education campaign within the general education system as an extracurricular activity.

During 2016-2018, UNFPA continued supporting peer education campaigns in ten schools in Samegrelo and four schools in Kakheti regions. After conducting training of trainers, a cadre of young trainers was created. Trained youngsters delivered peer-to-peer sessions in their respective schools and in different

⁷⁸ Georgia Law on Patients’ Rights. Adopted by Parliament of Georgia. 05.05.2000. Final consolidated version (available in Georgian)

⁷⁹ <https://matsne.gov.ge/ka/document/view/16978?publication=11> May 11, 2019.

⁸⁰ <https://en.unesco.org/themes/health-education/action>.

⁸⁰ At the output level, UNFPA’s contribution has been validated through stakeholder interviews, desk review, and through tangible results: approved standards and revised textbooks. However, the relevance, completeness and/or appropriateness of the content of approved educational curricula or subjects’ standards was not assessed.

municipalities on SRHR, FP, contraception, early marriage and other topics. In addition, the UNFPA CO in partnership with its implementing partner Georgian Youth Development and Education Association (GYDEA) delivered peer-education sessions for young people in youth camps organized by the state agency - Children and Youth National Centre. Within the framework of this partnership, over the last three years a total of 11,386 youngsters were reached (target of 7,720).⁸¹

UNFPA conducted a situation analysis on youth-friendly sexual and reproductive health services in Georgia. Based on the recommendations, an initiative emerged on re-establishing a school health system by deploying school health professionals in public schools throughout the country. First ever in Georgia, a special training manual was elaborated for school health professionals, which was accredited by the CME system at TSMU. Based on the accredited training module on adolescents and youth SRH, UNFPA in collaboration with NCDC and the MoES supported training sessions for 80 school health professionals in Samegrelo and Kakheti regions. Based on interviews, the MoES is considering investing resources to increase the demand for the training to make the system functional.

Since 2016 more than 10,000 young people have been reached with ToT or peer education sessions. They have received information about healthy lifestyles, risk behaviours, sexuality, tolerance, unwanted pregnancy, early marriage, gender equality and other topics related to SRHR and HIV.

Finding 18: Data for measuring outcome-level indicators (contraceptive prevalence rate and cervical cancer screening coverage) are not yet available.

One of the UNFPA CPD SRH outcome indicators is contraceptive prevalence rate with the target set at 47% for urban and 35% for rural populations (vs baseline: 42% urban; 28% rural) to be achieved by the end of 2020. Since 2010, no RHS has been conducted due to unavailability of financial resources. In 2018, UNFPA and UNICEF worked closely to include major SRH indicators in the survey instrument of MICS, which was conducted through cost sharing between UNICEF and UNFPA. However, this indicator will only become available in 2019 once the MICS data analysis is completed. Per the ICPD Global Survey, the contraceptive prevalence rate among women aged 15-49 in Georgia was estimated at 53% for any method and 38% for modern method in 2017.⁸² Based on two different sources^{83; 84} in 2018 the estimated CPR slightly increased to 55% and 40%, respectively. However, the ICPD survey results do not allow to assess whether the UNFPA CPD outcome indicator is achieved or not. To be consistent and comparable, both the baseline and follow-up indicators should be based on population-based survey results. Therefore, the trend in changes of contraceptive prevalence rate can be only defined after the MICS findings are finalized. Furthermore, the evaluation team suggests that the contraceptive prevalence rate is not an adequate indicator for assessing UNFPA's programme performance in Georgia. It is not possible to establish UNFPA's contribution to the expected improvement.

As mentioned above, the other CPD SRH outcome indicator is the percentage of target population covered by cervical screening services. While UNFPA's contribution to cervical cancer screening in Georgia is more evident, the indicator is not yet routinely monitored. Triangulation of proxy data sources^{13; 85; 86} suggests that the nationwide recruitment rate does not exceed 20%, which lags behind the target set for 2020 (urban 30%; rural 20%).⁸⁷

Facilitating and constraining factors for successful outcomes of the UNFPA work:

- UNFPA policy work responds to government's priorities and declared commitments at the national and international level (i.e., SDGs, ICPD, UPR, CEDAW; as well as EU Georgia Association Agreement) that ensures government support for UNFPA-supported interventions;

⁸¹ Source: UNFPA programme data.

⁸² <https://www.unfpa.org/data/world-population-dashboard>.

⁸³ THE POWER OF CHOICE. REPRODUCTIVE RIGHTS AND THE DEMOGRAPHIC TRANSITION. UNFPA State of world population 2018.

⁸⁴ NCDC Statistical Yearbook. 2017

⁸⁵ Population-based cancer registry Results of the 3-year implementation. Georgia. 2015–2017. Ministry of Health. NCDC.

⁸⁶ National Cancer Control Strategy 2017-2020. MoH. Georgia

⁸⁷ UNFPA CPD. Results Framework

- UNFPA has built partnerships with the government, civil society, international donors and development partners;
- Long-standing reputation/high-profile of UNFPA in Georgia, as well as high expertise of UNFPA CO local staff;
- Working through inclusive approaches engaging line ministries, professional associations, academia, watchdog organizations, NGOs, as well as with vulnerable populations help UNFPA create a critical mass of supporters who have the potential to influence public opinion and policy makers on SRH & RR related topics, even without UNFPA support.

Constraining factors:

- Country general context and external factors: low economic growth, high level of poverty and unemployment require the Government to invest more in social programs leaving little fiscal space to accommodate adequate public funding to cover unmet needs of population's health;
- In 2013, the Government of Georgia launched universal health care that consumes substantial part of public funds available for health care sector⁸⁸: in 2013-2018 the government's expenses on universal healthcare exceeded the budgeted amount by 11%.
- Health officials acknowledge existing challenges in healthcare sector, such as lack of quality assurance mechanisms, lack of monitoring and compliance mechanisms, lack of qualified human resources; lack of Continuous Medical Education system, lack of accreditation policy, etc. These challenges are reflected in the health care system development vision 2030. However, the government has limited (financial, HR) resources to independently address identified needs. Therefore, the Government still relies on the support of external donors and development partners. All these factors pose a threat to sustainability of the UNFPA achievements.

4.3 Effectiveness Gender

Evaluation question 3: To what extent has UNFPA strengthened the capacity of public and civil society organizations and national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices⁸⁹? 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 marginalized women, adolescents and youth increased⁹⁰? What was UNFPA's contribution? What were constraining and facilitating factors?

Summary of Findings: UNFPA has contributed to improved regulatory framework on gender issues and advocated effectively against GBV and harmful practices.

TABLE 8 OVERVIEW PROGRESS TOWARDS GEWE TARGETS

UNFPA Strategic Plan Outcome	Country Programme Output	Indicator, Baseline, Target	Assessment of Achievement
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized	Output 1: Strengthened capacity of public and civil society organizations, and national human rights institution to advance gender equality and reproductive rights, including prevention of gender-based violence and harmful practices	National action plan(s) addressing child marriage, gender-biased sex selection, and violence against women updated and adopted <i>Baseline: No; Target: Yes</i>	Achieved. Two National Action Plans adopted. a) National Action Plan 2018-2020 against GBV and Family Violence endorsed by Government Order # 175 of 11.04.2018; b) National Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security endorsed by Government Order # 173 of

⁸⁸ Curatio International foundation. Health Care barometer. 12th Round. 2018. http://curatiofoundation.org/wp-content/uploads/2019/05/Barometer-XII_02.05.2019.pdf

⁸⁹ CPD Georgia GEWE output 1.

⁹⁰ CPD Georgia GEWE outcome 1.

women, adolescents and youth			10.04.2018. There is no specific NAP on child marriage, these issues are addressed in the NAP against GBV and Family Violence. ⁹¹
		Number of studies to establish evidence on harmful practices, gender inequality and gender-based violence for informed policy making conducted and disseminated <i>Baseline: 3; Target: 5</i>	Achieved. Two additional studies prepared. a) Qualitative research on the harmful practices of early/child marriage and b) Report on Trends in Sex Ratio at Birth. ⁹² Furthermore, GBSS Fact-sheet and Comprehensive Country Profile produced. ⁹³
		<u>Outcome indicator:</u> Proportion of the CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken <i>Baseline: 0; Target: 50%</i>	UNFPA contributes to 25 out of 50 CEDAW recommendations. The assessment of the outcome indicator will be possible after the meeting of CEDAW Committee in 2020 to assess the actions taken ⁹⁴ .

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

Finding 19: UNFPA has facilitated informed policy making. UNFPA-supported reports and policy analysis on gender-related issues (including on sex ratio at birth, early/child marriage, FGM/C and parental leave) have provided useful policy inputs. UNFPA was also instrumental in the elaboration of two gender-related National Action Plans and the, yet to be finalised, National Gender Equality Concept.

In 2015, the Task Force on Early Marriages and Other Harmful Practices, co-chaired by UNFPA and the Commission on Gender Equality, Violence against Women and Domestic Violence, prepared a mapping document, which analysed government strategies and policies with the view to include issues related to harmful practices in the national policy framework. UNFPA supported the exercise through hiring a local consultant. The exercise analysed 19 strategies/action plans and recommended integrating issues of early/child marriage in existing strategies/NAPs, raising awareness of A&Y of their rights, raising awareness of early marriages through formal and informal education as well as among ethnic minorities and vulnerable young girls (16-18y). The analysis contributed to National Action Plans. In 2017, UNFPA supported the preparation and dissemination of two reports⁹⁵ that also provided evidence for policy work on gender equality and RR:

1. **Trends in the Sex Ratio at Birth** – was based on findings from the Census 2014 and presented an in-depth analysis of trends for sex ratio at birth in Georgia for the last two decades and its determinants. The report also mentions the recent tentative improvements and provided recommendations for policymakers.
2. **Exploring Harmful Practices of Early/Child Marriage and FGM/C in Georgia** – this report presented the findings of UNFPA-supported qualitative research by the National Centre of Disease Control in cooperation with Promundo. Using the results from qualitative interviews and focus

⁹¹ See Finding 19 for a more detailed analysis.

⁹² See Finding 19 for a more detailed analysis.

⁹³ <https://georgia.unfpa.org/en/publications/georgia-country-profile>

⁹⁴ See Finding 24 for more details

⁹⁵ <http://census.ge/en/publication>.

groups in 11 sites in Georgia, the report discusses the nature and drivers of early/child marriage and FGM/C practices in Georgia and provides policy recommendations.

UNFPA has been an active partner of the Parliament of Georgia⁹⁶, especially the Gender Equality Council, and has contributed to policy-level discussions by providing analysis and reports (e.g., on comparative analysis of practices of maternity, paternity and parental leave and economic analysis of the policy implication on private and public sectors). The issue of parental leave was considered in light of women's economic empowerment and family-friendly policies.

Georgia's National Strategy for Human Rights (2014-2020) explicitly mentions gender equality, protection of women's rights and prevention of domestic violence in article 14.⁹⁷ It vows to: a) Implement effective measures across all spheres to ensure and promote the concept of gender equality; in particular, encourage greater involvement of women in political life, as well as decision-making process; b) Ensure prompt and effective response to all reported cases of gender discrimination; c) Ensure the full compliance of existing mechanisms with international standards for the protection and assistance of victims of domestic violence; d) Conduct awareness-raising campaigns, especially for civil servants, on issues of gender equality and domestic violence; e) Ensure access to legal protection, psycho/social rehabilitative facilities and shelters for victims of domestic violence. In bearing with the objectives of the National Strategy for Human Rights, UNFPA (in cooperation with UNDP and UN Women) supported the **Interagency Commission on Gender Equality, Violence against Women and Domestic Violence to draft two National Action Plans:**

- **Action Plan 2018-2020 on Implementation of UNSC Resolutions on Women, Peace and Security endorsed by Government Order # 173 of 10.04.2018**
- **Action Plan 2018-2020 against GBV and Family Violence endorsed by Government Order # 175 of 11.04.2018**

Assistance was also provided to develop the National Gender Equality Concept that, once approved, should include issues of harmful practices of early/child marriage and GBSS, advancing women's sexual and reproductive health and rights, education, women's political empowerment, women, peace and security.

4.3.2/4.3.3 Provision of quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women, and uptake of UNFPA-supported services by targeted beneficiaries.

Finding 20: UNFPA has contributed to an improved regulatory framework for strengthening healthcare response to GBV/GE and eliminating harmful practices. UNFPA advocacy for regulations preventing the disclosure of a baby's sex is gradually paying off; a revised clinical protocol is under consideration.

In 2018, two normative acts were approved – specifically, Documentation for Ambulatory Care (MoH Ministerial Decree N01-41/n) and Regulations for Documentation for Stationary Hospital Care (MoH Ministerial Decree N108/n) with UNFPA contribution through the UN Joint Programme for Gender Equality, enabling primary healthcare professionals to document cases of VAWG/DV appropriately. The amendments include standardized forms (as well as guides on how to fill them in) for documenting VAWG/DV cases in healthcare settings.

Furthermore, since 2017, UNFPA has advocated with the medical community of Georgia (in partnership with Ultrasound Association of Georgia) to ensure their involvement and buy-in for changing the practice of disclosing the baby's sex in the first 14 weeks of pregnancy. UNFPA supported the

⁹⁶ Based on an interview with an MP, member of the National Gender Equality Council.

⁹⁷ <http://myrights.gov.ge/en/>, (accessed 17.04.2019).

development of the recommendations document to promote a more ethical use of sex determination technologies. It recommends revealing the sex of the foetus after 14th week to pregnancy as the accuracy of sex identification is close to 100 percent. A revised protocol is under consideration of the National Council for the Development and Approval of National Guidelines and Clinical Protocols.

Finding 21: Through the UN Joint Programme for Gender Equality, UNFPA support for GBV response in Georgia has targeted the health sector; implementation of new healthcare regulation is in its pilot phase. The documentation of care provided to survivors has started, but more training is required for concerned doctors.

UNFPA, through the UN Joint Programme for Gender Equality, assisted the State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking (AtipFund) to conduct a pilot programme to create a national referral mechanism for responding to DV/VAW. The two above-mentioned normative acts were developed and, starting in December 2018, piloted in four municipalities in the Kakheti region and in two private ambulatories in Tbilisi and Telavi, covering more than 110 ambulatory units. All 106 doctors involved in the pilot participated in extensive training on healthcare response to violence using UNFPA's regional training module tailored to the country context. Brochures in Georgian as well as in the languages of national minorities (Armenian, Russian and Azerbaijani) were prepared. The pilot is to last until end-2019, at which time the new regulations should apply in the whole country. In March 2019, a first monitoring visit was conducted by ATIP, which revealed the documentation of some cases of GBV, but that more training will be needed for doctors. Despite government buy-in, scaling up implementation will depend on the continuation of UNFPA support, once the achievements of the pilot are properly documented and reported.⁹⁸

4.3.4. Sensitisation of targeted stakeholders and beneficiaries and prevention of GBSS and early/child marriages

Finding 22: UNFPA has spearheaded multi-pronged awareness-raising activities on harmful practices that involved stakeholders from the Government of Georgia and opinion-makers as well as local leaders, civil society and beneficiaries. Key results include the decision of the Administration of Muslims of All Georgia that underage marriage and FGM are unacceptable and of the Spiritual Council of Yezidis in Georgia not to conduct marriages of people younger than 18. The MenCare Georgia campaign was awarded the first place in the 2018 Equality-Friendly Initiative by the Emerging Europe think tank. At the time of in-country data-collection it was not possible to establish the extent to which UNFPA awareness-raising work has been effective.

A wide range of advocacy campaigns included better and more involvement of men and boys, engaging religious leaders, youth activists and creating/activating peer-to-peer networks (in Kakheti and Samegrelo). Most of the work was done through partnerships with civil society, which has allowed UNFPA to build a broad base of partnerships and reach a variety of actors. A 2014 study "Men and Gender Relations in Georgia"⁹⁹ can be considered as a baseline for gender attitudes (particularly among men). In the absence of a similar study, it is not possible to establish if advocacy work has been effective in changing attitudes in the broad spectrum of society.

In 2017-2018, UNFPA worked on various occasions with the Inter-Religious Council and Muslim religious leaders in partnership with the NGO "Union 21st Century". This work proved especially successful in the case of the Administration of Muslims of All Georgia: several information sessions with Muslim religious leaders from all municipalities of Kvemo Kartli region (mainly populated with Muslim Azeri ethnic minority) took place to discuss the issues of GBV and early/child marriages as well

⁹⁸ UNJP Evaluation, 2019.

⁹⁹ <https://eeca.unfpa.org/en/publications/men-and-gender-relations-georgia>

as recent legislative changes.¹⁰⁰ The response was largely positive and resulted in the adoption of a statement by the Administration of Muslims of All Georgia in July 2017, which rendered underage marriage unacceptable. The statement also mentioned that the practice of FGM is un-Islamic and should not be continued.¹⁰¹ Earlier, in January 2017, the Spiritual Council of Yezidis in Georgia also took the decision not to bless marriages of people younger than 18.¹⁰² In April 2018, UNFPA, Union 21st Century and the Interagency Commission on Gender Based Violence organized a conference with religious leaders to present the results of the report on Exploring Harmful Practices of Early/Child Marriage and FGM/C in Georgia.

The MenCare campaign was launched in 2016 and applied a gender-transformative approach based on the findings of the first national research on Men and Gender Relations in Georgia¹⁰³. The campaign originally focused on involved fatherhood, later integrated the concept of responsible partnership and parenthood, and currently works to promote paternity/parental leave as a means of enhancing women's rights and economic participation. Some of the initiatives of the MenCare Campaign include Men Talking to Men training sessions in the target regions and the capital reaching out to more than 800 young men and expanding the initiative to educational institutions; arranging book reading events by celebrity fathers; introducing the celebration of Fathers' Day; forging partnerships with the Georgian Football Federation and the FC Locomotive; initiating and organizing an annual football tournament for mixed gender kids teams "Fathers' Cup", and engaging social media influencers. Another example of the effective use of the gender-transformative approach to promote male engagement for gender equality through innovative national campaigns is a public campaign titled "Daddy, Read me a Book". This was the first UNJP's initiative of this kind that was launched in 2014. To date, the activity is considered as one of the best practices of the gender-transformative programming, that was shared at various regional conferences and generated great interest; several countries of the region (Ukraine, Kirgizstan) have replicated initiatives implemented in Georgia¹⁹. The continuous use of this modality has greatly contributed to changing attitudes and behaviour among men in Georgia¹⁰⁴. Although no research has been conducted to date to measure the impact of the Campaign on the attitudes of the society (it is planned for 2019), it gained international recognition. In 2018, the London-based think tank, Emerging Europe, awarded the MenCare Georgia campaign the first place in its Equality-Friendly Initiative of the Year 2018 contest. The campaign was also presented at the Frankfurt International Book Fair.¹⁰⁵

Furthermore, UNFPA supported two photo-projects (artist Dina Oganova) to raise awareness of the value of girls and to prevent GBSS. One of the campaigns "A Girl is Born" took place in 2016-2017 and featured families that only have girls. In November 2016 an exhibition was opened in Tbilisi.¹⁰⁶ A similar exhibition was held in Marneuli to launch a communication campaign. The communication campaign against undervaluing of girls took place in 2017 in Kvemo Kartli and included informative/advocacy meetings with couples and local civil society organizations, etc. The second photo-project "Girls from the Future" featured adolescent girls (10-16 years old) and culminated in an exhibition in October 2017.¹⁰⁷ In 2018, in cooperation with the World Bank and NCDC, UNFPA conducted an awareness campaign in Kakheti region "To Prevent Son Preference and Undervaluing of Girls". Pre- and post-surveys were conducted in the region to gauge the effectiveness of the campaign. The results of the survey are expected in 2019. The campaign aimed to test the effectiveness of the interventions in the form of the informational sessions to trigger attitude/perception changes in the community. Informational sessions were led according to the predetermined facilitator guidelines and

¹⁰⁰ As of 1 January, 2017 the law prohibits marriage of persons below 18 years of age.

¹⁰¹ Source: <http://amag.ge/index.php/news/item/429-2017-10-23-13-52-41>.

¹⁰² Source: http://yezidi.ge/home.php?cat=6&sub=7&id=182&mode=blog&lang=ge&fbclid=IwAR2ZrdMjiF8-5Zg8P66Cb14rTzRY-6flrdEEqoGbdwVluC-7_AVeCUpbRPc#.XNgt9i5KjIX.

¹⁰³ Men and Gender Relations In Georgia, UNFPA 2014.

¹⁰⁴ Mid-term evaluation of the UNJP. Final report June 2019

¹⁰⁵ UNJP report, 2018.

¹⁰⁶ <http://liberali.ge/news/view/26078/gogona-daibada--fotogamofena-genderuli-nishnit-sqesis-sherchevis-tsinaagmdeg>.

¹⁰⁷ <http://liberali.ge/news/view/31702/salome.ge>.

the animation designed specifically for the initiative was used as the trigger of the conversation on GBSS.

In 2018, UNFPA in cooperation with UNICEF prepared a Communication for Behavioural Impact (COMBI) plan with the objective to work on a variety of factors that influence the family decisions for early/child marriage in order to achieve the goal of reducing the overall number of child marriages in Georgia.

Finding 23: UNFPA awareness-raising in Kakheti and Kvemo Kartli regions met with openness, but evidence of attitudinal or behavioural change is anecdotal.

In 2017-18, UNFPA, in partnership with the Presidential Fund of Georgia, supported Sapari NNLP to implement the project “Prevention of Harmful Practices against Women and Girls in Kakheti and Kvemo Kartli Regions”, regions picked due to a high level of birth masculinity.¹⁰⁸ The project conducted a combined awareness-raising campaign for preventing early/child marriage and GBSS. These two topics were seen in conjunction by beneficiaries – a school-teacher in Marneuli district mentioned: “People understand the situation. There are not enough girls and families do not want to leave their boys unmarried – so they believe they have to engage the girls early”.

The project trained 20 Azerbaijani youth leaders who were deployed to conduct meetings with 7-12 grade students in schools in Kvemo Kartli (36) and Kakheti (8) to discuss the issues of early marriages and GBSS. In addition, Sapari NNLP conducted discussions with 90 schools in four municipalities of Kvemo Kartli and Kakheti. These discussions included about 2,500 students and 200 teachers and principals as well as over 600 parents. Findings and recommendations of the project were shared with the Ministries of Interior and Education. Sapari NNLP reported¹⁰⁹ some change of attitudes regarding early marriages – a case of an abducted girl was given as an example: In the past, the families normally allowed abducted girls to marry their abductors, without involving authorities. In this case, in Kakheti, in 2018, the family contacted the police and demanded legal action according to the law (the girl was returned to the family). Despite this example, it is too early to claim that attitudes have changed widely as a result of this project.

Respondents in Marneuli¹¹⁰ reported that awareness-raising work was held in several villages with about 300 people to discuss sex-selective abortions, mostly with couples of reproductive age. Activists reported the importance of targeting both girls and boys (on sexual education) as well as parents (on early marriages). It was acknowledged that the problem is socio-economic as well as based on traditions. Some activists reported that they knew about the decision of Muslim leaders to prevent early marriages. A representative of a local municipality reported lack of knowledge and resources to combat problematic gender-related issues.

4.3.5. Monitoring of recommendations and obligations on SRH and RR issued by national human rights treaty bodies

Finding 24: UNFPA’s partnership with the Public Defender’s Office has resulted in the incorporation of sexual and reproductive rights monitoring into the National Human Rights Monitoring framework and an obligation for line ministries to follow up. The PDO has become an important platform for voicing problematic areas related to SRH and RR.

During the second UPR review for Georgia (November 2015) 70 out of 203 recommendations, or 34% of the total were related to SRH. Given the obligations that these recommendations create for the country, UNFPA established close cooperation and assisted the Public Defender’s Office (PDO) to integrate SRH/RR monitoring under the overall human rights monitoring framework of the PDO. The

¹⁰⁸ See Table 5.2. in Trends in the Sex Ratio at Birth in Georgia, 2014.

¹⁰⁹ Annual report of Sapari NNLP for 2018.

¹¹⁰ Interviews were held at two schools, civil society activists and a representative of local municipality.

findings of the first country assessment conducted by PDO with UNFPA technical assistance in 2017 were included in the parliamentary report of the Public Defender of Georgia as a separate chapter, presented to the Parliament of Georgia in March 2018. Based on the report, five major problematic areas/issues were depicted in the “Resolution of the Parliament of Georgia #3148 on the Public Defender’s Report on the State of Protection Human Rights and Freedom in Georgia 2017”. As a result, these recommendations became obligatory for line ministries to follow up on and implement in the subsequent period. Following the country assessment, in 2018, a national inquiry was conducted with the support of an international expert provided by UNFPA. The participatory inquiry focused on several issues, such as access to FP information and services, maternal healthcare, and life skills/comprehensive sexuality education. It particularly emphasised the SRH rights of ethnic minorities, people with disabilities, and adolescents and youth. Findings of the National Inquiry were presented in March 2019.

As for CPD GEWE outcome 1 “Proportion of the CEDAW concluding observations from the previous reporting cycle on women’s rights implemented or actions taken”, no assessment, including of UNFPA’s contribution, is possible until the meeting of the CEDAW Committee in 2020.

Facilitating and constraining factors for successful outcomes of the UNFPA work:

Facilitating factors:

- The issues of gender equality in Georgia are gaining momentum and it is becoming more and more acceptable to discuss formerly ‘sensitive’ issues, such as e.g. GBSS;
- There is a considerable pool of gender activists with whom UNFPA can cooperate as needed;
- Coordination mechanisms exist both in the executive and legislative branches (Commission and Council);
- Some high-profile men have played positive role in the discussions on gender equality;
- People are beginning to understand that GBSS may have played a role in early marriages over years.

Constraining factors:

- ‘Traditional’ attitudes to gender equality are still prevalent in the society, especially in the provinces (exacerbated by poverty and socio-economic factors);
- Local governments are unprepared and understaffed to deal with the issues of early marriages;
- Central government entities often assign lower-level staff to deal with gender issues;
- Current legislation is ‘gender-neutral’.

4.4 Effectiveness Population Dynamics

Evaluation Question 4: To what extent has UNFPA strengthened the body of evidence for formulation of rights-based policies, including on ageing, through cutting-edge analysis of population dynamics and interlinkages with sustainable development¹¹¹? To what extent have national policies been strengthened¹¹²? What was UNFPA’s contribution? What were constraining and facilitating factors?

Summary of Findings: UNFPA supported the in-depth analysis of the census data and supported the elaboration of the Concept of Demographic Security and the State Policy Concept on Population Aging.

TABLE 9 OVERVIEW PROGRESS TOWARDS PD TARGETS

UNFPA Outcome	Strategic Plan	Country Program Output	Indicator, Baseline, Target	Assessment of Achievement
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¹¹¹ CPD Georgia PD output 1.

¹¹² CPD Georgia PD outcome 1.

Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	Output 1: Strengthened body of evidence for formulation of rights-based policies through cutting-edge analysis on population dynamics and its interlinkages with sustainable development	A database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socioeconomic and demographic inequalities exists <i>Baseline: No; Target: Yes</i>	The target has been achieved. A database is available. ¹¹³
		Outcome indicator: Number of national policies and plans developed that address population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: 0; Target: 2</i>	The target has been achieved. “The Concept of Demographic Security” and “State Policy Concept on Population Ageing in Georgia” were approved by the Parliament of Georgia. ¹¹⁴

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

Finding 25: UNFPA has remained the partner of choice for the National Statistics Office. During 2016-18, it contributed to the creation of a census database and supported in-depth census data analysis in areas relevant to SRHR and GEWE.

UNFPA has remained the main institutional partner of the National Statistics Office of Georgia. Having helped to conduct the Census 2014 (together with the Government of Sweden and the World Bank), UNFPA’s support during this CPD cycle was provided in the form of assistance to analysing census data. UNFPA supported the creation of a census database¹¹⁵ which includes information on demographic, social and economic characteristics, level of education, internal and external migration and geographic distribution, health challenges, household statistics, living conditions. It also assisted the National Statistics Office to re-estimate the population figures for years 2013-1994 (for national and regional levels). This was done with the help of an international expert. The capacity of the staff at the National Statistics Office was increased to conduct re-estimations at more detailed and narrow levels (municipal, urban/rural). Although the National Statistics Office still needs support, capacities exist to conduct the next census.¹¹⁶ Furthermore, international experts (funded by UNFPA), together with local consultants, prepared five reports as inputs into policy-making. The reports can be accessed at www.census.ge in Georgian and English. Sets of infographics (factoids) are also available.

1. Population Dynamics – this report reviewed the size of the population and its age/sex distribution at national and regional levels, components of population growth as well as provided information on issues such as nuptiality, fertility, mortality, urbanization and immigration/emigration. It shows that while Georgia is experiencing a certain ‘demographic dividend’ in the form of the sizable amount of population in the economically-active age group, this dividend appears to be not well used due to shortage of jobs, leading to emigration. Emigration is responsible for negative population growth despite positive recent trends in birth rate.
2. Ageing and Old Persons – this report pointed out the challenges facing the elderly population in Georgia. This population is set to grow and will increase to 18.9 by 2030.
3. Young People – this report demonstrated that the youth population in Georgia has been in decline for the last several decades. While more pressure might be put on youth to sustain the economy, the

¹¹³ Finding 25.

¹¹⁴ Finding 26.

¹¹⁵ (<http://pc-axis.geostat.ge/PXWeb/pxweb/ka/Database>).

¹¹⁶ Based on an interview with partners (National Statistics Office).

report also shows that many young people are vulnerable because they lack education and/or employment and in many cases are not involved in education, employment or any sort of training.

4. Gender Analysis – this report analyses differences between genders related to marital status, fertility, family structure, educational achievement, mortality, migration, disability, and economic activity and occupation. Given that census data was taken as the basis for the analysis, the report does not include issues such as domestic violence, although it discusses the issue of early marriages.
5. Trends in the Sex Ratio at Birth – this report (or monograph, as authors call it) gives an in-depth analysis of trends for sex ratio at birth in Georgia for the last two decades and its determinants. It uses census data to study the issue in the decade preceding 2014. The report also mentions the recent tentative improvements.

Two dissemination conferences were organized by UNFPA using the above reports. Three of the reports (Population Dynamics, Ageing and Older People, Youth) were discussed at a dissemination conference in November 2017 at the Parliament of Georgia, in partnership with the Committee on Health and Social Issues. Around 80 people (MPs, representatives of the Ministries, etc) attended the event. The reports on Gender and Trends in the Sex Ratio at Birth were discussed at a conference in partnership with the State Commission on Gender Equality, Violence against Women and Domestic Violence.

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

Finding 26: UNFPA supported the elaboration of the Concept of Demographic Security and the State Policy Concept on Population Ageing. However, operationalising the concepts has been challenging.

UNFPA built on the Population Situation Analysis in 2015¹¹⁷ to continue advocating for policies that address population dynamics in Georgia. Based on the Population Situation Analysis, UNFPA advocated and supported the Parliament of Georgia in developing of “**The Concept of Demographic Security**” and “**State Policy Concept on Population Ageing in Georgia**”, both of which were approved by the Parliament in 2016. As regards demographic security, UNFPA supported a study-tour to Bulgaria for policymakers and the organization of a workshop to discuss the priorities of the population policy. It cooperated with the Committee for Health and Social Issues of the Parliament of Georgia, which created a multi-sectoral working group with UNFPA support to work on issues of ageing and demography. The parliamentary resolution on approval of “The Concept of Demographic Security” instructed the Government of Georgia to adopt by 1 January 2017 a **Strategy for Demographic Security 2017-2030** and an **Action Plan for 2017-2020**. In response, the government created the National Council for Population Development, under the chairmanship of the Prime Minister (Head of the Committee for Health and Social Affairs of the Parliament acts as Deputy Chair). However, as of April 2019, the Council has not been convened.

On approval of the State Policy Concept on Population Ageing, the Parliament instructed the government to prepare and adopt an Action Plan for its implementation. The **Action Plan on Population Ageing for 2017-2018** was developed with UNFPA technical support through the highly participatory process and adopted by the government in November 2017. UNFPA was explicitly mentioned as a partner for the MoH in awareness-raising on the issues of ageing. The NAP was adopted without an accompanying budget. However, according to an interviewee at the MOH, the Action Plan has created a wide circle of civil servants that need to report on it regularly and, therefore, awareness of the issues has increased.

Two small pilot projects were implemented by UNFPA through partner NGOs in Samegrelo and Kakheti regions. These projects tested municipality-based approaches on ‘Active Ageing’ through age-appropriate activities aimed at resocialization of pension-aged people (both women and men). The pilot

¹¹⁷ http://www.iset-pi.ge/images/Social_Policy/PSA_FinalReport.pdf

activity in the town of Tsnori (Kakheti) involved more than 50 people (about 80% women and 20% men) between 61 and 87 years of age in an ‘Club for the Elderly’. The Club helped them to get out of the house, organized cinema nights, culinary and computer classes, organized an excursion to the nearby town of Telavi. In the words of one of the beneficiaries: “We are not unseen anymore”. One of the tangible results of the activity was the creation of a Pensioners’ Association which engaged in discussions with the local municipality about funding specific activities (e.g., allocation of municipal space for the Elderly Club).

4.5 Sustainability

Evaluation Question 5 [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?

Summary of Findings: UNFPA has substantially contributed to shaping national policy and regulatory frameworks in areas related to its mandate. The extent to which policies are likely to make a long-term difference in terms of their sustainable operationalisation varies and is often beyond the scope of UNFPA work.

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

Finding 27: Policy support for UNFPA-supported policies and regulations was generally confirmed and parliamentary endorsement/ministry approval and the elaboration of National Action Plans facilitate sustainability. However, competition with other policy priorities, missing institutional mechanisms and financial constraints are hampering factors.

UNFPA has substantially contributed to shaping national policy and regulatory frameworks in areas related to its mandate. The extent to which policies are likely to make a long-term difference in terms of their sustainable operationalisation differs. A good example is the UNFPA-supported National Maternal and Newborn Health Strategy and some closely related reproductive health issues (MNHS) for 2017-2030 and 3-year Action Plan, thanks to its approval by the Cabinet of Ministers. Similarly, the Government of Georgia endorsed the UNFPA-supported National Action Plans on Implementation of UNSC resolutions on Women, Peace and Security and against GBV and Family Violence; National Strategy on Human Rights (2014-2020) explicitly mentions a. Development and enforcement of state policy in order to ensure gender equality and support of women participation in politics; b. Women’s Economic Empowerment; c. Fighting against harmful practices towards women and girls; d. Gender equality in education; and e. Gender equality in culture and sports.¹¹⁸ Another successful example of sustainable policy work is the introduction of a selective contracting mechanism for NMCR: to ensure sustainability at the national level, the MoH introduced a selective contracting mechanism, within which regular perinatal/neonatal near miss case audits became a prerequisite for healthcare provider institutions (classified as the 2nd and 3rd level) to qualify for public funding.^{119;120} This decision motivates top managers of medical institutions and created institutional demand for accepting NCMR in their routine work.

On the other hand, sustainability is at risk for financial reasons and in view of other policy priorities, although generally-speaking stakeholders confirmed political willingness to enforce: For example, the MoH has not yet approved or earmarked budgets for implementing HIV-related documents - i.e., the

¹¹⁸ <http://myrights.gov.ge/uploads/file-manager/Strategy2014-2020.pdf>

¹¹⁹ Ministerial Order N01-16/6; Last revision on 25.02.2019 available in Georgian language at <https://matsne.gov.ge/ka/document/view/4491120?publication=0>.

¹²⁰ 2017 Annual Report – Georgia. UNFPA, October 2017.

EMTCT National Plan and the HIV/AIDS NSP. While the Concept of Demographic Security and State Policy Concept on Population Ageing were approved by the Parliament, putting them into practice has met challenges. Another factor hampering sustainability of clinical guidelines, protocols and SOPs is the absence of the mechanism to reward good performance, encourage the use and monitor the compliance of approved clinical service guidelines and protocols.

Finding 28: Institutional and staff capacities that have been built through the UNFPA support are likely to remain in place. Integration of SRH and RR monitoring under the overall human rights monitoring framework of the Public Defender's Office and institutional changes introduced to the healthcare system to respond to VAW/DV are expected to be sustained beyond the UN Joint Programme for Gender Equality.

Capacities of state institutions and partners NGOs were developed through UNFPA-supported capacity building interventions. A cadre of trained medical and non-medical professionals was established that is likely to continue delivering quality SRH and HIV services. Strengthening institutional and human capacity of the MoES and civil society to lead the work on healthy lifestyle and SRH education, as well as introducing institutional changes in the healthcare system in terms of identifying, documenting and referring to VAW/DV are some of the key achievements of the UNFPA work contributing to sustainable development. UNFPA has continued its traditional support to the National Statistics Office of Georgia, especially in view of the necessity to perform a population re-estimation exercise 2013-1994. Support was provided also in terms of analysis and dissemination of census data and findings.

UNFPA has been active in supporting the gender machinery in Georgia. It has been active in providing focused research (e.g., on parental leave) to the Gender Equality Council of the Parliament as well as providing advocacy support to the Intergovernmental Commission for Human Rights. Furthermore, the PDO has demonstrated strong willingness and ability to ensure sustainability of integration of SRH and RR monitoring under the PDO monitoring framework. The PDO revisited/adjusted the methodology of the country inquiry in order to make it an integral part of the national human rights monitoring framework within the Gender Equality department of the PDO, so that the institution could lead the activity independently from 2020.¹²¹ Moreover, the SRH & RR monitoring is included in the annual action plans of the Gender Equality department under the PDO, and relevant duties and responsibilities are reflected in the designated person's ToR within the department.¹²¹⁴

Finding 29: Continued policy-level and financial sustainability of the National Cancer Screening Program, including roll-out of the UNFPA-supported primary healthcare-based model, is likely.

Stakeholders from the MoH and the Tbilisi City Hall, who participated in the interviews, are confident that the National Cancer Screening Program is sustainable and that financial support for the programme under the National Strategy on Cancer Screening 2017-2020 will continue. Following the pilot projects in Tbilisi and Kakheti region, the MoH has declared readiness to adopt the model of integrating cancer screening into the primary health care system nationwide. This decision is depicted in the National Strategy, which envisions a step-by-step rollout of the organized screening model throughout the country under the Strategic Intervention 3.3.3. Although the process is still ongoing, the population-based national screening/cancer registry, which has been supported by UNFPA and NCDC, is expected to be sustained by the government, once it becomes functional. Stakeholders believe that the government, through NCDC, has already invested considerable resources to advance the process that is a proof of government's commitment.

Finding 30: The integration of Healthy Lifestyle Education into the formal education system is likely to be sustainable. Youth-focused interventions in the non-formal education system are less likely to be sustained without external funding. The

¹²¹ Source: UN Joint Programme for Gender Equality. MPTF Office. GENERIC ANNUAL programme narrative progress report. REPORTING PERIOD: 1 January – 31 December 2018.

recent initiative by the government (e.g. appointment of an Advisor on Youth Issues) may be a sign of a growing commitment to youth-related issues.

Through UNFPA advocacy efforts and substantial financial assistance to the MoE, a ground-breaking policy change has become possible. The first ever in Georgia healthy lifestyle education was integrated into the formal education system with UNFPA support. Stakeholders from both state institutions and CSOs interviewed were confident that the officially approved national education curricula and relevant subject standards provide solid ground for optimism that integration of healthy-lifestyle education has become sustainable policy development in Georgia. When respondents asked about their perceived risks to the sustainability of this initiative, only few of them mentioned a threat that could be imposed by existing conservative, religious values that are still widespread in the country, even among high officials and opinion makers. Respondents unequivocally stated that the term sexuality education should be avoided while communicating messages to prevent negative backlash. Respondents stated that sporadically some influential persons (even some parliamentarians) had launched campaigns and made open statements against sexuality education in schools. Such developments may put sustainability at risk. However, the likelihood of such occurrence was perceived as minimal.

UNFPA, within the frame of the UN Joint Programme for Gender Equality, has offered peer education sessions to young people in the non-formal education system and supported various capacity building and youth engagement activities. In partnership with the MoE, UNFPA has supported the School Health Program. Stakeholders from the NGO sector interviewed were sceptical about the continuation of these interventions without external funding. They suggested that abolishing the Ministry of Youth and Sport in 2017 was a negative sign and questioned the government's intention to prioritize youth issues. This said, the Parliamentary Committee for Youth and Sports has worked on the idea¹²² of creating an Agency on Youth Issues, under the auspices of the Prime Minister. There is also an expectation in the Administration of Government that the Prime Minister will be chairing the Coordination Council for Youth Policy (previously chaired by a Deputy Minister for Youth and Sports). On 3 April 2019, the Prime Minister appointed¹²³ an Advisor on Youth Issues, which interviewees interpreted as a positive sign.

Finding 31: The sustainability of UNFPA programme achievements in Abkhazia, Georgia could suffer from an unfavourable legal environment in health and the overall social and economic context in the region.

The UNFPA-supported programme in Abkhazia, Georgia has successfully laid the basis for improving RH/FP services, HIV/AIDS and STI prevention and cancer screening. UNFPA has supported development of service protocols and advocated for their endorsement from the de-facto government. The programme has also strived to establish local capacities through offering ToT and capacity-building interventions for healthcare workers and administrative/logistics staff. Services were integrated into already-existing medical institutions and health system that will remain in place regardless of UNFPA funding. Notwithstanding, stakeholders interviewed agreed that due to an unfavourable legal framework in health and the overall social and economic context of Abkhazia region which has been in isolation for more than 20 years, the project's achievements may be reverted and thus are less likely to be sustainable.

4.6 Efficiency

Evaluation Question 6 [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?

¹²² Based on an interview. Since the writing of this report, Parliament adopted a new law, requesting the government to create a LEPL Youth Agency.

¹²³ http://eurus.ge/index.php?act=new_view&id=22621

Summary of Findings: UNFPA demonstrated a very high financial absorption capacity and the ability to mobilize Other Resources. A large amount of expenditures was made through Implementing Partners.

4.6.1. Adequate conversion of resources into activities and outputs

Finding 32: UNFPA has successfully mobilised Other Resources, mainly for the country programme gender component through a UN Joint Programme. Participation in MICS-6 is a good example of leveraging results. The UNFPA country office has demonstrated a very high financial absorption capacity.

Table 10 shows that 53% of Regular Resources were utilized during the first three years of the programme cycle, although resources for PD appear to be underutilized at 31%. Overall budget utilization has been robust – 97.2% in 2016, with only two projects showing delivery of less than 90%; 98.4% in 2017, with no project showing delivery less than 90% and 98.2% in 2018, with only one project showing delivery of lower than 90%.

Table 10 and Figure 4 below clearly show that the UNFPA CO was able to mobilize Other Resources for the implementation of planned outputs. By the end of 2018, the UNFPA CO had mobilized about 90% of its planned target of USD2.1m.¹²⁴ It should be mentioned that the bulk of Other Resources (USD1.40m) was mobilized through participation of UNFPA in the UN Joint Programme for Gender Equality. This is good news on one hand, as it shows the effectiveness of the CO's resource mobilization strategy. On the other hand, the figures indicate over-reliance on a single donor (SIDA) and one of the three outcomes (gender). As appears from UNCT meeting minutes¹²⁵, UNFPA has sought participation in other UN Joint Programmes, however these programmes were less successful in mobilizing resources.¹²⁶

It should be noted that in some cases UNFPA managed to allocate its resources to leverage the delivery of outputs larger than its own resources would allow. For example, it allocated USD 90,000 to UNICEF to assist in the preparation of MICS-6. This allowed UNFPA to integrate SRH-related and SDG-localized relevant indicators into the questionnaire. The MICS survey should generate a wealth of gender-disaggregated data in several sectors to support evidence-based policy making to realize the rights of girls and women, particularly the most vulnerable, and to mainstream gender equity in all SDGs, and support the monitoring of national action plans. It would have been impossible to achieve such a result through a stand-alone UNFPA project.

Table 10 Planned and Utilized Resources (m USD)

	RR Planned 2016-2020	RR Utilized 2016-2018	OR planned 2016-2020	OR utilized 2016-2018
SRH	2.0	1.17	0.6	0.3
GEWE	0.2	0.12	1.4	1.4
PD	0.6	0.19	0.1	0.17
PCA	0.4	0.17	0	0
TOTAL	3.2	1.7	2.1	1.9

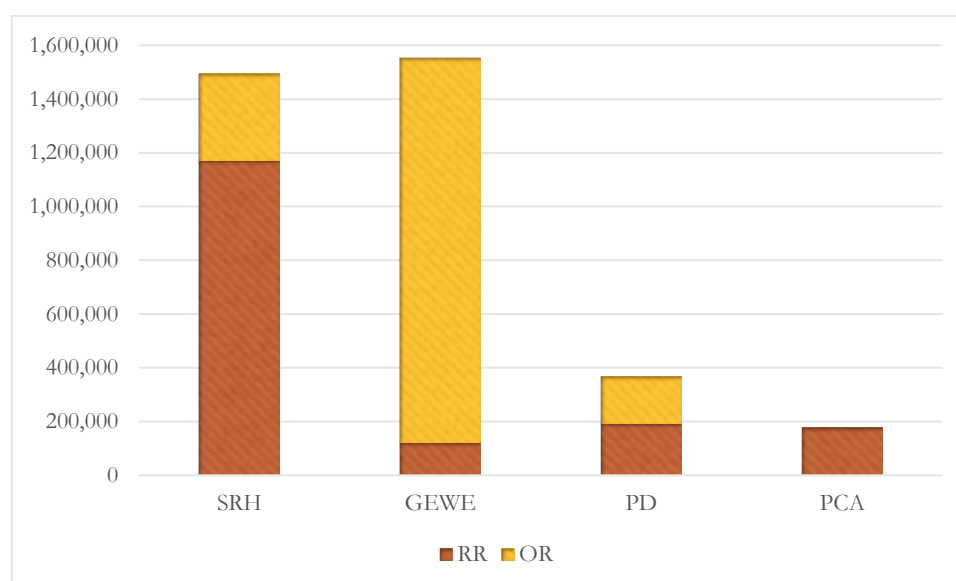
Source: Evaluation Team based on Atlas data

¹²⁴ Sources: UNFPA 2016-2020 CPD for Georgia; Resource Mobilization Strategy, Tbilisi, Georgia 2015.

¹²⁵ Source: UNCT meeting minutes of 29 June 2017; UNCT meeting minutes of 20 July 2017.

¹²⁶ For example, UNFPA participated in the preparation of the proposal for the UN Partnership on the Rights of Persons with Disabilities Fund. The preparation was coordinated by UNICEF, other participating agencies were also UNDP and OHCHR. UNFPA jointly with UN WOMEN prepared proposal on Gender Equality in Ajara.

FIGURE 4 RESOURCE MOBILIZATION 2016-2018 (USD)



Source: Evaluation Team based on Atlas data

Finding 33: The UNFPA country office structure and human resources respond well to corporate guidance and country priorities. UN Joint Programme staff are central to implementing the entire UNFPA gender and women’s empowerment country programme component.

The UNFPA CO is managed by a non-resident Country Director (D1) and Assistant Representative (NOC). It is fully staffed in accordance with the 2017 Realignment Plan, the objective of which was to alter the structure of the office to ensure quality delivery of the 2016-2020 country programme and to enhance the office’s expertise in line with the UNFPA business model for middle-income countries. This objective was achieved through making changes to the existing structure, which are in line with the 2014-2017 UNFPA Strategic Plan, with the new UNFPA global human resources strategy, as well as with identified country priorities.¹²⁷ The current structure appears consistent with UNFPA’s needs to define its relevance in line with the post-2015 development agenda. The office staff consists of 2 Analysts at NOB level, 1 Communications Analyst (NOA), a Program Associate (G7), Admin/Finance Associate, Admin Assistant (G5) and a Driver (G2). Donor-funded projects (GBSS and UNJP) have a total of 4 staff (see organigram in Chapter 3). The staff employed for implementing the UNFPA component of the UNJP appears fully responsible for the CO’s work on gender equality in general. While there is some work currently ongoing to secure the next phase of the UNJP, should these efforts prove unsuccessful, UNFPA risks losing its gender-related capacity when the UNJP ends. It should also be noted that the high calibre of national staff allows them to act as “programme” and provide a variety of inputs. In addition, UNFPA is often able to utilize national expertise, which produces quality work and is less expensive.

4.6.2 Appropriate combination of tools and approaches for smooth programme delivery

Finding 34: About 35% of total expenditures have been made through 16 mainly non-governmental Implementing Partners in the SRH and GEWE programme components whose financial management capacities, accounting records and progress in programme implementation have been monitored.

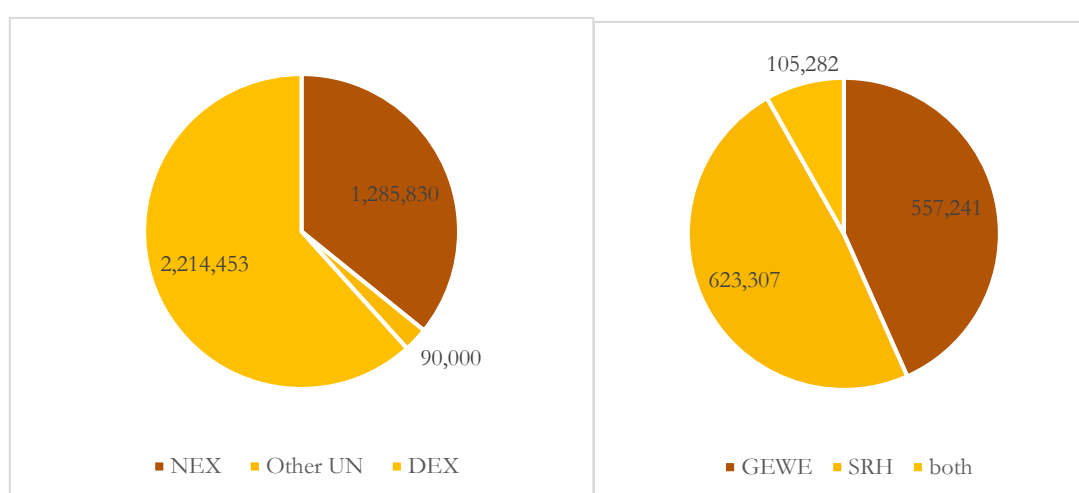
UNFPA has delivered results through DEX and NEX, with very limited funding going to other UN agencies (UNICEF to assist with MICS). Over 60% of all funding has been implemented through DEX

¹²⁷ Realignment Inter-Office Memorandum, 28 April, 2017.

(see Figure 5 below). The Georgia CO, and specifically the SRH and GEWE programme components, have also made use of the NEX modality (see Figure 5): About 35% of the CO's total expenditures - i.e., USD1.28m – have been made through Implementing Partners.

UNFPA has worked with 16 governmental and non-governmental Implementing Partners over the years, including 8 Implementing Partners in SRH and 9 in GEWE. The NEX modality has mainly been used to deliver through NGOs; some funding has been implemented through government institutions (e.g., PDO, NCDC, TSMU). The NGO Union Tanadgoma has been the most important Implementing Partner in SRH (USD0.32m since 2016) and the NGO We Care in GEWE (USD0.21m since 2016). All NEX partners have undergone assessments to determine the levels of risk in terms of their financial management capacities. In addition, spot checks have been regularly performed to evaluate the validity of accounting records. The UNFPA CO has undertaken monitoring visits to implementing partners to check on programme implementation.

FIGURE 5 DISTRIBUTION OF MODALITIES AND OF FOCAL AREAS IN NEX, 2016-18



Finding 35: The UNFPA country office has monitored its performance against CPD output targets with the assistance of a useful “Planning Matrix for Monitoring and Evaluation” and the corporate monitoring system (SIS).

UNFPA Georgia uses the corporate monitoring system (SIS) to report (quarterly and annually) on milestones. The office also updates an internal “Planning Matrix for Monitoring and Evaluation” to keep track of achievement of targets for its programme outputs. This matrix is based on the outputs of the CPD and allows UNFPA to track annual achievement of the targets. In addition, it lists means and activities of verification, sources of information, frequency of verification, persons responsible and resources needed. This useful tool demonstrates that in 2016, 2017 and 2018¹²⁸ UNFPA office has monitored the achievement of output targets.

Finding 36: The UNFPA country office is well prepared for emergency situations, including in combination with other UN country team members.

Per the UNFPA Strategic Plan MTR output 5 indicator, the UNFPA Georgia CO has a budgeted humanitarian contingency plan that includes elements for addressing SRH needs of women, adolescents and youth and services targeting survivors of sexual violence in crises. In addition, UNFPA supported the development of the UN inter-agency contingency plan “Advanced Preparedness Actions and Contingency Planning”.

¹²⁸ M&E Matrix provided by UNFPA country office.

4.7 Coordination

Evaluation Question 7: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?

Summary of Findings: UNFPA has been an active and appreciated member of the UN country team with a particular focus on gender, youth and HIV/AIDS.

4.7.1 Contribution to UNCT coordination mechanisms and joint programmes and initiatives.

Finding 37: UNFPA has been an active and appreciated member of the UN country team with a particular focus on gender, youth and HIV/AIDS.

Documents reviewed and interviews with selected members of the UN country team demonstrated that UNFPA has been an active and appreciated member of the UN country team. The process of preparing the UNPSD 2016-2020 is a good illustration of UNFPA's contribution: UNFPA chaired the Health Group¹²⁹, which resulted in the inclusion of priorities relevant to UNFPA in the health focus area. UNFPA is member of the UNCT theme groups on gender, democratic governance, education, health and human security.

Within the **UN Gender Theme Group**, UNFPA has co-chaired a Special Task Force of Child/Early Marriages and Harmful Practices. This task force successfully lobbied for the integration of early marriage prevention/response activities in the Human Rights NAP (2016-17) and the NAP on DV and ERAW (2016-17).

UNFPA has also chaired the **HIV/AIDS Joint Team (JT) on HIV/AIDS in Georgia**. Joint Teamwork Plans¹³⁰ have been elaborated on an annual basis under the leadership of UNFPA. Work Plans were aligned with the UNAIDS Strategy and ambitious goal of reaching 90X90X90¹³¹, and intended to contribute to two outcomes at the country level: 1) Coordinated UN support to strengthening HIV prevention with particular focus on key populations; and 2) UN joint advocacy and policy dialogue to strengthen the national response to HIV/AIDS, with particular focus on HIV prevention. Since 2014, UNFPA has represented the UN JT in the Georgia Country Coordinating Mechanism (CCM) chaired by the Minister of Health¹³² and in the Policy and Advocacy Advisory Council (PAAC) established in 2017 with the mandate to assist the CCM in transitioning from GF funding to state funding of the HIV and TB national response. On behalf of the UNCT, it is also an active member of the HIV prevention task force (PTF), which is a result-oriented forum of CSOs engaged in STI/HIV policy and advocacy. Representatives of UN agencies in Georgia believe that the UNFPA CO has had excellent communication with Joint Team member agencies, informing them about all major HIV policy developments, sharing all national level documents, and seeking feedback from colleagues. They considered UNFPA's engagement in the CCM, PAAC and PTF to be instrumental.

¹²⁹ UNFPA was replaced by WHO towards the end of the process. Source: interview.

¹³⁰ UN Joint Team on HIV/AIDS. Joint Work Plan for 2018. UNFPA.

¹³¹ By 2020, 90% of all people living with HIV will know their HIV status; 90% of all people diagnosed with HIV will receive sustained antiretroviral therapy; and 90% of all people receiving therapy will have viral suppression.

¹³² Georgia CCM website <http://www.georgia-ccm.ge>

‘UNFPA representative (Ms. Natalia Zakareishvili) is active member of our professional community, keeping the finger on the pulse of HIV stakeholders. Thus, she is always aware of latest developments in the field and learns when unforeseen challenges emerge. Active engagement of UNFPA enables them to identify existing gaps at the policy level, and be proactive to join civil society organizations in important policy and advocacy initiatives under the UNFPA mandate.’

TABLE 11: UNFPA INVOLVEMENT IN UNCT AND OTHER COORDINATION MECHANISMS 2016-2018

Programme component (SRH, GEWE, PD)	Name of coordination mechanism	National or sub-national coverage (please specify)	Current membership	UNFPA role (chair, co-chair, participant, other)	Year(s)	Remarks
UN Coordination	UNCT	National	Yes	Member	Since Establishment of UN	
Gender Theme Group	GTG	National	yes	Member	2012	
Gender Theme Group	Task Force on Harmful Practices against Women and Girls	National	Yes	UNFPA Co-chairing together with Government	2015	
HIV/AIDS	UN JT on HIV and AIDS	National	yes	Chair	Since 2012	After UNAIDS phase out from the Country
Operations Management Team	OMT	National	yes	member	Since establishment of UN	
Communication	UN communication Group	National	yes	member	Since establishment of UN	
Local Salary Survey Committee	LSSC	National	yes	member	Since establishment of UN	
Security Management Team	SMT	National	yes	member	Since establishment of UN	
Staff Committee	Staff Association Committee	National	yes	member		
Youth Coordination	UN Youth Coordination Group	National	yes	chair	since 2019	
Emergency Preparedness	UN Disaster Management Team	National	yes	member	2012	
Emergency Preparedness	GBVIE coordination group, under Protection cluster	National	yes	UNFPA Co-chairing together with Government	Since 2008	
Emergency Preparedness	Health Cluster	National	yes	member	Since 2008	
Emergency Preparedness	WASH Cluster	National	yes	member	Since 2008	
UNITED NATIONS PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT	UNPSD 2016-2020, Democratic Governance result group (JWG)	National	yes	member	since 2016	
UNITED NATIONS PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT	UNPSD 2016-2020, Health result group (JWG)	National	yes	member	since 2016	
UNITED NATIONS PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT	UNPSD 2016-2020, Education result group (JWG)	National	yes	member	since 2016	
UNITED NATIONS PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT	UNPSD 2016-2020, Human Security and Community Resilience, result group (JWG)	National	yes	member	since 2016	

UNFPA has also been the UNCT focal point for youth – which is considered an important role as youth issues are often mainstreamed in many areas where the UNCT works. In terms of joint programmes and initiatives, gender is an area where UNFPA has been greatly involved with other UN agencies, first and foremost in the Joint Programme for Gender Equality (in cooperation with UNDP and UN Women). UNFPA has played a leading role in “16 days of Activism against GBV” annual campaigns and, jointly with UNDP and UN Women, successfully advocated for inclusion of additional targets in nationalized SDG 5. UNFPA joined hands with UN Women to prepare a proposal on gender equality in Ajara and expressed interest, together with UNDP, FAO and UN Women to prepare a joint submission to the Peace Building Fund. In addition, UNFPA has actively sought to participate in other joint projects, for example, in the preparation of a proposal for the UN Partnership on the Rights of Persons with Disabilities Fund. The preparation was coordinated by UNICEF, other participating agencies were also UNDP and OHCHR.

4.8 Added Value

Evaluation Question 8: [UNFPA added value] What is the main UNFPA added value in the country context as perceived by the UNCT and national stakeholders?

Summary of Findings: UNFPA's long-term engagement and focus on core issues such as SRHR for youth and vulnerable populations is a strong added value in Georgia.

4.8.1 UNFPA added value

Finding 38: UNFPA's long-term engagement and focus on core issues such as SRHR for youth and vulnerable populations is a strong added value in Georgia. The country office has played an important convening and trust-building role, especially around sensitive issues. UNFPA has pertinent technical expertise to offer in the context of monitoring SDG indicators.

Representatives of government partners (ministries, Parliament) interviewed considered UNFPA's long-time engagement and strong focus on core issues to be its added value. The high calibre of local staff of the CO has allowed UNFPA to provide essential inputs that are valued by partner organizations.

UNFPA is the only UN agency in Georgia that has remained actively engaged in HIV policy and advocacy initiatives. According to interviewed stakeholders from government and the non-government sector, UNFPA in Georgia is well-acknowledged to be the major agency promoting SRH and FP with a focus on young people and vulnerable populations.

UNFPA has constructively used its political leverage to create trust among actors. Implementing partners believe that UNFPA has acted as a convener for government agencies, CSOs, medical institutions, academia, and members of vulnerable communities. For example, NGO representatives interviewed believed that their engagement in revising the formal educational curricula and school textbooks would not have been feasible without UNFPA. UNFPA's comparative advantage has also included its ability to raise issues considered sensitive (e.g., child marriage) and to mobilize support among stakeholders.

UNFPA has mainstreamed youth issues in the current CPD and is the UNCT focal point for youth. According to an interviewee at the government administration, UNFPA is seen as a partner of choice on youth issues. However, the Ministry of Youth and Sports was abolished during implementation and youth issues were dealt with by the MoE.

The Government of Georgia has created a nationalized matrix of SDG goals and targets. UNFPA as a member of SDG Council and Social Inclusion Working Group, has been seen as a reliable partner, especially in terms of assistance for generating reliable data for nationalized indicators. UNFPA's expertise on demography and population issues is seen as a clear added value.

Finding 39: UNFPA is not only an active member of the UNCT; it has also added value to government-donor coordination, especially in the humanitarian sphere, and as regards GBViE and health-related issues.

The UNFPA CO has played a key role in strengthening humanitarian coordination in the areas of GBV and SRH and disaggregated data in emergencies. As a result of UNFPA advocacy, the GBV sub-cluster (SC) was established within the UNHCR-led Protection Cluster. The GBV SC has been co-chaired by UNFPA and the Interagency Commission on Gender Equality, Domestic Violence and Violence against Women. It aims to facilitate overall coordination, risk-informed programming and implementation of GBV prevention and response, enhancement of gender equality and women's empowerment in emergencies. In addition, UNFPA has also been actively involved in the work of the health and WASH clusters, chaired by WHO and UNICEF respectively. All partners interviewed reported that UNFPA's technical expertise has been an important input.

CHAPTER 5: Conclusions

5.1 Strategic level

Conclusion 1: The UNFPA country programme 2016-2020 is well aligned to national priorities of Georgia in UNFPA focus areas. It can even be argued that UNFPA stays relevant by creating/maintaining and advocating for the policy agenda befitting its mandate (e.g., the issues of demographic policy, aging and early marriages).

UNFPA has been a forerunner and has invested a considerable amount of political capital in prevention of early/child marriages as well as in understanding population dynamics. In both cases, the current programme builds upon advocacy and/or analysis of the previous cycle. In terms of early marriages, UNFPA was able to expand the pool of partners in the non-governmental sector (including religious leaders) and to create a policy environment conducive to discussions and actions against early marriages.

In terms of demography (and the issue of ageing), UNFPA has worked both with executive and legislative branches of government and civil society and academia towards the approval of concepts and national action plans.

Origin: Findings 1, 23; 26

Conclusion 2: UNFPA has a comparative advantage in data/evidence generation. This will help it in positioning itself to advance the government-led work on data generation for SDG indicators as well as reporting on SDG achievements.

UNFPA has been a reliable partner for the Government of Georgia in the process of nationalization of SDGs. In particular, the CO has actively participated in the work of the SDG Council and its Thematic Group on Social Inclusion. One outcome of this work was the creation of the so-called “SDG Nationalized Matrix” which includes nationalized goals and indicators. In the period under evaluation, UNFPA has also supported the National Statistics Office in disseminating the findings of the 2014 census as well as in preparing five in-depth studies to analyse the findings.

The government remains committed to the Agenda for Sustainable Development as well as the need to create measurable indicators and report on SDG achievements. In some cases, the data for indicators are not yet available and the government counts on the work of the National Statistics Office and international partners to fill this gap. UNFPA’s work and comparative advantage in data generation places the organisation in a good position to move the nationalization process further along and to play a greater role in generating reliable data for the SDG process.

Origin: Findings 4; 25

Conclusion 3: UNFPA has been successful in creating space for policy-level and public discussions and intuitional interventions in the issues of harmful practices, early marriages and GBSS.

UNFPA has been instrumental and effective in putting the issues of early marriages, harmful practices and GBSS on the agenda of diverse players in Georgia. In addition to government institutions, these include religious groups (e.g. Moslems, Yezidi), private sector and sports sector. A convincing awareness-raising campaign included celebrity men, such as football- and rugby-players as well as opinion-makers. UNFPA has delivered several major studies that provide well-researched and comprehensive data to the public. These resources have informed policy and decision-making (e.g. the increase of the minimum age of marriage to 18, mentioned above) and served as a source of credible information to tailor communication strategies that address harmful practices of child/early marriage

and FGM, e.g. printed materials, social media, and TV advertisements. The programme has unveiled GBSS and, together with gov and civil society counterparts and the media, has led a comprehensive awareness-raising campaign to overcome the prejudices that result in this practice both at the national and local level.

Origin: Finding 22

Conclusion 4: UNFPA is seen as a reliable partner on the issues of youth and there is scope for actively re-engaging with the government on this.

Over the years UNFPA has made considerable investments in working with youth (including in preparing the Youth Policy in 2014 and Youth Policy Action Plan in 2015), despite volatility in government commitment. Recently, however, the government showed more engagement in the issue when, on 3 April 2019, the Prime Minister appointed an Advisor on Youth Issues. There is also an expectation in the Administration of Government that the Prime Minister will chair the Coordination Council for Youth Policy (previously chaired by a Deputy Minister for Youth and Sports).¹³³ Given UNFPA's background and involvement in the issue, there is scope for exploring opportunities.

Origin: Finding 38

Conclusion 5: Sustainability of UNFPA's policy work depends on the uptake by the government as well as existence of institutional mechanisms and budget availability. .

If sustainability of results of a UN agency is defined as an uptake of a policy by the government in the form of an approved concept/policy or an adopted National Action Plan, then UNFPA's work can be deemed sustainable – quite a few of UNFPA-supported issues were approved/adopted by the Parliament or the government (in SRH, GEWE or PD). However, if sustainability is defined in terms of ensuring implementation of these policies and plans by the government, then we are on thinner ice as implementation has been patchy (e.g., no budget was adopted for the implementation of the NAP on ageing; no independent assessment was done on the implementation of other NAPs).

Origin: Finding 27

Conclusion 6: UNFPA 'casts its net wide' and involves many implementing partners. On one hand, this allows UNFPA to work with a diversity of organizations, but on the other hand its deliverables can be small and higher-level results not readily attributable to UNFPA.

UNFPA uses 15 implementing partners (both government and non-government organizations) with an average funding of about USD68'000 over years 2016-2018¹³⁴ (this does not take into account Union Tanadgoma operating in Abkhazia, Georgia with USD 317,315 in three years). It can be argued that by 'casting its net wide' UNFPA creates more diverse partnerships. At the same time, there are several examples where larger interventions might have been more preferable to achieve results that would be sustainable as well as easier to attribute definitively to UNFPA work.

Origin: Finding 34

¹³³ On 29 May, Parliament adopted a law "On Support to Children and Youth Organizations" in which it requested the Government of Georgia to create a LEPL Youth Agency.

¹³⁴ Calculation by Evaluator Team.

5.2 Programmatic level

Conclusion 7: UNFPA has made substantial contributions to promoting evidence-informed and rights-based SRHR policies, strategies and regulations in Georgia

UNFPA has contributed to the development of national policies, regulations and strategies that contribute to a positive overall environment for integrated SRHR and HIV policies. Effectiveness of UNFPA's contribution has been manifested in a number of successful initiatives, such as: perinatal and antenatal care regionalization; introducing NMCR methodology; building institutional capacities; integrating SRHR issues in the overall human rights monitoring framework under the mandate of the Public Defender's Office. Most of these achievements have become sustainable and they are likely to remain in place even without UNFPA continued support.

Numerous clinical guidelines, protocols and SOPs developed with technical support from UNFPA in partnership with professional associations have been formally approved to increase the availability of integrated RH services that are gender-responsive and meet human rights standards for quality care.

UNFPA's interventions address long-term development requirements and the results delivered by the UNFPA programme, to a great extent, are considered as (potentially) sustainable if these policy documents are approved by the government. However, it should be acknowledged that approval of strategic plans or clinical guidelines and protocols does not necessarily mean sustainable implementation or compliance. The absence of a national monitoring mechanism is a constraining factor that discourages health managers to invest in staff capacity building and/or compliance monitoring. Therefore, effective implementation of the UNFPA-supported strategies, and endorsement and application of guidelines and protocols into practice may not be ensured. However, this is a system-wide challenge which goes beyond the mandate of UNFPA CO. Genuine sustainability of the SRH policy frameworks hinges on the government's political will and the limited ability to invest adequate resources for their implementation.

Origin: Findings 3; 5; 6; 10; 11; 24

Conclusion 8: UNFPA-supported reproductive health and family planning services, cancer screening and STI services in Abkhazia, Georgia have responded to critical unmet needs of conflict-affected women and girls to access safe and quality health services.

Under the special business case model UNFPA has focused on addressing vulnerabilities of conflict-affected women and girls who would not have access to quality and free reproductive and FP services without external support. The UNFPA programme in Abkhazia, Georgia has placed much emphasis on developing service protocols and establishing a cadre of trained professionals in health through providing capacity building interventions. Unfavourable legal framework for women, particularly banning abortion on any grounds by the de facto government, showed that the situation can quickly revert to earlier stages and put the sustainability of UNFPA programme achievements at risk.

In addition to 'live-saving' SRH service provision, the UNFPA programme in Abkhazia, Georgia is equally critical for forging trust and building bridges between Georgians and Abkhazians, as well as improving human security and community resilience. UNFPA current achievement laid the basis for further assistance that will be needed to render the improvements in Abkhazia, Georgia more sustainable. Therefore, continuation of the UNFPA programme in Abkhazia, Georgia is of major importance.

Origin: Findings 14; 31

Conclusion 9: UNFPA has contributed to strengthened capacity of institutions through the cascade of trainings on a variety of topics related to SRH and RR and HIV.

UNFPA programme has provided a cascade of training on variety topics related to SRH, RR and HIV for medical and non-medical staff from state agencies, medical institutions and CSOs. Although the evaluators could not validate training outcomes, it can be assumed that capacity building interventions supported by UNFPA have led to increased knowledge and skills development with lasting results among those staff reached. It is acknowledged that as per the UNFPA CPD, capacity-building interventions supported by UNFPA in Georgia are designed to support piloting innovative service models and they are not aimed at having significant impact on the health workforce at the national level. Nevertheless, to increase the uptake of training, UNFPA has placed special emphasis on institutionalization of capacity-building activities and promoting continuous education through web-based online training courses.

Development of training modules that were accredited by the Accreditation Board of University has been a notable achievement. However, in the absence of effective Continuous Medical Education (CME) system, there is a low commitment to professional development among managers of private medical institutions intertwined with low motivation among health care workers to undergo trainings. However, it is worth mentioning that the MoH has already made a breakthrough decision by making the ANC online training module a mandatory requirement for the selective contracting of perinatal facilities under the UHC programme. Furthermore, the MoH and the Parliament Committee on Health and Social issues have designed the CME strategy. Establishment of well-functioning CME system will considerably contribute to sustainability of the UNFPA-supported capacity building interventions.

Origin: Findings 13; 15; 16; 27; 28

Conclusion 10. UNFPA contribution is substantial in terms of elaborating a cervical cancer screening programme that has meanwhile been scaled up nationwide and become sustainable through government commitment. However, low coverage and low quality of diagnostic services may threaten effectiveness.

With the intention to address main causes of morbidity and mortality of women of reproductive age in Georgia, UNFPA has supported the introduction of a cancer screening programme, developed services, standards and tools for delivering quality services. To improve the coverage of women with screening UNFPA piloted an organized cancer screening programme and supported the integration of screening services into the primary health care level. UNFPA in partnership with NCDC and other international partners have worked on the development of a population-based cancer registry that, indeed, will be a remarkable achievement as regards strengthening the national cancer control response.

As a result of UNFPA efforts, the cervical cancer strategy was adopted as part of the National Cancer Control Strategy and the government has already demonstrated ownership through funding cancer-screening programme nationwide. However, the cancer-screening programme remains opportunistic rather than organized and the coverage remains low. The quality of services is also suboptimal. It is important to note that the government's engagement in quality assurance for programme delivery has not been demonstrated. UNFPA remains the sole source to solicit technical assistance in the form of external experts' mission to evaluate the quality of programme, or conduct external quality assurance of cervical cancer diagnostics. No intention was manifested by the government to implement a quality assurance mechanism for lab-diagnostics of the screening programme in near future. Therefore, it is highly likely that the quality of screening programmes will further deteriorate should UNFPA phase out.

Origin: Findings 12; 29

Conclusion 11: Within the UN system in Georgia, UNFPA is the only agency engaged in HIV policy and advocacy work with a particular focus on SRH and HIV integration and vulnerable populations.

In spite of scarce resources under the UBRAF, UNFPA has positioned itself as the major UN agency working on HIV issues and promoting human-rights based, gender responsive integrated SRHR and HIV services in Georgia. UNFPA, as a chair of UN JT on HIV, represents UN agencies in high-level policy bodies composed of all major HIV players, key vulnerable populations, and people infected or affected with HIV and Tuberculosis.

UNFPA involvement has been critical considering that the Global Fund is phasing out from the country. There is a consensus among stakeholders that the government will cover the costs of life-saving treatment programmes, but that low-threshold HIV prevention, care and support interventions, which is currently implemented by civil society and community-based organizations with Global Fund funding may suffer most. Therefore, UNFPA's continuous engagement in the development of HIV national strategic plans and prevention service guidelines and protocols is important for ensuring smooth transitioning from TGF funding.

Origin: Findings 3; 5; 6; 10; 15

Conclusion 12: As a result of UNFPA advocacy work and technical assistance, reproductive health and healthy lifestyle issues have been integrated into the formal education system. Moreover, UNFPA is the major agency in Georgia pushing the youth agenda forward to ensure that they access youth-friendly, safe and quality SRH, HIV and FP services. .

UNFPA in partnership with the Ministry of Education, academia and CSOs has made significant contributions to integrating SRH, HIV and gender issues into the formal education curricula. While the approval of healthy lifestyle school curricula is an important entry point, the concluding outcome of healthy lifestyle education may be greatly hampered if textbooks are not thoughtfully written. It should be noted that new editions of school textbooks based on the newly approved curricula are currently being developed for certain grades and the entire process (for all grades) should be completed in a few years. The way new textbooks will deal with sensitive topics may draw backlash from faith-based groups, conservative parents and politicians who have resisted any debate about tabooed topics (such as sexuality, gender identity, GBV, HIV, condoms, contraceptives) in the school curricula for many years. Therefore, during upcoming years, it will be of critical importance to ensure that textbooks are sufficiently comprehensive, age-appropriate, culturally sensitive and gender-responsive. Another threat to HLS education is the lack of capacity of schoolteachers who may avoid teaching sensitive topics in schools.

UNFPA has also invested in strengthening school health system's ability to respond to youth SRH needs and implemented youth education interventions in non-formal education settings in targeted regions. However, little evidence is found to believe the sustainability of latter interventions.

UNFPA's effort to promote youth-friendly SRHR, HIV and STI services, or ensure young people have access to contraception has not yielded desired results. While youth issues are mainstreamed across all three programme components, explicit focus on adolescents and young girls is weak and needs to be strengthened.

Origin: Findings 9; 17

Conclusion 13: A more integrated approach is needed to tackle the issue of early marriages.

UNFPA has worked with the Gender Equality Commission and Ministry of Education and Science to integrate the issue in government action plans. UNFPA experience in awareness-raising and advocacy on child/early marriages provides valuable lessons for future work. UNFPA, through engaging individual NGOs, was able to work with religious authorities as well as schools. These interventions were valuable and appear to have some results. However, a more coordinated and integrated approach would likely have yielded bigger results. Links need to be built between school, parents, police, local

authorities and social workers, so that all are aware of their own role in preventing early marriages and of their expected actions should such a case occur. This approach might go beyond the COMBI plan that has been prepared recently.

Origin: Findings 22; 23

CHAPTER 6: Recommendations

Recommendation 1: **The UNFPA country programme should continue contributing to stronger, evidence-informed policy framework to deliver quality integrated SRH&R and HIV services through developing strategies, revising/upgrading guidelines and protocols, strengthening partnerships, and strengthening the capacity of community-led organizations.**

Priority: High

Target level: UNFPA CO; NCDC, MoH, CSOs

Based on Conclusion 7; Findings 3; 5; 6; 10; 11; 24

Rationale

UNFPA contribution to developing SRH and HIV policy frameworks should continue. UNFPA's engagement will be critical in supporting the MoH to update/revise existing and develop new guidelines and protocols for delivering quality SRH/HIV services.

UNFPA's policy and advocacy initiatives should continue focusing on building a resilient health system to achieve long-term sustainability of the progress achieved through concerted efforts of UNFPA and other development partners and national counterparts. Following the *Georgia Healthcare System Development Vision – 2030* approved by the Parliament in 2018, the government is planning to develop a Georgia healthcare strategy for 2020-2030. It is recommended that UNFPA, under its mandate, provides technical assistance to the MoH and contributes to participatory policy development process. Building upon UNFPA's past experiences in promotion of continuous education system, UNFPA should be proactive and assist the MoH in creating a Continuous Medical Education system in the country.

One of the major challenges the MoH in Georgia faces is the absence of Quality Assurance System (particularly the External Quality Assurance for laboratory services) and the absence of compliance monitoring mechanisms to ensure endorsement and implementation of developed policies and regulations. UNFPA engagement in addressing these challenges will be an important enabling factor to strengthen the health care system's response.

UNFPA is the only agency within the UN system in Georgia maintaining an engagement in HIV policy and advocacy, which should be sustained. Considering that Georgia is transitioning from the Global Fund funding to full state-owned HIV response, UNFPA should continue working closely with state counterparts and community-led and other non-governmental organizations to develop tools and policies (such as costed service standards for HIV prevention among vulnerable populations) to ensure a smooth transition. UNFPA technical support and advocacy should aim at sustainability of meaningful engagement of civil society and community groups in HIV policy, service delivery, and community monitoring processes.

Recommendation 2: **The UNFPA-supported SRH programme is essential for making a life-saving and long-lasting impact on women's health in the conflict-affected region of Abkhazia, Georgia. It needs to be evaluated in-depth and possibly clustered with GEWE-relevant interventions.**

Priority: High

Target level: UNFPA CO

Based on: Conclusion 8; Findings: 14; 31

Rationale

UNFPA-supported health services have been critical to cover unmet needs of girls and women in the breakaway region. In order to ensure that the results UNFPA has achieved in Abkhazia, Georgia are sustainable, continuity of the UNFPA-supported SRH programme is essential. While the UNFPA programme achievements have laid the basis for improving access to free, safe and quality health services, as well as for creating a core group of trained health professionals in the region, the situation can quickly revert in case of unfavourable change in political, social or economic environment emerges. Thus, UNFPA should continue its programme to make a positive and long-lasting impact over women mortality and morbidity in the conflict-affected region.

External technical assistance is pivotal in the conflict-affected region of Abkhazia, Georgia where UNFPA CO staff and professionals from the rest of Georgia have limited access to conduct site visits, directly monitor programme performance, and assess programme impact through direct communication with end-user beneficiaries. It is recommended that UN agencies conduct a programme evaluation study in Abkhazia region to assess progress achieved and remaining/emerging challenges. Banning abortion on any grounds by the de-facto government in 2016 may be indicative that gender inequality and discrimination against women is prevalent and an overlooked problem in the region, that will ultimately have negative implications on women's health. No data in relation to gender vulnerability are available from the region. A future mission of international expert(s), if deployed by UNFPA for programme evaluation, could also be used to assess GEWE issues to inform UNFPA future programming in Abkhazia, Georgia.

Recommendation 3: While UNFPA should continue its contribution to establishing a well-functioning unified cancer registry to achieve successful implementation of this innovative policy development, UNFPA through partnership with MoH/NCDC should mobilize technical assistance and advocate for improving the quality of screening programmes, including institutionalization of effective quality assurance mechanisms.

Priority: High

Target level: UNFPA CO; NCDC; MOH, Tbilisi City Hall

Based on Conclusion 10; Findings 12; 29

Rationale

The cervical cancer screening programme assessment studies^{135; 136} state that it is unlikely that the cervical screening programme in Georgia will effectively prevent cervical cancer unless the coverage rate and the quality of screening are not improved. Having unsatisfactory screening experience will create barriers to future recruitment posing a threat to programme sustainability. Therefore, it is recommended that UNFPA continues its partnership with the MoH and NCDC and mobilizes technical resources to assist the government to implement the recommendations outlined in the evaluation reports. In addition, UNFPA may decide to intensify advocacy work with the MoH to promote establishment of

¹³⁵ Tbilisi Cervical Screening Pilot Assessment and Recommendations for Cervical Screening. Dr Philip Davies. UNFPA Georgia CO. August 2018. Unpublished.

¹³⁶ Gurjaani Cervical Screening Pilot Analysis and Recommendations for the Implementation of a National Cervical Screening Programme in Georgia. Dr Philip Davies. August 2018.

quality assurance system, including institutionalization of external quality assurance mechanisms for testing services.

UNFPA's contribution should be limited to providing initial technical assistance for establishment of EQA system, probably at the NCDC that enjoys having the highest level (BSL-3) laboratory in the South Caucasus. Actual implementation of quality assurance system as well as periodic programme evaluation should be fully government-owned. While this recommendation intends to improve the quality of cancer screening, such support, if successful, may promote and inspire the health care system for rolling out EQA system to other areas of health care sector (see also *Recommendation 1*).

UNFPA in partnership with NCDC, should continue supporting the operationalization of the National Cancer Registry given its high potential to contribute to the improvement of cancer prevention, treatment and care services, as well as disease surveillance and cancer related capacities in Georgia.

Recommendation 4: UNFPA should mobilize technical assistance to support the MoES to conduct a quality review of the newly developed textbooks of relevant subjects and, if feasible, conduct an overall evaluation of healthy lifestyle education.

Priority: High

Target level: UNFPA CO; MoES, academia

Based on Conclusion 12; Findings 17; 30

Rationale

High-quality curriculum-based healthy lifestyle education aims to equip young people with the knowledge, skills, attitudes and values according to their evolving capacities. Quality healthy lifestyle education is expected to empower young people to make informed decisions about their behaviours and to exercise their rights and responsibilities in their families, communities, schools, or society at large.

During the first years of introduction of HLS education in schools, it is important to conduct quality assessment of the healthy lifestyle education to evaluate the effectiveness of new programmes and to understand barriers to implementation, as well as opposition. The assessment should involve scanning newly developed textbooks to examine the content (completeness, accuracy and thoroughness) and to ensure that sensitive topics are explained in an age-appropriate, culturally-sensitive and gender-responsive manner. Evaluation may use mix methodologies involving direct observation of lessons; formative research among schoolteachers and/or school students; as well as process/output and outcome evaluation.

UNFPA in partnership with the MoE and through a participatory process of a wider circle of relevant experts and stakeholders will define quality assessment study design. UNFPA support should be limited to mobilizing technical expertise to develop evaluation methodologies and build technical capacity within the MoE staff for conducting similar studies independently. Co-financing from the government is commendable as the first step of the UNFPA exit strategy. UNFPA may start negotiations with the government to start absorbing greater share of costs of the UNFPA-funded activities incrementally. The government's willingness to pay may be indicative of the state's strong commitment and intention to sustain the work UNFPA is doing. This approach¹³⁷, on one hand, may increase the government's ownership of the services promoted by UNFPA, and on the other hand, will allow UNFPA to plan its future programmes in a more realistic and predictable manner.¹³⁸

¹³⁷ Similar to the Co-financing model employed by the Global Fund to Fight Against AIDS, Tuberculosis and Malaria in middle-income countries in transition <https://www.theglobalfund.org/en/funding-model/before-applying/co-financing/>.

¹³⁸ This recommendation can be applied in other work-streams, such as creation of External Quality Assurance in healthcare.

Recommendation 5: To further promote human-rights based SRH, UNFPA should continue its partnership with the PDO to assess and address SRHR for vulnerable populations with an emphasis on young girls and adolescents living and working on streets, women with special needs, transgender women, drug user women, and women with mental disorders.

Priority: High

Target level: UNFPA CO; PDO, UNICEF, MoH

Based on Conclusion 7; Finding 24

Rationale

During the present evaluation, little evidence was found that sufficient focus has been placed to assess SRHR needs of young girls and women with special needs. Such vulnerable population groups may include young girls and adolescents living and working on streets; women with disabilities; women with mental disorders; women in prisons, including drug user women; and transgender women.

Addressing the needs of most vulnerable people is a priority for the EU, and is a part of the EU-Georgia Association Agreement. Considering the budget constraints of the UNFPA CO in Georgia, it may not be feasible to address SRHR needs of all vulnerable groups listed above, but the vulnerability of adolescent girls and women living and working on streets should be addressed first. Reliable data about the unmet SRHR needs of women and girls working on streets is scarce in Georgia. However, facts speak for themselves: there are numerous places in Tbilisi where teenage girls holding babies are begging to survive. The recent study¹³⁹ conducted by UNICEF Georgia (EU-funded) identifies sexual vulnerability of young girls living and working on the streets who may face sexual violence from fellow street youth.

Obviously, these young girls are indeed left behind by the government or any other assistance programmes. It is doubtless that these adolescent girls and women do not have access to education, or basic health and sanitary commodities. They are more likely to become the victims of physical and sexual abuse and exploitation. Though no data exist, many of them may struggle with sexually transmitted infections, unwanted pregnancies and unsafe abortions. Pregnant street girls are unlikely to receive adequate antenatal or perinatal care.

Considering all above, it is highly recommendable that UNFPA starts mobilizing resources (through RR or OR) to advocate for and support the development of relevant policies and a risk reduction/harm reduction programme for young girls and women living and working on the streets of Georgia. It is highly likely that the PDO as well as UNICEF and perhaps other international development partners present in Georgia (e.g., Save the Children International) will commit to support this initiative through shared responsibilities and budgeting.

Recommendation 6: UNFPA should continue advocating for improved access to youth-friendly SRH/FP and HIV services for adolescents and young people. Before investing considerable resources into the ‘school health system’, it should conduct a feasibility and acceptability study to generate evidence about the potential of this approach.

Priority: Medium

Target level: UNFPA CO; MoES

Based on Conclusion 12; Finding: 9; 17

¹³⁹ CHILDREN LIVING AND WORKING ON THE STREETS IN GEORGIA. UNICEF 2018. <https://www.unicef.org/georgia/media/1066/file> (available in Georgian language).

Rationale

Adolescents and youth in Georgia do not have access to quality, comprehensive and confidential sexual and reproductive health education and services, including FP counselling and modern methods of contraceptives. Notwithstanding UNFPA's advocacy, youth-friendly SRHR services are absent in the country. UNFPA should continue to be an active advocate for improved access to SRHR/FP services for young people, specifically adolescents and youth.

Considering that per the UNFPA business model Georgia belongs to the yellow country quadrant, UNFPA will not be able to provide youth-friendly services directly. However, resource mobilization from alternative financial sources will be critical. If fundraising is unsuccessful, UNFPA may consider running awareness-raising and demand-creation campaigns for youth on FP, including contraception.

In partnership with the MoES, UNFPA has supported strengthening the school health system assuming that school health personnel will provide SRHR support to schoolchildren, however without having evidence that: a) school children will trust the School Health System to seek advice about their SRHR needs; b) school health staff will accept new responsibilities; c) MoES is committed to investing in building the system, and to ensure its sustainability.

While strengthening the school health system in general, as well as training school health staff on SRHR topics are positive institutional developments, there is a risk that the government may become complacent that A&Y needs are met, even if the school system fails to bring intended outcomes.

Under no circumstances does this recommendation underestimate the role of school-based SRHR services. There are successful examples¹⁴⁰ of such programmes, but in most cases they provide confidential, developmentally-appropriate comprehensive services, including STI diagnosis and treatment, pregnancy testing, condoms, hormonal contraceptives, Pap-testing, or HPV vaccination. The local context, school environment and existing social norms in Georgia do not seem to be supportive for delivering even basic SRHR services in school settings. Therefore, a school health system may only create an illusion of offering youth-friendly SRHR services, which may weaken advocacy efforts to address critical unmet needs of A&Y in the country. Considering above-mentioned, it may be more efficient if prior to investing in the 'school health programme', UNFPA supports the MoES to generate evidence about feasibility and acceptability of this approach and plan future strategies according to the findings.

Recommendation 7: UNFPA should seize the opportunity created by the appointment of a Youth Advisor by the Prime Minister and the expected creation of the Youth Agency to up its active involvement in youth policy-making.

Priority: High

Target level: UNFPA CO

Based on Conclusion 4; Finding: 35

Rationale

UNFPA has been working with the Ministry of Youth and Sports on a number of issues and was actively involved in the preparation of the Youth Policy in 2012 and Youth Policy Action Plan in 2015. After the Ministry of Youth and Sports was abolished, its functions were taken over by the MoE, where the commitment to youth issues has been diluted by more pressing concerns. Since the beginning of 2019, a new momentum has been observed - on 3 April, the Prime Minister appointed an Advisor on Youth Issues. This hopeful sign constitutes a window of opportunity for UNFPA to reactivate its engagement on youth issues. There is also an expectation that the Prime Minister will chair the Coordination Council

¹⁴⁰ School Based Health Alliance <https://www.sbh4all.org/school-health-care/health-and-learning/reproductive-health/>.

for Youth Policy (previously chaired by a Deputy Minister for Youth and Sports). Given that UNFPA has already established itself as a reliable partner on youth issues, this may be a good opportunity to advocate for more coherent youth policy.

Recommendation 8: Using UNFPA’s data generation capacities assist the government in creating better evidence for the indicators of the Nationalized SDG Matrix and consider using national SDG indicators to monitor UNFPA programming in Georgia.

Priority: High

Target level: UNFPA, Administration of the Government of Georgia

Based on Conclusion 2; Finding: 4, 25.

Rationale

Georgia was an early and enthusiastic supporter of the 2030 Agenda for Sustainable Development, having submitted its First National Voluntary Review in 2016.¹⁴¹ Maternal and infant health is mentioned in the document as a specific priority of the Government of Georgia. Georgia created its Sustainable Development Council in May 2017 with the mandate to coordinate the nationalization of the goals and to monitor their implementation. The Council is co-chaired by the Head of the Administration of the Government of Georgia and the UN Resident Coordinator. UNFPA has been an active member of the Council and the Social Inclusion working Group from the outset.

As mentioned in the UNFPA Strategic Plan 2018-2021, the work of UNFPA will be tracked through several SDG indicators (1.1.1; 1.3.1; 3.3.1; 5.2.1; 17.18.1). Some of these indicators do not have national equivalents in the SDG Nationalization Matrix prepared by the SD Council. In some cases, indicators either lack data and/or would need the assistance of international community to supply the data. Given UNFPA’s role in generating several in-depth and high-quality research pieces, it is well-placed to become a partner of choice for the government in terms of generating the data for SDG reporting. This work would be most useful for both global and national purposes and would make it possible for UNFPA CO to use these indicators to measure the achievements of the country programme.

Recommendation 9: Pursue an integrated approach to the issues of child/early marriages (involving municipalities, teachers, parents, police and social workers) to achieve results at the local level and provide assistance to municipalities for improving their work on gender equality, youth and/or elderly.

Priority: High

Target level: UNFPA, partners

Based on Conclusion 3, 13; Finding: 22, 23.

Rationale

UNFPA has been a forerunner in advocating against early/child marriages in Georgia. It has worked with NGOs to raise awareness of the issue in schools (with teachers, parents and students). In parallel, the government has enacted important changes to the legislature. However, cooperation at local level is insufficient given the lack of knowledge. It has been reported that local municipalities often have the good will to work with young people and/or the elderly, but lack capacities/ideas as to how exactly to go about this. Both a representative of a local municipality interviewed and a gender focal point at the

¹⁴¹ <https://sustainabledevelopment.un.org/content/documents/10680SDG%20Voluntary%20National%20Review%20Georgia-.pdf> (Accessed 15.04.2019).

Ministry of Infrastructure and Regional Development would welcome guidance and training from external institutions, such as UNFPA to build their capacity in these areas.

UNFPA can take a lead in assisting to consolidate the efforts of educators, social workers, police and municipalities (e.g., gender focal points) to prevent early/child marriages.

Recommendation 10: Commission an independent evaluation/validation of NAP implementation needs in order for lessons to be distilled for the next phases.

Priority: High

Target level: UNFPA

Based on Conclusion 5; Finding: 19, 27

Rationale

UNFPA has invested considerable political capital and advocated successfully for a number of policies that were converted into governmental documents and National Action Plans. In some cases (e.g., gender-related NAPs) the government has prepared implementation reports. However, there has been no independent verification of these reports or evaluation of the implementation of the plans. This could hamper the quality of next phases of implementation.

Recommendation 11: Broaden gender transformative programming and campaigning to include more segments of society; expand geographical coverage.

Priority: Medium

Target level: UNFPA

Based on Conclusion 3; Finding: 22

Rationale

UNFPA's effort on transformative programming has met with some success. Celebrities have been engaged as role models able to reach out to population groups that are normally out of reach of the UN communication efforts; ordinary people have been also featured a lot through various projects within the frame of the campaign, e.g Campaign faces are ordinary young men along with the few "celebrities/influencers"; Photo project on social media "Fathers of Tbilisi"; blog and the publication "Letters to Fathers". The FB page of the "MenCare" campaign: (<https://www.facebook.com/mencaregeorgia/>) has over 39 thousand subscribers. At the same time, the need to explain this approach to wider segments of the society and to include men and women of all walks of life, continues. It would also be important to attempt to cover more regions of Georgia.

ANNEXES

Annex 1. The terms of reference of the cluster evaluation Turkey, Georgia and Azerbaijan Annex 1.

The terms of reference of the cluster evaluation Turkey, Georgia and Azerbaijan

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 MISIP?

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.

H. Work plan/ Indicative timeframe

Phases/deliverables	Dates
Preparation phase - Drafting and approval of the ToR - Recruitment of experts (TL, RA, National Experts)	October, 2018 November, 2018
Evaluation design phase: - Submission of the design report	December, 2018
Training phase: - Training on evaluation design	January, 2019

Field phase: - Data Collection - Debriefing CO	February- March, 2019 March 2019
Synthesis and dissemination phase: - Development of Country Case Studies - Dissemination - Finalization of the Country Case Studies - 1st draft Evaluation Report - 2nd final draft Cluster Evaluation Report - Final Cluster Evaluation Report	1 April, 2019 10 April, 2019 15 April, 2019 30 April, 2019 15 May, 2019 20 May, 2019

I. 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.

The Evaluation Team Leader should have the following qualifications:

- Advanced degree in social sciences, political sciences, economics or related fields;
- Minimum 15 years of experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations in the position of lead evaluator,
- Specialization in one of the programmatic areas covered by the evaluation (reproductive health and rights, gender equality, population and development, adolescent and youth policies)
- Demonstrated ability and knowledge to collect and analyze qualitative and quantitative data (a training on data analysis using software e.g. SPSS);
- Good knowledge and experience of programme evaluation in the humanitarian settings will be strong assets;

- Familiarity with UNFPA or UN programming;
 - Excellent writing and communication skills;
 - Excellent command of both spoken and written English is required.
- 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.
- Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
 - At least 5 years of experience in conducting evaluations as a member of evaluation team or individual evaluator for UN agencies and/or other international organizations;
 - Demonstrated ability and knowledge to collect qualitative and quantitative data;
 - Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
 - Familiarity with UNFPA or UN programming;
 - Excellent writing and communication skills;
 - Fluency in local and English Language.
- 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:
- Advanced degree in social sciences, public health, women's studies, gender equality, population studies, demography, statistics or related fields;
 - At least 2 years of experience in implementing initiatives in at least one of the core subject area/s of the evaluation - Sexual and Reproductive Health, Gender or Population Dynamics;
 - Demonstrated ability and knowledge to collect qualitative and quantitative data;
 - Knowledge of demographic, political, social and economic conditions in the area in which the evaluation will be conducted;
 - Familiarity with UNFPA or UN programming;
 - Excellent writing and communication skills;
 - Fluency in local and English Language.
- 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

Qualification of research assistant

- Bachelor's degree in statistics, social sciences, population studies, economics or related fields;
- Minimum 2 years of experience in data collection and analysis (with the use of the relevant statistical software packages);
- Knowledge of qualitative/quantitative research methods;
- Familiarity with UNFPA or UN operations;
- Fluency in written and spoken English

J. Remuneration and duration of contract

Repartition of work days among the Evaluation Team will be the following:

- For the Team Leader: a total of 53 work days – 25 work days for development of design report, 6 work days (including travel) for preparation and facilitation of a training workshop for National Evaluators, 12 work days for joint development of four Case Studies with National Evaluators and off-site technical support to national evaluators if needed, and 10 work days for development of draft and final evaluation reports;
- For National Evaluators: a total of 25 work days each - 4 work days for participation at the training workshop, 15 work days for field work, and 6 days for development and presentation of draft and final Case Study report);
- For National Experts: a total of 25 work days each - 4 work days for participation at the training workshop, 15 work days for field work, and 6 work days for preparing draft and final Case Study.
- For Research Assistants: a total of 34 work days each - 15 days for reviewing and analysing data, for preparation of the training and field phase, 19 days for support during the field phase, and engagement in synthesis phase.

Payment of fees will be based on the delivery of outputs, as follows:

Team Leader: (Total 53 days)

- Upon satisfactory submission of evaluation design report: 47% completion (*25 days*) (Date: 15 December)
- Upon satisfactory conduction of the training: 11% completion (*6 days*) (Date: 30 January)
- Upon satisfactory finalization of the country case studies: 23% completion (*12 days*) (Date: 15 April 2019)
- Upon satisfactory development of the final evaluation report (including country case studies): 19% completion (*10 days*) (Date: 20 May 2019)

National Evaluators: (Total 25 days)

- Upon satisfactory implementation of the field phase, and development of first draft case studies: 40% completion (*10 days*) (Date: 1 April 2019)
- Upon finalisation of the country case studies 60% completion (*15 days*) (Date: 15 April 2019)

National Experts: (Total 25 days)

- Upon satisfactory implementation of the field phase, and development of first draft Case Studies: 40% completion (*10 days*) (Date: 1 April 2019)
- Upon finalisation of the Country Case Studies 15 days 60% completion (*15 days*) (Date: 15 April 2019)

Research Assistant: (Total 34 days)

- Upon satisfactory review and analysis of data: (*15 days*) (Date: 25 December, 2018)
- Upon satisfactory preparation and execution of the final evaluation report (*19 days*) (Date: 20 May 2019)

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees. DSAs and travel costs of the Team Leader will be shared among the three cluster offices.

K. 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 5: Implementation Plan

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

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

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their

evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System
<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

[Please date, sign and write “Read and approved”]

Annex 2: List of persons interviewed

	Name	Affiliation
1	Akaki Zoidze	Head of Parliamentary Committee on Health and Social Affairs. Parliament of Georgia
2	Alexander Turdziladze	Deputy Director. National Center of Disease Control and Public Health.
3	Lela Shengelia	National Center of Disease Control and Public Health. Noncommunicable Disease Department; Head of Maternal and Child Health and Reproductive Health
4	Maia Tsereteli	NCDC
5	Maia Baratashvili	Union Tanadgoma
6	Eka Pestvenidze	Head of Medical Department; Solidarity Fund; Former advisor to the Minister of Health on SRH
7	Nia Badridze	Head of Epidemiological Department. National AIDS Center
8	Gegi Mataradze	UNFPA
9	Lela Bakradze	UNFPA
10	Natalia Zakareishvili	UNFPA
11	Mariam Jashi	Head of Parliamentary Committee on Education
12	Eteri Kiguradze	National Screening Center
13	Tamar Alibegashvili	National Screening Center
14	Lika Mikaberidze	SRH Consultant; UNFPA
15	Tinatin Gagua	Associate Professor, David Tvildiani Medical University. Georgian Association of Obstetricians & Gynecologists
16	Maka Gogia	GHRN. TGF HIV Program Manager
17	Edo Demetrashvili	GYDEA
18	Nino Davitashvili	ATIP Fund
19	Tako Ugulava	UNICEF
20	Nana Pruidze	UNICEF
21	Nino Lortkipanidze	National Disaster Response Advisor for Caucasus; UNOCHA; RC Office
22	Dr Marijan Ivanusa	Head of WHO Country
23	Nino Mamulashvili	WHO
24	Platon Machavariani	Professor, Tbilisi State Medical University. Vice President of Ob/gynecologists and Perinatology Association. Head of Obstetric & Gynecological Department of Georgia Patriarchate
25	Marina Darakhvelidze	Head of the Health Department at the Ministry of IDPs, Labor, Health and Social Affairs of Georgia
26	Natia Verd zadze	Head of health care program division. Department of health and social services. Tbilisi city hall
27	Nino Tsereteli	Executive Director. NGO Tanadgoma
28	Zaza Bokhua	Deputy Minister of IDPs, Labor, Health and Social Affairs of Georgia
29	Bella Beradze	Ministry of Education, Science, Culture and Sport of Georgia
30	Anna Iluridze	The Public Defender's Office

31	Tamar Tsankashvili	Medical Doctor. Gurjaani Kakheti Ioni Center
32	Mariam Bandzeladze	UNFPA program manager. Joint program on gender equality – UNDP/UNFPA/ UN women
33	Sopo Japaridze	Interagency Commission on Gender
34	Giorgi Tabagari	Activist; Equality Movement
35	Beka Gabadadze	Activist; representative of YKP
36	Khatuna Khazhomia	UN JP Coordinator at Tanadgoma.
37	David Mushkudiani	RC Officer
38	Marika Kurdadze	UNFPA staff/Global project
39	Tamar Sabedashvili	UN WOMEN
40	Natia Gvritishvili	Sapari
41	Baia Patariaia	Sapari
42	Ana Kvernadze	Gov. administration
43	Nana Kiknavelidze	Ministry of Health
44	Tea Gogotishvili	21 st century
45	Paata Kurdovanidze	21 st century
46	Musa Yusifov	School director, Didi Muganlo
47	Mariam Samkharadze	Democratic Participation Center, Marneuli
48	Nilufar Kurbanova	Democratic Participation Center, Marneuli
49	Ia Esebua	Marneuli Municipality
50	Leyla Suleimanova	Union of Azerbaijani Women of Georgia, Marneuli
51	Giorgi Kalakashvili	UNICEF
52	Keti Goginashvili	Ministry of Health
53	Paata Shavishvili	National Statistics Office
54	Shorena	National Statistics Office
55	Dina Oganova	Photographer
56	Gigi Bregadze	UNDP Program Officer
57	Dmitri Tskitishvili	MP Member of Gender Equality Council
58	Anna Tsurtsunia	former Secretary of Gender Equality Council
59	Magda Mamukashvili	Ministry of Regional Development and Infrastructure
60	Nana Begalishvili	Knowledge Café, Tsnori
61	Qeti Molashvili	Knowledge Café, Tsnori
	Focus Group Discussion	Eight participants: female sex worker (1); transgender woman (1); injecting drug users (2); MSM (2); HIV prevention service providers (2)
	Teachers	School in Baidar Village

Annex 3: List of documents consulted

1. 2016-2020 Partnership Plan. UNFPA Georgia Country Office
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27. Implementing Comprehensive HIV and STI Programmes with Transgender people PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. UNDP; A Global Network of Transgender Women and HIV; UNFPA; UNAIDS; WHO, USAID, PEPFAR

28. <https://www.undp.org/content/dam/undp/library/HIV-AIDS/Key%20populations/TRANSIT.pdf>
29. MIDTERM EVALUATION OF THE UNITED NATIONS JOINT PROGRAM FOR GENDER EQUALITY IN GEORGIA (UNJP) AUTHORS: BUNAFSHA GULAKOVA; SILVIA GUROLLA BONILLA; MICHEAL THOMAS JOHNSON; LELA SHENGELIA. EUROPLUS CONSULTING & MANAGEMENT. MARCH 2019
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50. Georgia's National Strategy for Human Rights (2014-2020)
51. National Action plan 2018-2020 on Implementation of UNSC resolutions on Women, Peace and Security endorsed by the Government Order # 173 of 10.04.2018

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54. State Policy Concept on Population Ageing in Georgia, 2016
55. State Policy on Youth
56. National Action Plan for Development of Youth Policy
57. National Action Plan 2017-2018 for the implementation of the Concept of Population Ageing
58. Project Document: Global Program to Prevent Son Preference and Gender-Biased Sex Selection: Improving the Sex Ratio in Selected Countries in Asia and the Caucasus.
59. Exploring harmful practices of early/child marriage and FGM/C in Georgia, 2017
60. Ageing and Old Persons, 2017
61. Gender Analysis, 2017
62. Trends in the Sex Ratio at Birth, 2017
63. Young People, 2017
64. Population Dynamics, 2017
65. Gender-Biased Sex Selection in Georgia, 2015 (in Georgian)
66. Men and Gender Relations in Georgia, 2014
67. Brief Implementation Report, NGO Sapari, 2018
68. CEDAW Concluding Recommendations, 2014
69. Annual Working Plans of UNFPA Country Office – 2016, 2017, 2018
70. Communication for Behavioural Impact (COMBI) Plan for Decreasing Early/Child Marriage (ECM) in Georgia
71. Monitoring and Evaluation Reports of the UNFPA Country Office 2016-2018
72. Spot-check reports (selected reports)
73. Annual Preparedness Action Plan, Minimum Preparedness Actions (MPAs) and Minimum Preparedness Requirements (MPRs) for Georgia, 2018
74. Work-plan monitoring reports (selected reports)
75. Realignment Inter-Office Memorandum, 2017
76. Micro-Assessments (selected micro-assessments of implementing partners)
77. Budgets and Expenditures by Program Cycle Outputs (2016-2018)

Annex 11: Georgia 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 2016-2020, UNFPA SP 2018-2021 and relevant annexes, UNFPA SP 2014-2017 and relevant annexes, UNPSD 2016-2020, UNPSD JWP</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 2016-2020, Agenda 2030, Reports on MDGs and SDGs, ICPD reports, UPR recommendations, CEDAW concluding observations, Human Rights Action Plan 2016-2018, 2018-2020, GE Action Plan 2016-2018 (separate chapter in HR AP 2018-2020), DV Action 2018-2020, Ageing Action Plan 2017-2018, HIV strategic Plan 2018-2020, MNH Strategy 2017-2030</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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EQ2 [SRH results]: To what extent has UNFPA strengthened evidence-based policy frameworks and institutional mechanisms to deliver integrated SRH services for women, adolescents and youth, with a focus on vulnerable populations and in humanitarian settings¹⁴²? 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 applicable¹⁴³? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness SRH Georgia</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.2.1 [policies] UNFPA has contributed to stronger evidence-based policy frameworks for delivering quality integrated SRH services for women and A&Y, including in humanitarian settings, and with a focus on the SRH rights and needs of vulnerable populations	IND2.1.1 National policy framework for delivering quality integrated SRH services developed in a participatory manner, endorsed and in use, with UNFPA support IND2.1.2 Reflection of needs and rights of vulnerable populations to access integrated quality SRH services in UNFPA-supported policy framework IND2.1.3 Contribution of UNFPA-supported policy documents to improved access to quality SRH services	Strategic Plans (Maternal and new-borns Health; HIV/AIDS), Cancer control strategy 2017-2020, National Youth Policy 2014 and its action plan 2014-2018, costed HIV service standards for KAPs, Perinatal Regionalization Programme; ANC regionalization concept, SDG report from MOH; SIS Annual reports, integrating MISP and GBViE package in national preparedness plans workshop materials, national preparedness plans UNFPA CO staff, government counterparts, IPs, donors, other stakeholders	Document review Key informant interviews
A.2.2 [SRH services/information] UNFPA-supported institutions are	IND2.2.1 Introduction of tools and instruments for delivering quality integrated SRHR services, including	Service protocols/guidelines - e.g., FP protocols in Abkhazia, Georgia, training	Document review Key informant interviews

¹⁴² CPD Georgia SRH output 1.

¹⁴³ CPD Georgia SRH outcome 1.

capacitated and are delivering quality integrated SRHR services/information for women and A&Y, with a focus on vulnerable populations, and, <i>where applicable</i> , in humanitarian settings	HIV prevention and routine practice of maternal near-miss case reviews ¹⁴⁴ IND2.2.2 Adoption by government of model for national organised cervical cancer screening programme based on evidence from the pilot ¹⁴⁵ IND2.2.3 Improved capacities for delivering quality integrated SRH services for women and A&Y, including in Abkhazia, Georgia ¹⁴⁶ IND2.2.4 Improved capacities for delivering rights and needs-based SRH services for MSM and sex workers ¹⁴⁷ IND2.2.5 Evidence that UNFPA contributed to integration of A&Y SRH and healthy life-style education into the non-formal and formal education	reports (if any), e-learning course, courses on TSMU learning platform, MICS and Screening Registry, UNCEF Report UNFPA CO staff, UNFPA-supported NGOs/CSOs, trained service providers, government counterparts, IPs, donors, key populations, young people	Group discussions Training assessment
A.2.3 [uptake SRH services/information] Women and A&Y, especially from vulnerable populations and, <i>where applicable</i> , in humanitarian settings, are using UNFPA-supported SRHR services/information	IND2.3.1 Evidence that UNFPA has contributed to improved access to critical SRH services for vulnerable populations in Abkhazia, Georgia. IND2.3.2 Evidence that community led organizations and key populations are using resources and knowledge obtained through UNFPA support to provide services to KAP IND2.3.4 Improved contraceptive prevalence rate (modern method) ¹⁴⁸ IND2.3.5 Percentage of target population covered by cervical screening services ¹⁴⁹	SIS annual reports, MICS UNFPA CO staff, Maia Baratashvili (Union Tanadgoma)	

¹⁴⁴ CPD Georgia SRH output 1 indicator 1: # of evidence-based protocols for healthcare workers adopted for achieving universal access to high-quality SRH and FP services, including for youth. Baseline: 15. Target: 20.

¹⁴⁵ CPD Georgia SRH output 1 indicator 3. Baseline: No. Target: Yes.

¹⁴⁶ Including CPD Georgia SRH output 1 indicator 2: Routine practice of maternal near-miss cases review piloted in selected comprehensive obstetrics and new born care facilities. Baseline: No. Target: Yes.

¹⁴⁷ Including CPD Georgia output 1 indicator 4: # of community-led and non-governmental organizations supported by UNFPA to address HIV and the SRH needs of key populations. Baseline: 0. Target: 5.

¹⁴⁸ CPD Georgia SRH outcome 1 indicator 1. Baseline: urban 42%; rural 28%. Target: urban 47%; rural 35%.

¹⁴⁹ CPD Georgia SRH outcome 1 indicator 2. Baseline: urban 15%; rural 9%. Target: urban 30%; rural 20%.

EQ3 [GEWE results]: To what extent has UNFPA strengthened the capacity of public and civil society organisations and national human rights institutions to advance GE and RR, including prevention of GBV and harmful practices ¹⁵⁰ ? To what extent has UNFPA contributed to improved emergency preparedness? To what extent have gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalised women, adolescents and youth increased ¹⁵¹ , including in humanitarian situations where applicable? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness GEWE Georgia</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.3.1 [policies] UNFPA has contributed to stronger evidence-based policies to advance GE and RR, including GBV and harmful practices, <i>including in humanitarian settings</i> , and with a particular focus on the rights and needs of A&Y and the most vulnerable and marginalised women	IND3.1.1 Production of data and information and policy advocacy for the purposes of informed policy making on GE and RR, including on GBV and harmful practices ¹⁵² IND3.1.2 UNFPA-supported policies and action plans aimed at advancing GE and RR, including regarding GBV and harmful practices ¹⁵³ , are endorsed and in use IND3.1.3 Reflection of rights and needs of A&Y and the most vulnerable and marginalised women in UNFPA-supported policy framework	AWP, COARs, donor reports, policy documents, surveys, research, SIS annual reports, donor reports, policy documents, Global Programming reports, national preparedness plans UNFPA CO staff, government counterparts, IPs, donors	Document review Key informant interviews
A.3.2 [GBV services/information] UNFPA-supported institutions are capacitated and providing quality GBV prevention and response services/information, particularly for A&Y and the most vulnerable and marginalised women	IND3.2.1 Introduction of tools and instruments ¹⁵⁴ for delivering quality integrated GBV services/information as part of multi-sectoral response to GBV IND3.2.2 Improved capacities for a multi-sectoral response to VAW/DV, including the health system, particularly for A&Y and the most vulnerable and marginalised women (piloted in region)	AWP, COARs, donor reports, tools and instruments, UNFPA list of trainings, training reports, training materials UNFPA CO staff, government counterparts, IPs, trained service providers, donors	Document review Key informant interviews Group discussions Training assessment
A.3.3 [uptake GBV services/information] Targeted beneficiaries, and particularly A&Y and	IND3.3.1 Evidence that UNFPA-supported tools, instruments, capacity building and awareness-raising have contributed to the use of GBV services,	AWPs, COARs, monitoring data	Document review Key informant interviews

¹⁵⁰ CPD Georgia GEWE output 1.

¹⁵¹ CPD Georgia GEWE outcome 1.

¹⁵² CPD Georgia GEWE output 1 indicator 2: Number of studies to establish evidence on harmful practices, gender inequality and GBV for informed policy-making conducted and disseminated. Baseline: 3. Target: 5.

¹⁵³ CPD Georgia GEWE output 1 indicator 1: National action plans addressing child marriage, GBSS and VAW updated and adopted. Baseline: No. Target: Yes.

¹⁵⁴ E.g., SOPs, risk assessment tool, amended Documentation for Ambulatory Care (Decree N108/n) and Regulation for Documentation for Stationary Hospital Care (Decree N108/n).

the most vulnerable and marginalised women, are using UNFPA-supported GBV services/information, including in humanitarian situations	particularly by A&Y and the most vulnerable and marginalised women	UNFPA CO staff, IPs, government partners, donors, end beneficiaries	Group discussions
A.3.4 [harmful practices] Targeted stakeholders and beneficiaries are sensitised and enabled to prevent GBSS and early marriages	IND3.4.1 Evidence that UNFPA-supported institutions at the national and local levels are sensitized and equipped with information and instruments to prevent early marriages IND3.4.2 UNFPA-supported awareness-raising and communication reaches target groups IND3.4.3 Attitudinal and behaviour change among targeted stakeholders and beneficiaries	AWPs, COARS, UNFPA list of trainings, training reports, media articles UNFPA CO staff, IPs, government counterparts, donors, Task Force on Harmful Practices on Early/Child Marriage, health professionals, Muslim religious leaders, media professionals, parents	Document review Key informant interviews Group discussions Training assessment
A.3.5 [women's human rights] Recommendations and obligations on SRHR issued by human rights treaty bodies are monitored	IND3.5.1 National human rights institutions is capacitated to include SRH and RR recommendations and obligations in national human rights monitoring framework IND3.5.2 Monitoring of SRHR recommendations and obligations increases amount of recommendations implemented ¹⁵⁵	AWPs, COARS, CEDAW, UPR, national human rights monitoring framework UNFPA CO staff, Public Defender's Office, IPs, NGOs, donors	Document review Key informant interviews

EQ4 [PD results]: To what extent has UNFPA strengthened the body of evidence for formulation of rights-based policies, including on ageing, through cutting-edge analysis of population dynamics and interlinkages with sustainable development ¹⁵⁶ ? To what extent have national policies been strengthened ¹⁵⁷ ? What was UNFPA's contribution? What were constraining and facilitating factors?			<i>Effectiveness PD Georgia</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods

¹⁵⁵ CPD Georgia GEWE outcome 1 indicator 1: Proportion of the CEDAW concluding observations from the previous reporting cycle on women's rights implemented or actions taken. Baseline: 0. Target: 50%.

¹⁵⁶ CPD Georgia PD output 1.

¹⁵⁷ CPD Georgia PD outcome 1.

<p>A.4.1 [data] UNFPA has built awareness and capacities for generating and analysing disaggregated population data, assessing demographic development linkages, and surveys and reports are being produced and disseminated</p>	<p>IND 4.1.1 Existence of database with population-based data disaggregated by sex and age accessible by users through web-based platform that facilitates mapping of socio-economic and demographic inequalities¹⁵⁸</p> <p>IND 4.1.2 Production of quality census in-depth reports</p>	<p>AWPs, web-site of National Statistics Office, UNFPA (Georgia) web-site (5 analytical papers based on census data) and additional visual materials based on the census data</p> <p>UNFPA CO staff, government counterparts (including GeoStat), SIDA</p>	<p>Document review</p> <p>Key informant interviews</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>IND 4.2.1 Evidence that policy frameworks on PD and its interlinkages with GE and RR are developed with UNFPA-supported PD data and endorsed</p> <p>IND 4.2.2 Number of policies and plans that address PD by accounting for population trends and projections in setting development targets with UNFPA support¹⁵⁹</p> <p>IND4.2.3 Contribution of UNFPA advocacy to policy implementation</p>	<p>Demographic security policy concept 2016, 5 Analytical papers based on census data, population re-projection report 2018, MICS, SIS annual reports, advocacy for active ageing -pilot project reports (Zugdidi, Tsnori), Ageing Action Plan 2017-2018, Ageing concept 2016; Regional development programme</p> <p>UNFPA CO staff, government counterparts (including GeoStat), SIDA</p>	<p>Document review</p> <p>Key informant interviews</p>

<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</i> <i>Azerbaijan, Georgia,</i> <i>Turkey</i> <i>SRH, GEWE, PD</i></p>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
<p>A.5.1 UNFPA-supported activities and services are nationally-owned and financially viable</p>	<p>IND 5.1.1 Continuation (likely continuation) of policy support for UNFPA-supported activities and services (policy-level sustainability)</p> <p>IND 5.1.2 Institutionalisation and embedding of UNFPA-supported activities and services in national/local structures (institutional sustainability)</p>	<p>Relevant policy documents; budgets, MTEF, laws, relevant resolutions, MoUs, SOPs, MoH documents, PDO reports and action plans, secondary schools, perinatal regionalization initiative (MoH), G&P (SRH)</p>	<p>Desk review</p> <p>Key informant interviews</p> <p>Group discussions</p>

¹⁵⁸ CPD Georgia PD output 1 indicator 1. Baseline: No. Target: Yes.

¹⁵⁹ CPD Georgia PD outcome 1 indicator 1. Baseline: 0. Target: 2.

	IND 5.1.3 Availability (likely availability) of funds for continuing activities and services once UNFPA support comes to an end (financial sustainability)	UNFPA staff, IPs, service deliverers, government partners, CSOs, FBOs, NGOs, donors	
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EQ6 [use of resources]: To what extent has UNFPA made good use of human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of country programme outputs and outcomes in SRH, GEWE and PD?			<i>Efficiency Azerbaijan, Georgia, Turkey SRH, GEWE, PD</i>
Assumptions to be assessed	Indicators	Sources of information	Data collection methods
A.6.1 UNFPA resources were adequately converted into activities and outputs	<p>IND 6.1.1 Disposal of financial resources to the level foreseen and in a timely manner for UNFPA country office and Implementing Partners</p> <p>IND 6.1.2 UNFPA success in mobilising resources for implementing the country programme</p> <p>IND 6.1.3 Delivery of AWP's in a timely manner</p> <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>Resource Mobilization Strategy, Atlas reports, FACE reports, SIS, GPS, MoUs, UNFPA relevant budget documents, Financial reports from the system contracts/agreements, UNFPA organogram, collaboration documents with partners, donor Reports</p> <p>UNFPA staff, including finance and admin officers, IPs, UN agencies, donors</p>	<p>Document review</p> <p>Key informant interviews</p>
A.6.2: UNFPA has used an appropriate combination of tools and approaches for smooth programme delivery	<p>IND 6.2.1 Appropriateness of chosen use of NEX and DEX modalities 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>MPAs, and its preparedness action plan, financial audit reports, monitoring instruments, micro-assessment reports for IPs financial reports from the system</p> <p>UNFPA staff, including finance and admin officers, UNFPA M&E focal point/officer, UNFPA humanitarian focal point/officer, IPs</p>	<p>Document review</p> <p>Key informant interviews</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)		
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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

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	IND8.1.1 UNFPA's comparative strengths in its regular programming as perceived by international and national counterparts (governmental and non-governmental)	UNFPA staff, government partners, NGOs, donors	Key informant interviews Group discussions

partners development programming, including emergency preparedness	IND8.1.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership		
A.8.2 [added value in humanitarian response]: <i>Where applicable</i> , UNFPA has added benefits to its partners' humanitarian response	IND8.2.1 UNFPA's comparative strengths in humanitarian response as perceived by international and national counterparts (governmental and non-governmental) IND8.2.2 Functional coordination mechanisms, thanks to UNFPA guidance and leadership	UNFPA staff, government partners, NGOs, donors	Key informant interviews Group discussions