UNFPA COUNTRY PROGRAMME EVALUATION: UZBEKISTAN

Period covered by the evaluation (2010-June 2014)

EVALUATION REPORT

October 6, 2014

Uzbekistan country map

Source: http://www.senat.uz/en/senate-slrp/index.html

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Disclaimer Statement

This evaluation report was prepared by a team of Consultants: Sam Clark, Evaluation Team Leader, and Ravshan Azimov, National Expert, with assistance from Ilhomjon Teshabaev, Evaluation Assistant. The report was produced under the guidance and supervision of the Evaluation Coordinator, Mr. Ulugbek Zaribbaev, NPO on Gender and Youth Issues, UNFPA Uzbekistan, with review and oversight from the UNFPA Uzbekistan Evaluation Reference Group. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or member states.

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Abbreviations

ADB	Asian Development Bank
BTN	Beyond the Numbers
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination of Against Women
CLMIS	Contraceptive Logistics Management Information System
CPAP	Country Programme Action Plan
CP3	Third Country Program
CP4	Fourth Country Program
CPD	Country Programme Document
CPE	Country Program Evaluation
CO	Country Office
CSO	Civil Society Organization
DHS	Demographic Health Survey
EC	European Commission
ERG	Evaluation Reference Group
EU	European Union
GDP	Gross Domestic Product
GE	Gender Equity
GiZ	German Society for International Development
GPRHCS	Global Programme for Reproductive Health Commodity Security
HDI	Human Development Index
IDA	International Development Association
ISR	Institute of Social Research under the Cabinet of Ministers
KfW	Entwicklungsbank, the German Development Bank
MDG	Millennium Development Goal
NMCR	Near-miss Case Review
MICS	Multiple Indicator Cluster Survey
NGO	Non-Governmental Organisation
NPO	National Program Officer
ODA	Official Donor Assistance
OECD	Office of Economic Cooperation and Development
PD	Population and Development
PHC	Primary Health Care
PLHIV	People Living with HIV
RHR	Reproductive Health and Rights
SBCC	Social Behaviour Change Communication
TIAME	Tashkent Institute for Advanced Medical Education
TOR	Terms of Reference
UN	United Nations
UNCT	United Nation Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Development Fund for Women
USD	United States Dollar
WHO	World Health Organization
WC	Women's Committee

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Key Facts Table for Uzbekistan

Land	
Geographic location	Uzbekistan is a landlocked country located in central Asia. It is bordered to the north and north-east by Kazakhstan, to the west and south-west by Turkmenistan, to the south by Afghanistan and to the east by Tajikistan and Kyrgyzstan.
Land area	447 400 km^2 [2]
Terrain	Mostly flat-to-rolling sandy desert with dunes; broad, flat intensely irrigated river valleys along course of Amu Darya, Syr Darya (Sirdarya), and Zarafshon; Fergana Valley in east surrounded by mountainous Tajikistan and Kyrgyzstan; shrinking Aral Sea in west [2]
People	
Population	27,445,000 (2010) [4] 29,341,000 [7]
Urban population	36.2 % of total [1, 7]
Population Growth Rate	1.1% (2012) [ICPD beyond 2014]
Government	
Government	Republic
% of seats held by women in parliament	Shares in parliament, female-male ratio 0.238 [1]
Economy	
GDP per capita 2010 PPP US$	3,050 (2010), 3,287 (2011) [7]
GDP Growth rate	8.5 (2010), 8.3 (2011) annual % [7]
Main industries	Textiles, food processing, machine building, metallurgy, natural gas, cotton, vegetables, fruits, grain, livestock
Social indicators	
Human Development Index Rank	Index 0.654 Rank 114 [1]
Unemployment	4.9% (2013 est.) [2]
Life expectancy at birth	68.6 (2013) [1]
Under-5 mortality (per 1000 live births)	39,6 [5, 7]
Maternal mortality (deaths of women per 100,000 live births)	23.1 (2011) WHO, 2013 [8]
Health expenditure (% of GDP)	5.9% (2012) WB [7]
% of births attended by skilled health personnel	100% (WHO) [8]
Adolescent fertility rate (births per 1000 women aged 15-19)	13.0 (2011) WHO [8]
Contraceptive prevalence rate	64.9% (2006) [2]
Unmet need for family planning	7.8% (UNICEF MICS 2006)
% of people living with HIV, 15-49 years old	Prevalence rate 0.2% [0.1% - 0.3%] UNAIDS, 2013[9]
Adult literacy (% aged 15 and above)	99.4% [2]
Primary-2nd gross enrolment ratio (f/m per100)	98% (2011) UNESCO
Millennium Development Goals (MDGs): Progress by Goal [6]	
1 Eradicate Extreme Poverty and Hunger	Possible to achieve if some changes are made
2 Achieve Universal Primary Education	Very likely to be achieved, on track
3 Promote Gender Equality, Empower Women	Very likely to be achieved, on track
4 Reduce Child Mortality	Possible to achieve if some changes are made
5 Improve Maternal Health	Possible to achieve if some changes are made
6 Combat HIV, Malaria, other Diseases	Off track
7 Ensure Environmental Sustainability	Insufficient information
8 Develop Global Partnership for Development	Insufficient information

(1) Human Development Indicators, UNDP; http:// http://hdr.undp.org/en/countries/profiles/UZB.html
(2) CIA World Factbook, 2013 https://www.cia.gov/library/publications/the-world-factbook/geos/cm.html
(3) UN Data http://data.un.org/
(4) Countdown to 2015 Maternal, Newborn & Child Survival. The 2012 Report. Uzbekistan
(5) UNICEF/WHO/The World Bank/UN Pop Div. Levels and Trends in Child Mortality. Report 2013.

(6) http://www.mdgmonitor.org/country_progress.cfm?c=BIH&cd= accessed on 26 March 2014
(7) World Bank (2013). World Development Indicators. Washington, The World Bank
(8) WHO (2013). European Health for All database, January 2013 edition [offline database]. . Copenhagen, World Health Organization Regional Office for Europe
(9) http://www.unaids.org/en/regionscountries/countries/uzbekistan/

Executive Summary

Overview.

This report presents the results of a Country Program Evaluation (CPE) of the third UNFPA Uzbekistan Country Program (CP3) for 2010 through 2015. For the purpose of this CPE, the UNFPA Uzbekistan CP3 has four main focus areas: 1) Reproductive Health and Rights (RHR), 2) Youth, 3) Population and Development (PD) and 4) Gender Equality (GE). The initial planned overall CP3 budget was $8.9 million ($7.8 Core and $1.1 Other Extra-budgetary).

Objectives and scope.

This CPE has been commissioned by the UNFPA Uzbekistan Country Office (CO) as part of efforts to reinforce accountability, oversight and enhance programme effectiveness in line with the UNFPA Evaluation Policy. The purpose of the CPE is to assess the programme's performance, determine the factors that facilitated or hindered achievements, and document the lessons learned from the CP3 to inform the formulation of the Fourth Country Programme of UNFPA support to the Government of Uzbekistan. The evaluation considers UNFPA's achievements since January 2010 against intended results and examines the unintended effects of UNFPA's interventions and the CP3's compliance with UNFPA's Strategic Plan, as well as its relevance to National priorities and those of the United Nations Development Assistant Framework (See UNDAF 2009). The evaluation assesses the extent to which the current CP3, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. The specific objectives of the CPE are: To provide an independent assessment of the progress of the programme toward the expected outputs and outcomes set forth in the results framework of the country programme; To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme (CP); To assess the CO positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results. The target audience for the CPE includes the UNFPA Uzbekistan Country Office (CO), National partners, relevant government agencies and the UN agencies represented in the country who should benefit from findings, conclusions and recommendations of the evaluation. The UNFPA Eastern Europe and Central Asia Regional Office (EECA RO), Evaluation Office (EO) and UNFPA Executive Board may also benefit.

Description of the Country Programme.

The CP3 initially had three focus areas: 1) Reproductive Health and Rights, 2) Gender Equality and 3) Population and Development. A fourth focus area, for Youth, has been added to the evaluation framework in recognition of an expanded focus on youth within both the RHR and GE focus areas. The RHR Focus includes capacity building for improved Reproductive Health (RH) policy and access and quality of integrated RH services, improved quality of emergency and essential obstetric and perinatal care services, improved access to FP and commodity security, and increased access and use of quality HIV and STI prevention services for key populations. In addition, UNFPA supplied contraceptives to Uzbekistan covering up to 80% of national needs in 2010-2013. The Youth Focus activity areas include peer education, reproductive health curricula for secondary and college level, and youth friendly health services. Gender Equality includes capacity building for implementation and monitoring of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), prevention of gender-based violence (GBV), and male involvement in Reproductive Health (RH) and Reproductive Rights (RRs).The Population and Development (PD) Focus area includes demographic analysis capacity building for key Government ministries at the national and regional level and support for representative survey research on topics related to RHR, Youth, and Gender Equality. The UNFPA CP3 is implemented in close collaboration with the Uzbekistan

Ministry of Health, the Ministry of Economy, the Ministry of Higher and Secondary Special Education, the Ministry of Labour and Social Security, the Ministry of Public Education, the State Committee on Statistics, the Women's Committee of Uzbekistan, and the Institute for Social Research, NGOs and other relevant partners.

Evaluation Approach.

The CPE follows the structure provided in the UNFPA Handbook[1] (UNFPA 2013) to assess the UNFPA Uzbekistan Country Program Action Plan (CPAP) using two separate components. Component 1 is an analysis of the UNFPA Uzbekistan CP3 Outcomes; as well as Outputs for the four focus areas (RH, Youth, PD and GE). Component 1 employs four main criteria: relevance, effectiveness, efficiency, sustainability, as well as gender mainstreaming. Component 2 assesses the strategic positioning of UNFPA Uzbekistan CP3 in the country based on two criteria: alignment (with the development priorities of Uzbekistan, its collaboration with UN agencies and other development agencies), and value added (comparative strengths in the country). The evaluation covers four and a half years of the six-year CPAP programme period (2010 to date). It focuses the eight outputs and seven outcomes within the CP3 Results and Resources Framework that was updated 2012 to be aligned with UNFPA Mid-Term Strategic Plan (MTSP) for 2012-2013.

Methodology.

The evaluation was conducted by a three-person team (team leader, national expert and evaluation assistant) in two phases: design in Uzbekistan, April 2014, and the evaluation in Uzbekistan, May 2014. The evaluation is based on non-random samples of respondents with qualitative data collection methods. All interviews followed informed consent procedures as required by the UN ethics guidelines for evaluators. The collection of evaluation data was implemented using five main methods: 1) Desk review 2) Site visits to CP3 targeted areas in four regions 3) Semi-structured group and individual interviews with stakeholders 4) Group and individual follow-up interviews with former trainees in UNFPA supported training events and 5) Semi-structured individual and group interviews with UNFPA Uzbekistan program Client/beneficiaries. The analysis is based on a synthesis and triangulation of information obtained from the above-mentioned five evaluation activities. Limitations of the evaluation include its inherently non-representative, qualitative nature due to the small, non-random sample sizes and low response rates for certain interview categories. All interviews were conducted without UNFPA agency staff present.

Overview of achieved results.

Despite major constraints and challenges in the social and political context of Uzbekistan, there was significant progress for all of the CP3 proposed outputs and outcomes in the initial four years of the programme. All of the 8 outputs should be achieved by 2015. UNFPA achieved important results for RHR focus area through contributions to improve quality of emergency and essential obstetric care services and improved access to FP and commodity security. The Youth focus area has made major contributions toward the development and national implementation of a reproductive health curricula for secondary and college level as well as peer education. The PD focus area interventions have improved capacity for data collection on important Sexual and Reproductive Health (SRH) and Gender issues through its support for training and representative regional baseline surveys. In close collaboration with national counterparts, the GE focus area has made important contributions toward capacity building for implementation and monitoring of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and male involvement in Reproductive Health

[1] UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Methodology/Handbook%20entire%20document%20final.pdf

(RH) and Reproductive Rights (RRs). Significant progress should be achieved for all of the seven outcomes by 2015. It should be possible to assess the extent of this achievement for some these outcomes based on the results of planned UNFPA-supported representative end-line surveys in 2014 and 2015, in particular for youth and GBV. Compared to the initial planned budget of US$7.8 million for core resources in 2010-2015, the initial CP3 budget plan has been substantially expanded to over US$11.2 million in 2010-2014, with a gradual increase of non-core funding to a level of 43 percent by 2013. The budget has been managed effectively, without significant over- or under-spending.

Conclusions.

Strategic level: Over a period of three country programmes, UNFPA Uzbekistan has established close collegial working relationships with key Government Ministries and NGOs that permit inclusive annual program planning and effective and efficient program implementation. Despite the favourable ties with implementing partners, all four of the focus areas for the UNFPA Uzbekistan CP3 have had to adjust to important constraints and challenges within the Uzbekistan context. Due to long delays in bank transactions and other issues, the CP3 is largely implemented through UNFPA direct implementation (DEX) modality, which to some extent discourages counterpart program ownership and continuity. Due to unanticipated political events, which recently forced the closure of important NGO implementing partners for CP3 programs, UNFPA Uzbekistan has had to quickly readjust program design to continue activities within new institutional relationships. These adjustments appear to have a good likelihood of continuing progress toward the achievement of the CP3 outputs and outcomes. Due to important constraints on the availability of key baseline data, the CP3 was forced to drop some of its more rigorous denominator-based indicators. Nonetheless, despite serious constraints on data collection efforts, UNFPA Uzbekistan has created a basis for tracking key output indicators by supporting representative regional surveys. The UNFPA supported communication and advocacy activities have been implemented effectively, guided by a coherent strategy.

RHR: There was evidence of a lack of training coverage in remote rural districts, especially for General Practitioners and Mahalla (lowest administrative unit) Advisors for rural district PHCs and Mahallas. While good progress was made on a pilot program for cervical cancer screening (CCS), national scale up has been slow. Some important target groups, such as nursing staff responsible for premarital SRH counselling, have not been trained. Training coverage for Emergency Obstetric Care (EMOC) skills building has been impressive, but may not have achieved high coverage in rural regions and districts. UNFPA support for a national-wide computerized Logistic Management Information System (LMIS) to monitor contraceptive supply has made progress but the system is not in routine use. Stock-outs for contraceptives persist and current Republican RH Centre M&E approach to assess level of stock outs is not adequate. The transition to procurement from UNFPA to KfW in 2014 needs special attention to avoid disruption in contraceptive supplies. HIV continues to evoke tremendous stigma within Uzbekistan's low-prevalence concentrated epidemic.

Youth: UNFPA support to school-based initiatives holds promise to help improve the likelihood of sustainable youth access to SRH information and education for in-school youth. The UNFPA support for peer education has been effective due in large part the CO's commitment to maintain a Youth Fellow position, which has helped maintain and increase its momentum. However, peer education data collection is not sufficiently informative about outreach activities conducted by peer education volunteers in the regions.

PD: UNFPA Uzbekistan has successfully improved national capacity for survey research by linking training events directly to scheduled survey research activities. Compared to UNFPA's other focus areas, PD is perceived by some UN counterpart agencies as less visible with relatively less impact.

GE: UNFPA support for the Women's Committee (WC) contributes to a coherent programme to promote women's rights, reproductive health and the monitoring of CEDAW at the community level. Significant progress was made in training local decision makers and law enforcement officials, but constraints precluded measuring coverage rates for these important target populations; the program will probably not achieve more than 14% training coverage for Mahalla Advisors. Despite a lack of nationally representative data on trends in GBV there is now a basis for tracking pertinent data for this outcome over time.

Strategic Positioning: UNFPA stood out among UN agencies as a team player in support of UNCT coordination and was acknowledged for its comparative strengths in RHR, FP, Youth, ASRH and GE.

Recommendations.

Strategic Level: To the extent feasible given constraints on access to valid data, UNFPA Uzbekistan should re-establish denominator-based indicators and establish more rigorous monitoring systems to track training and peer educator coverage. The next CP should maintain a focus to achieve significant coverage of GP and Mahalla Advisor training. UNFPA needs to revisit implementation modalities to allow GVT and NGO implementation and explore opportunities for establishing implementation agency status for the MoH and/or WC. The communication and advocacy strategy should be updated to reflect the expectations of the SP2014-17, with attention to greater accountability for monitoring and evaluating communication for development programs.

RHR: The next CP should provide a greater focus on GP trainings to achieve higher coverage in rural PHCs for RH and contraception, as well as Antenatal Care (ANC) and referral of high risk pregnancies. To increase coverage, the CP should develop improved databases documenting coverage for GPs, as well as OB/Gyns, in rural districts. The next CP should support regional perinatal care and MCH training centres to expand EMOC training to increase training coverage for PHC specialists in PHCs in more remote areas. Continue responsibility for UNFPA staff to collaborate with KfW and MoH to monitor and support contraceptive procurement. Continue efforts to eliminate stock-outs at the regional and district level by continued capacity building for inventory control and institutionalization of computerized LMIS. Improve the Republican RH Centre system for monitoring stock-outs.

Youth: While peer education outreach is done without UNFPA direct involvement, UNFPA should obtain appropriate technical support for improving the overall M&E system for outreach activities, including the peer education database. Maintain at least one full time staff person to maintain peer education operations for the next country program. Build on existing institutional collaborations to increase UNFPA support for school-based curricula development and implementation, including advocacy and support for systematic evaluation to permit continuous improvement.

PD: Continue linking trainings to take place prior to planned surveys such as for the Institute for Social Research (ISR) for the planned SRH end-line survey.

GE: Given the absence of adequate denominators for local decision makers and law enforcement officials, work with the WC to develop a plausible UNFPA supported strategy to achieve at least 20% coverage by 2015 and 80% of Mahalla Advisors trained by the middle of the 4th country program. Support an end-line survey of family relations in 2015 that is designed to provide an estimate of GBV to compare with the baseline family relations studies.

CHAPTER 1: Introduction

Section 1.1: Purpose and objectives of the country programme evaluation

The monitoring and evaluation of the UNFPA supported programmes in Uzbekistan have been carried out over a period of almost two decades in three successive Country Programmes (See: End of Project Evaluation for Second Country Program 2009. UNDAF Midterm Review 2013). The evaluation of the Third UNFPA Country Programme (CP3) has been commissioned by the UNFPA Uzbekistan Country Office (CO) as part of efforts to reinforce accountability, oversight and enhance programme effectiveness in line with the UNFPA Evaluation Policy (See: UNFPA Evaluation Handbook 2013). The purpose of this Country Programme Evaluation (CPE) is to assess the programme's performance, determine the factors that facilitated or hindered achievements, and document the lessons learned from the past cooperation to inform the formulation of the Fourth Country Programme of UNFPA support to the Government of Uzbekistan. The specific objectives of the CPE are:

- To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme (CP);
- To provide an assessment of the CO positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

Section 1.2: Scope of the evaluation

This evaluation was implemented in Uzbekistan in May 2014, and covers the implementation of the CP3 from 2010 through the present, reviewing activities at the National (also referred to as the Republican level), Regional and District level. The evaluation focuses on the outputs and outcomes achieved through the implementation of the CP3 to date. The evaluation considers UNFPA's achievements since January 2010 against intended results and examines the unintended effects of UNFPA's interventions and the CP3's compliance with UNFPA's Strategic Plan, as well as its relevance to National priorities and those of the United Nations Development Assistant Framework (See UNDAF 2009). The evaluation assesses the extent to which the current CP3, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. The evaluation includes an examination of six main criteria in two main components:

- Component 1: An analysis of the UNFPA Uzbekistan CP3 Outcomes, Outputs and activities implemented in the CP3's four main focus areas (Reproductive Health and Rights (RHR), Youth, Gender Equality (GE), Population and Development (PD) based on the four criteria of Relevance, Effectiveness, Efficiency, and Sustainability.
- Component 2: An analysis of the strategic positioning of UNFPA Uzbekistan CP3 in the country based on two criteria of United Nations Country Team (UNCT) Coordination and Value-added of the CP3 within the development community.

Evaluation Questions and Evaluation Matrix: As outlined in the evaluation Terms of Reference (TOR), a set of ten main questions were recommended within each of the two evaluation components (six main questions for Component 1 and four main questions for Component 2[2]). All of the original questions from the evaluation TOR have been used, but some questions were reworded slightly in order to facilitate the evaluation while retaining the intent of the TOR (two additional questions were added concerning responsiveness and a third question was added concerning gender). Following the

[2] There are actually 32 questions in all when components of the 10 main questions are fully detailed.

UNFPA Country Program Evaluation (CPE) Handbook[3], a detailed evaluation matrix was prepared, explaining data sources and methods to be used to address each of these questions. As mandated by the CPE Handbook, additional questions were added to address underlying assumptions related to the main questions. (As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for Questions EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.).

Section 1.3: Methods for data collection and analysis

Overview: The collection of evaluation data was carried out in four regions through a variety of methods that included direct observation during site visits to National and regional implementing partner agencies such as the Women's Committee, Reproductive Health Centres, and Perinatal Care Centres, General Practitioner (GP) Training Centres, as well as urban and rural Mahallas and primary health clinics (PHCs). Informal and semi-structured interviews and group discussions were conducted with a wide range of Government, Non-Government Organization (NGO), development and donor agency stakeholders at the National, Regional and District level.

The following methods of data collection were used:

a) Desk review (programme and financial documents and related data).
b) Site visits to UNFPA-supported program areas.
c) Individual interviews with stakeholders (including national counterparts, implementing partners and development partners).
d) Follow-up interviews with former trainees in UNFPA supported training events.
e) Interviews with UNFPA Uzbekistan CP3 Clients/beneficiaries.

Stakeholder Involvement: During the design phase, meetings were held with key stakeholders, including appropriate ministry officials, civil society organizations, NGOs, donor community and related implementing agencies. Meetings were also arranged with representatives of beneficiary client groups, including youth and representatives of persons living with HIV (PLHIV). These meetings ensured an opportunity for stakeholders to participate in the design of the evaluation.

Site visit schedule: Visits were made to implementation agencies at the National, Regional and District levels, selecting sites chosen on the basis of consultation with stakeholders with attention to achieving a balanced review of project activity and client/beneficiaries among the four focus areas. See the attached site visit schedule (Annex 6) and stakeholder listing in Annex 2.

Desk Review and synthesis of the Four Outcomes with Outcome/output Matrices: The Desk review addressed each of seven CP3 outcomes with an assessment of the respective outputs and activities based on the evaluation criteria as specified in the TOR. Using the desk review method, each of the seven outcomes were evaluated using the criteria matrix covering the main activities for each of the seven respective outputs (available on request).

Stakeholder Interviews with semi-structured questionnaire based on the Evaluation TOR criteria: A purposive selection was made of key informants at the National, Regional, District level and below, with oversampling to account for difficulties in obtaining respondents. An attempt was made to achieve an appropriate balance according to focus area (See Table 1). In addition, key

[3] UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Methodology/Handbook%20entire%20document%20final.pdf

informants were selected from donor agencies and UN agencies. A total of 116 persons were interviewed using a semi-structured questionnaire, either individually or in group interviews during 70[4] interview sessions[5]. See attached draft instruments in Annex 5. As needed, some interviews were done Russian or Uzbek with translation.

Table 1. Number of Planned Interviews, Number of Interviews conducted, and Number of Stakeholders Interviewed by Region and Focus Area

	Number interviews planned					Number of Interviews conducted					Number of Persons Interviewed				
Stakeholder Type	Tashk	Fegan	Kara	Khor	Total	Tashk	Fegan	Kara	Khor	Total	Tashk	Fegan	Kara	Khor	Total
RH Implementers (R11, R21, R31,U41)	18	6	8	8	40	9	6	7	8	30	15	10	12	9	46
Youth (R51, G22)	6	3	4	4	17	3	1	2	2	8	4	2	7	4	17
PD Implementers (PD31)	6	3	4	4	17	3	1	1	2	7	5	1	1	3	10
GE Implementers (G21 G22)	6	3	4	4	17	3	3	4	3	13	5	7	6	4	22
Donor Agency staff	3	0	0	0	3	3	0	0	0	3	3	0	0	0	3
UN Agency staff	6	0	0	0	6	4	0	1	0	5	9	0	2	0	11
UNFPA Staff	10	0	0	0	10	4	0	0	0	4	7	0	0	0	7
Total	55	15	20	20	110	29	11	15	15	70	48	20	28	20	116

Training Follow-up Assessment: A total of 29 individual and group interviews were conducted with 122 former participants in UNFPA supported training events[6]. A sampling frame of training events in 2012 and 2013 was developed from a comprehensive database of more than 14,000 participants in 600 training events sponsored by the CP3 in the last four years[7]. A sampling plan was developed to choose training participants with oversampling to account for difficulty in getting respondents. Effort was made to get an appropriate balance on trainings conducted within the four focus areas (RH, Youth PD, GE) in major training category areas, with RHR given the largest priority. (See Table 2). A semi-structured questionnaire was developed (See Annex 5). As needed, interviews were carried out with translation. To save time, to the maximum extent possible the training follow-up interviews were done in small groups using anonymous self-administered questionnaires.

[4] As explained in the Design Report, the minimum target for completed stakeholder interviews was 20 in each Region, with the exception of Fergana, where there was less time available. This target was not reached. There were 70 interviews conducted instead of 75. Due to multiple respondents, these 70 interviews resulted in a total of 116 persons interviewed.

[5] To be eligible for interview with the questionnaire, these respondents were screened for having a minimum knowledge of the UNFPA Uzbekistan CP3. Some additional individual interviews were carried out with persons who had relatively little knowledge of the CP3. These additional interviews nonetheless proved useful, providing insights on the current context for the UNFPA Uzbekistan CP3.

[6] As explained in the Design Report, the minimum target for completed training follow-up interviews was 20 per region, with the exception of Fergana, where there was less time available. The target of 75 completed training follow-up interviews was not reached. There were at total of 29 individual and joint interview sessions conducted instead of 75. Fortunately, by using anonymous self-administered questionnaires it was possible to obtain 122 completed training follow-up interviews.

[7] At the evaluation team request, UNFPA Uzbekistan staff kindly developed a complete listing of all trainings since 2010 with information on the date, location, content, and number of participants by gender. To ensure reasonable recall, only trainings in 2012 and 2013 were considered. Training events were chosen purposively from these two years to ensure a balance of typical trainings from among the four focus areas. UNFPA staff provided lists of all participants from these purposively selected trainings. A total of 120 names were then selected on a systematic random basis from these lists and the various implementing agencies in the four regions kindly scheduled the trainees to attend interviews during the evaluation schedule. This was a formidable task done on short notice. A check on the legible names written on the self-administered questionnaires resulted in a minimum estimated response rate of 74% (74% of the total of 120 names matched the sampling list perfectly).

Table 2. Number of Training Follow-up Interviews planned, Number conducted and number of persons interviewed by Region and Focus Area

	Number interviews planned					Number of Interviews conducted					Number of Persons Interviewed				
Focus area of trainee	Tash	Ferg	Kara	Khor	Total	Tash	Ferg	Kara	Khor	Total	Tash	Ferg	Kara	Khor	Total
RH	12	8	12	12	44	4	3	2	2	11	15	11	14	20	60
Youth	4	3	4	4	15	2	2	2	2	8	7	3	7	6	23
PD	4	3	4	4	15	1	-	-	-	1	3	-	-	1	4
GE	4	3	4	4	15	3	2	2	2	9	8	10	7	10	35
Total	24	17	24	24	89	10	7	6	6	29	33	24	28	37	122

Client/Beneficiary Interviews: As shown in Table 3, 17 confidential individual and group interview sessions were conducted with a total of 26 client/beneficiaries[8]. Interviews were conducted with client/beneficiaries of activities implemented within just two of the four focus areas, 13 clients of RH services at 3 Urban and 1 Rural PHCs in three regions, and 13 youth peer educators in four sessions conducted in each region. No client interviews were planned for the PD Focus Area and it was not feasible to obtain clients of gender-related services from Mahallas.[9] (See Table 3). The interviews aimed to assess client satisfaction with the services they have received from implementing agencies working within each of the pertinent focus areas (The interview questionnaire is shown in Annex 5).

Table 3. Number of Client/Beneficiary Interviews planned, number of Interviews Conducted and number of persons interviewed by Region and Focus Area

	Number interviews planned					Number of Interviews conducted					Number of Persons Interviewed				
Focus area of client	Tash	Ferg	Kara	Khor	Total	Tash	Ferg	Kara	Khor	Total	Tash	Ferg	Kara	Khor	Total
RH	10	8	10	10	38	4	0	4	5	13	4	0	4	5	13
Youth	4	2	4	4	14	1	1	1	1	4	3	2	5	3	13
PD	NA	NA	NA	NA	0	NA	NA	NA	NA	0	NA	NA	NA	NA	0
GE	4	2	4	4	14	0	0	0	0	0	0	0	0	0	0
Total	18	12	18	18	66	5	1	5	6	17	7	2	9	8	26

Ethical Considerations: The evaluation has followed the principles of the UN Evaluation Group's norms and standards (in particular with regard to independence, objectiveness, impartiality and inclusiveness) and was guided by the UN Ethics Guidelines for Evaluators[10]. As noted above, stakeholders were consulted during the design phase concerning the design of the evaluation (See Design Report 2014). All questionnaires were designed with a consistent set of precautions for informed consent that ensured respondents understood that participation was voluntary and confidential (see instruments in Annex 5). Respondents were informed that none of their responses would be linked to their names. All respondents were informed of the goals and objectives of the evaluation. In most cases, interviews were conducted in private, but there were some exceptions where

[8] As explained in the Design Report, the minimum target for completed client/beneficiary interviews was 15 per region, with the exception of Fergana, where there was less time available. The target of 55 completed client/beneficiary interviews was not reached. There were a total of 17 individual and joint interview sessions conducted with a total of 26 respondents.

[9] Given the somewhat intimate nature of the work of Mahalla Advisors within their local neighborhoods, the evaluation team did not feel comfortable requesting interviews with clients of Mahalla Advisors. Unlike PHCs, where there is an established tradition of client- provider interaction with an expectation of privacy, the Mahalla services are more informal and did not seem to have the same expectations of privacy. As a result, the evaluation team did not attempt to organize interviews with Mahalla clients.

[10] UNEG's Ethical Guidelines for Evaluation file:///C:/Users/eecaro.guest2/Downloads/UNEG_FN_ETH_2008_EthicalGuide lines.pdf

they took place in an office where other people were present. While individual interviews were preferred, there were exceptions when protocol dictated that other MoH or WC staff be allowed to participate. Due to the fairly rigid organizational traditions in some Uzbekistan government offices, this was unavoidable. The evaluation team found that the presence of senior or same or lower level colleagues during interviews did not interfere with the openness of respondent. In fact, it appeared to help respondents feel more relaxed during interviews where an expatriate was present. On this basis, the evaluation team has included these interviews in the analysis. Arrangements have been made to ensure proper storage of completed data collection instruments until they are destroyed.

Analysis: Findings were validated based on the consistency of results across all data sources, with an attention to all of the evaluation criteria specified by the TOR. The analysis entailed triangulating information obtained from the desk review, the interviews (stakeholder, training follow-up and client/beneficiary), financial data, and other documentation. To the extent feasible, all interview data were entered on the same day they were collected into excel spread sheets using simplified coding with a provision for entering salient qualitative comments and key qualitative findings. Each focus area was reviewed for progress within their respective component outputs and activities; each activity was assessed based on a synthesis of the observed results in the desk review criteria matrix, interview data and analysis of related financial information.

Section 1.4: Limitations and risks

Limitations and possible biases of the approach: There are several important limitations in the proposed methods. First, due to limited time and resources it was not feasible to collect representative samples. While there was an opportunity to use a systematic randomization process for the training follow-up interviews, all the other samples were purposive and not representative of the target populations of stakeholders and client/beneficiaries. As noted above, the target number of interviews was not achieved, especially for client/beneficiary interviews.

Based on a review of the evaluation matrix in Annex 4, some instances were found where planned indicators were not obtained or indicators may have not been sufficiently linked to evaluation questions. It is acknowledged there were instances, for example in EQ4A, EQ4B and EQ9B, where the planned indicators for certain questions in matrix were not obtained or the evaluation failed link all obtained data. On balance, however, the evaluation was consistent with the evaluation matrix.

The evaluation is inherently qualitative in nature due to the small, non-random sample sizes. It would also have been preferable to have interviewed a greater number of donors representatives (only three were interviewed) in order to better understand the current funding context for the four focus areas. There are possible biases in the selection of respondents due to the requirement to select locations on a non-random basis. To avoid the possibility of bias from the presence of UNFPA staff, all interviews were conducted by the evaluation team in private without any UNFPA agency staff present.

Despite consistent use of informed consent procedures as part of all interviews, it should be noted that respondents in individual or in group interviews might not have been fully candid in their responses. It was occasionally clear during interviews that respondents were cautious in their answers so as to give a favourable impression of UNFPA supported activities in hopes of obtaining continued funding. Repeated probes and alternative phrasings of questions were used during each interview in order to obtain candid responses. While the bias toward positive responses was a potential threat to the validity of the interviews, the evaluation team was able to address this challenge by avoiding group interviews when feasible, noting when positive response bias was a possible factor, conducting brief follow-up interviews to validate responses, and comparing interviews results for consistency.

Justification for the evaluation methods used: Despite its limitations, the methods used for this evaluation were appropriate, economical and efficient given the time and resource constraints. The desk review included a wide range of published and unpublished UNFPA and other Uzbekistan Government and NGO reports. Despite a lack of current nationally representative quantitative data pertaining to Maternal, New-born and Child health (MNCH) based on the use of internationally recognized methodologies, such as the lack of a recent Multiple Indicator Cluster Survey (MICS) or Demographic and Health Survey (DHS), a wide range of quantitative data was consulted from Uzbekistan Government reports and web-sources as well as recent UNFPA-supported surveys. Although the target number of interviews was not reached, a rich set of data was obtained from all three sets of interviews. The evaluation obtained a diverse profile of interviewed people from key senior government officials to highly relevant local civil servants; the interviews were informative of the programme as well as the policy context and practical implementation issues.

Section 1.5: Process overview

As outlined in the UNFPA handbook and the CPE TOR, the evaluation process was divided in four phases:

Phase 1: Design phase – The evaluation team collaborated with the CO to identify and collect a wide range of relevant documents and data. These materials were the basis for a systematic desk review each outcome using a matrix that accommodates the required criteria for all activities within each of the seven outcomes.

Stakeholder mapping – The evaluation team developed a sampling framework in cooperation with the UNFPA Uzbekistan staff that covered all of the pertinent implementing agencies, and stakeholders associated with outcomes, outputs and activities relevant to the revised CP3. This work provided the basis of selecting a sample of stakeholders outlined in the stakeholder listing in Annex 2.

Phase 2: Data collection phase - As shown in the attached evaluation-planning schedule in Annex 6, an intensive 3-week evaluation mission was implemented in four regions from 10 through 31 May 2014.

Phase 3: Synthesis and drafting the Evaluation Report: The information collected was analysed and the draft evaluation report was prepared by the evaluation team five weeks after the departure of the team leader from the country. This draft report will undergo a quality assurance review followed by a formal review by the evaluation reference group. The team leader will be responsible to address all comments before finalizing the report.

Phase 4: The final phase will include the development a management response to the evaluation recommendations, dissemination of the report and follow-up.

CHAPTER 2: Country context

Section 2.1: The development challenges and national strategies

Of the countries to gain independence from the Soviet Union in 1991, with a population approaching 30 million inhabitants, Uzbekistan is among the largest in population and in land area (See United Nations Development Program Common Country Assessment (UNDP CCA) 2001). Uzbekistan is doubly landlocked in the heart of the Central Asia region, with at least two other nations between it and an ocean. Historically situated on the Silk Road, it is a diverse country, both in terrain and culturally. Predominantly Muslim, three-quarters of the population is Uzbek with many other ethnic and cultural and language groups, including Russian, Tajik, Kazak, and Karakalpak.

Due to an effective government policy response and favourable international prices for its main exports (copper, cotton, gas and gold), Uzbekistan weathered the 2008 global economic crisis well, sustaining annual Gross Domestic Product (GDP) growth rates of over 8 percent from 2009 to 2012 (See UNDP CPAP Mid-term Review 2013, UNDAF Midterm Review 2013). Given these favourable trends, in 2010 the World Bank reclassified Uzbekistan from a low income to a lower middle income category country. Uzbekistan is now one of the fastest growing economies in the European and Central Asia region (World Bank Group Uzbekistan Partnership: Country Program Snapshot. 2013)

Uzbekistan's Human Development Index (HDI) value for 2012 is 0.654—in the medium human development category—positioning the country at 114 out of 187 countries and territories, the same rank as the Philippines. Between 2005 and 2012, Uzbekistan's HDI value increased by 6 percent (UNDP Human Development Report 2013).

Uzbekistan's Gross National Income (GNI) per capita based on Purchasing Power Parity (PPP) in US$ dollars more than doubled between 2005 and 2012, from US$1,463 in 1995 to US$3,201 in 2012 (UNDP 2013 Ibid). As shown in the table below, Uzbekistan compares favourably with its neighbours based on UNDP indicators.

Table 4. Uzbekistan's HDI Indicators for 2012 relative to selected countries

	HDI Value	HDI Rank	Life expectancy at birth	Expected Years of Schooling	Mean Years of Schooling	GNI per capita (PPP US$)
Uzbekistan	0.654	114	68.6	11.6	10.0	3,201
Kyrgyzstan	0.622	125	68	12.6	9.3	2,009
Tajikistan	0.622	125	67.8	11.5	9.8	2,119

Source: Human Development Report 2013. Explanatory note on 2013 HDR composite indices.

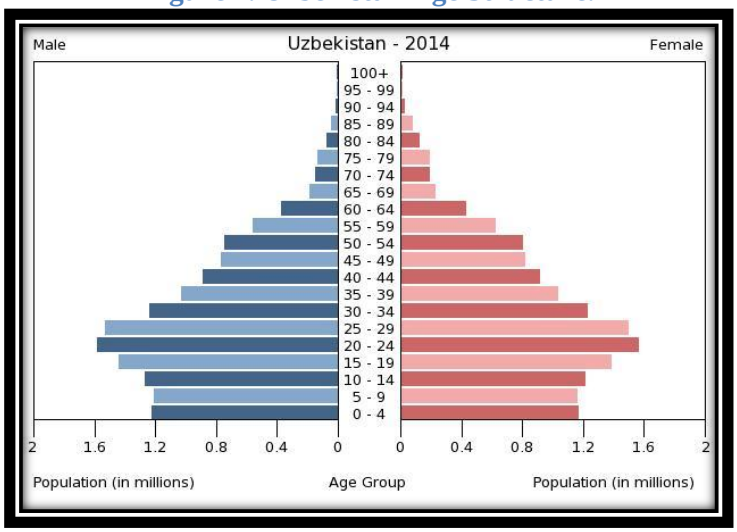
National Strategy and Policy Context: In the past five years, there have been a series of important national strategies and policy documents pertinent to UNFPA activities. The Welfare Improvement Strategy (WIS) of the Republic of Uzbekistan 2013-2015 was released in 2013 and provides a useful overview the Government of Uzbekistan's goals for the health care area and progress toward meeting the MDGs (WIS 2013). Government goals include assuring universal access to primary healthcare services and improving the training of healthcare personnel, efforts to reduce new-born mortality through the introduction of modern methods of neonatal resuscitation, and strengthening obstetric care and skills to improve maternal health. The President of Uzbekistan declared 2012 the "Year of the Strong Family" which, among other issues, addresses the minimum allowed age for marriage and

employment opportunities for women and youth. Presidential orders and decrees related to health include a proclamation on improving the culture of health in the family and women's health, measures to further deepen the reform of the health system in 2011 and the 2013 "Year of Well-being and Prosperity" (WIS 2013). The Uzbekistan Cabinet of Ministers has made resolutions on measures to improve the reproductive health of women and children (2010) and on additional measures for the implementation of the UN MDGs in Uzbekistan (2011).

A major strategic milestone was reached with the finalization this year of a 5-year implementation strategy for RH, Women's Health, Children and Adolescents in Uzbekistan from 2014 to 2018 (Ministry of Health. Draft Implementation Strategy: State Program of Strengthening and Development of Reproductive Health, Women's Health, Children and Adolescents in Uzbekistan 2014-2018. 2013.). This draft strategy is the result of long-term collaboration to conduct national needs assessments done jointly by the Government with UN agencies, UNICEF, WHO and UNFPA.

Demographic Trends: As shown below in Figure 1, Uzbekistan has a young age distribution with 35% of the population younger than 18 as of 2012 (UNICEF 2014[11]). Estimates of Total Fertility Rates (TFRs) show a significant decline, from a TFR of 4.2 in 1990 to 2.2 as of 2012. Uzbekistan's annual rate of population growth has slowed from an estimated 2.2% for the period 1990-95 to 1.1% for 2005-2010 (ICPD Beyond 2014, 2012, UNICEF 2014 ibid).

Figure 1. Uzbekistan Age Structure.



Source: CIA World Fact Book 2013

Progress on the Millennium Development Goals (MDGs): Uzbekistan has made much progress toward meeting the MDGs. This is illustrated by 98 percent gross enrolment ratio of girls to boys in primary and secondary schools, a high (98%) level of measles immunization coverage, and 100% of births attended by a skilled birth attendant. Uzbekistan has not, however, met the MDG targets for the under-five mortality rate (current estimate 39.6 versus the MDG target 25) or the maternal mortality ratio (current estimate 20.2 versus the MDG target of 15) (UNICEF Countdown 2013). From 2000-2012, significant progress was made in improving maternal health. The maternal mortality ratio (MMR) per 100 000 live births during this period decreased from 34.1 to 20.2. But the MDG benchmark was to reduce the maternal mortality ratio to 15.

[11] http://www.unicef.org/infobycountry/uzbekistan_statistics.html

Trends in contraceptive use and fertility: The last valid national estimates for contraceptive prevalence and unmet need for family planning come from the 2006 UNICEF MICS3 (UNICEF MICS3 2007). Regrettably, the results from the 2011 MICS4 could not be used due to technical problems with the data collection and analysis. Fortunately, in addition to the routine data from the Uzbekistan State Statistics Committee, there are useful data from the recent UNFPA-supported survey carried out by the Institute for Social Research (ISR) on RH services in four regions (Final report for the Project "Reproductive Health and Healthy Family in Uzbekistan page 22. Institute for Social Research under the Cabinet of Ministers with support from UNFPA. 2013). While not nationally representative, these ISR data provide some insights on current trends. As shown in the Table 5 below, based on the nationally-representative MICS3, contraceptive prevalence in 2006 was 65% with the majority of women relying on IUDs. The recent data, for a non-comparable household sample of women in four regions, suggests that contraceptive prevalence may have increased (estimated at 76%) and that the IUD continues to be the most prevalent method based on the profile of ever-use of methods.

Table 5. Estimates of Contraception Use in Uzbekistan

Contraception use among women in union in Uzbekistan[12]	**MICS 2006**		**2013 Estimates from Four Regions**	
Contraceptive Prevalence[13]	64.9		76.0	
Unmet need	7.8		NA	
Met need Demand satisfied.	89.3		96.3	
	Urban	**Rural**	**Urban Ever Use**	**Rural Ever Use**
IUD use prevalence	45.9	51.4	NA	NA
Condom use prevalence (female)	3.3 (0.4)	1.5	NA	NA
Lactational Amenorrhea	2.4	2.7	NA	NA
Periodic Abstinence	1.8	1.6	NA	NA
Withdrawal use	1.6	0.9	NA	NA
Basal Body Temperature/Rhythm	1.8	1.6	NA	NA
Oral Contraceptive Pills	3.3	1.8	NA	NA
Tubal Ligation (male sterilization)	1.8 (0.1)	2.3 (0.2)	NA	NA
Injection (implants)	1.8	3.1 (0.1)	NA	NA
Diaphragm/other	0.2	0.1	NA	NA
Other	0.3	0.1	NA	NA
None	34.2	37.1	NA	NA
Ever use of IUD			45	49
Ever use of condom			19	30
Ever use of lactational amenorrhea			21	25
Ever use of withdrawal			11	18
Ever use of Basal body temperature			14	14
Ever use of Oral Contraceptive Pills			10	19
Ever use of Tubal Ligation			6	6
Ever use of Injection			3	6

Source: UNICEF MICS3 2007 and ISR 2013.

[12] Due to the problems with the 2011 MICS, there is a lack of current nationally representative data on the use of contraception. This table presents a national estimate of contraceptive prevalence from the MICS 2006 as a baseline and an estimate of contraceptive prevalence from recently published 2013 UNFPA-supported ISR study of four regions, which is not strictly comparable (ISR 2013). Apart from one overall estimate of contraceptive prevalence, the 2013 ISR report only provides data for ever-use, which is not comparable to prevalence.

[13] Base population for MICS 2006: women aged 15–49 currently married/in union. The base population for the ISR 2013 estimate of contraceptive prevalence is not clearly defined in the document. It may be women age 19-49 irrespective of marital status/in union.

Unwanted pregnancy: The number of abortions and the ratio of abortions to live births is a good proxy measure for unintended pregnancies[14]. Over time, a successful family planning program will reduce the number of abortions. As shown in Table 6, while more than 30,000 abortions are reported annually, it appears that Uzbekistan is succeeding in reducing unwanted pregnancy. Uzbekistan, as part of the medical tradition of the former Soviet Union, has open access to abortion and provides regular reporting of the number of procedures. Abortion services are provided as part of the normal portfolio of RH services within government health care institutions. But there is a commitment to reducing the demand for abortion through greater access to contraception (ISR 2013). As shown in the table below, there is evidence that contraceptive prevalence is increasing while at the same time the total fertility rate is declining with an associated reduction in the rates for abortion[15].

Table 6. Trends in Contraceptive Prevalence, TFR and Abortions in Uzbekistan 2008-2012

Indicator[16]	2008	2009	2010	2011	2012
No of Abortions (thousands)*	41.8	46.0	40.7	38.8	37.6
No of Abortions per 1,000 live births*	67.1	71.9	65.4	63.5	61.5
No of Abortions per 1000 women (age 15-49 years)*	5.4	5.8	5.0	4.6	4.4
Contraceptive Prevalence Rate** (No women using contraception at year end/ No women age 15/49 years)	55.5	54.4	50.7	55.8	56.7
Total Fertility Rate**	2.5	2.53	2.34	2.24	2.19
*Data from State Statistics Committee of the Republic of Uzbekistan					
** Data from MOH of the Republic of Uzbekistan					

Source: (ISR 2013)

Recent challenges: The UNFPA CP3 has recently had to adapt to events that have seriously hampered or stopped important UNFPA-supported project activities. As mentioned above, the CP3 planned on the availability of the nationally representative data from the MICS4 as a key resource for monitoring and evaluating the CP3. The absence of these important data, due to problems with data collection and analysis, is a major challenge to the CPE's Monitoring and Evaluation plan. Due to sensitive political issues in December 2013, several key collaborating partners for UNFPA projects, for both RHR (R11) and Youth related activities (R51), have been forced to abruptly close their offices. Examples of collaborating agencies that have shut their doors include: the NGO Social Initiatives Support Fund, the NGO National Association on Breast Cancer "In the name of Life", and the NGO Centre for Youth Initiatives "Kelajak Ovozi". A long-term UNFPA collaborator, a Tashkent radio station that had broadcast UNFPA's production of the 'Silk Road' radio Soap Opera series, supported jointly with UNESCO, was also forced to close. This effectively cancelled a flagship UNFPA Uzbekistan communication program that has been broadcast continuously for a decade. An important UNFPA collaboration with the UARH for innovative work with large numbers of young men in the military has been ended due to heightened sensitivity for all activities that involve Uzbekistan's armed forces. In addition, persistent stigma for persons living with HIV poses special challenges for UNFPA

[14] It should be noted that there is a likely bias to under-report the number of abortions, especially because medical abortion is more and more widespread in the region, including Uzbekistan.

[15] The above mentioned decline in abortion is plausible and is confirmed by other sources. According to Johnston, 2013, the abortion ratio (abortions per 1,000 live births) and the abortion percentage (percentage of abortions among pregnancies ending in live birth or abortion) has been decreasing in Uzbekistan. The estimated abortion ratio declined from 117.3 per 1,000 in 2000 to 59.4 per 1,000 in 2011. The estimated abortion percentage declined from an estimated 10.5% in 2000 to 5.6% in 2011. (http://www.johnstonsarchive.net/policy/abortion/ab-uzbekistan.html accessed 13 April 2014.).

[16] The estimates for contraceptive prevalence provided in Table 3 come from the ISR report and are attributed to MOH data. It was not clear from the ISR report whether or not these estimates in Table 3 are restricted to modern methods or not. These estimates are useful as a measure of time trends, but are not national estimates comparable to the MICS 2006 in Table 2.

collaboration with HIV prevention programs. UNFPA Uzbekistan staff have had to quickly adapt their project activities to face these problems. These serious constraints clearly must be factored into this evaluation.

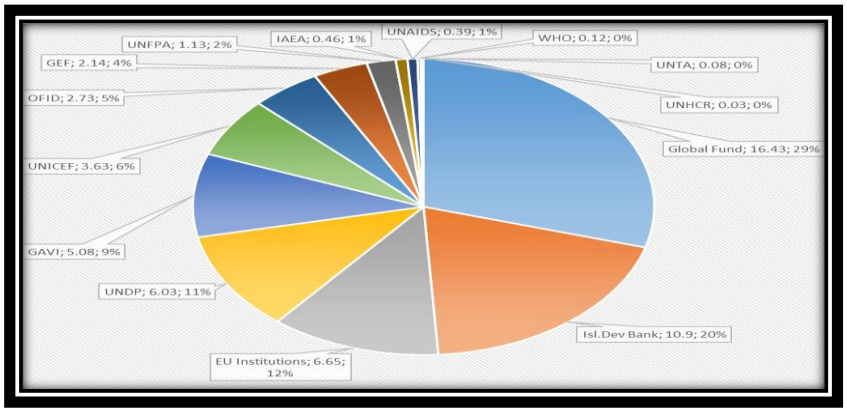
Section 2.2: The role of external assistance[17]

There has been a fairly steady decline in total net Official Donor Assistance (ODA) disbursements to Uzbekistan, from US$209 million in 2004 to US$70 million in 2012. This is consistent with Uzbekistan's rapidly growing economy, with an increased capacity to provide for itself. As of 2012, compared to its neighbours, Uzbekistan receives less than half as much as Tajikistan in Total Net ODA Disbursement, but significantly more than Kazakhstan and Turkmenistan (data available on request).

The role of bilateral versus multilateral ODA has changed dramatically over the last decade. There has been a steady increase in multilateral aid (from less than US$50 million to more than US$150 million) and a drop in bilateral aid (from more than US$200 to less than US$100 million (Source: http://www.aidflows.org/ based on data from http://stats.oecd.org/). From 2007 to 2011, total gross[18] disbursement of ODA in support for health and population has fluctuated from US$28 to US$44 million, averaging US$35 million. Funding for health and population has averaged of 23% of total gross ODA disbursements for the five years from 2007 through 2011[19].

While UNFPA's financial contributions are important, it was not among the top ten multilateral donors based on the five-year average of ODA net disbursements to Uzbekistan for the period from 2008-2012. The highest multilateral donors for this five-year period were the Asian Development Bank (ADB), the International Development Association (IDA), and the Global Fund. As shown below in Figure 2, when the two largest multilateral donors, ADB and IDA[20], are excluded, UNFPA is among the top ten donors. UNFPA's five-year average ODA was $1.1 million, compared to US$6.0 million for UNDP, $5.1 for GAVI, $3.6 for UNICEF and $0.12 million for the WHO.

Figure 2. 5-Year Average Net ODA Disbursements in Uzbekistan (excluding ADB and IDA)



Source: http://www.aidflows.org/ accessed 2 May 2014

[17] To reduce the length of the CPE report this section has been shortened. For more detail see the CPE Design Report.

[18] "Gross ODA is the amount that a donor actually spends in a given year. This figure becomes net once repayments of the principal on loans made in prior years (but not interest) are taken into account, as well as offsetting entries for forgiven debt and any recoveries made on grants. In some cases, repayments exceed gross amounts, which is why net figures sometimes appear as negative values." (Source: http://www.oecd.org/dac/stats/faq.htm accessed 2 May 2014).

[19] Source: OECD/DAC Database by Calendar Year (as of 02/20/2013) and Worldbank database Uzbekistan - ODA (OECD/DAC Data) http://www.aidflows.org/UZ_Beneficiary_View.pdf Accessed 16 April 2014.

[20] Together ADB and IDA accounted for US$ 159 million, almost 90% of the total 5-year average net ODA disbursements.

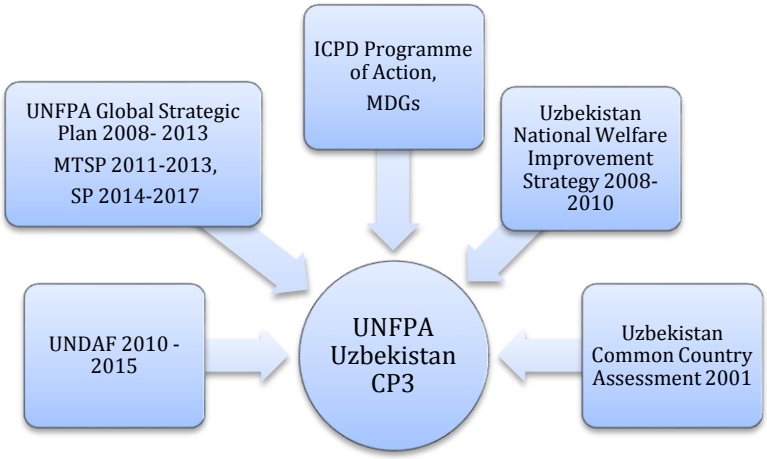
CHAPTER 3: UNFPA Strategic response and programme

Section 3.1: UNFPA Strategic response

UNFPA Uzbekistan is one of 14 United Nations funds, programmes and specialised agencies in Uzbekistan and is guided by a common agenda agreed with the Republic of Uzbekistan, the United Nations Development Assistance Framework (UNDAF). The current UNDAF was agreed for the period of 2010-2015 within the frameworks of the Millennium Declaration of 2000 as well as the 2008-2010 Uzbekistan Welfare Improvement strategy (UNDAF 2009). The UNDAF has four intended Outcomes:

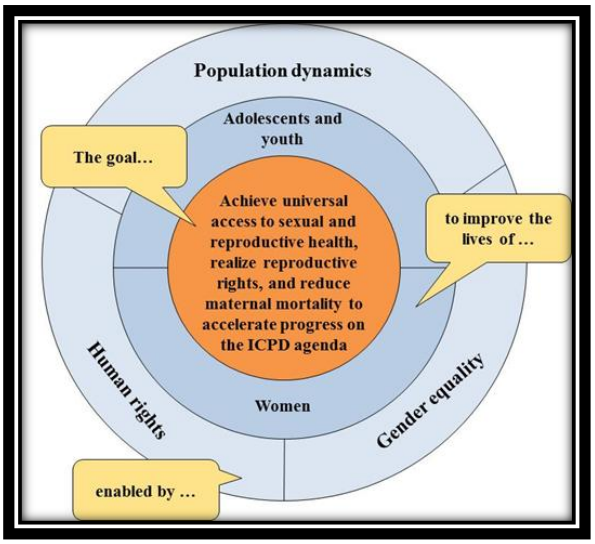
- Economic Well-Being, with particular attention to vulnerable groups.
- Social Services, emphasizing increased access to and use of quality services.
- Environment, including integration of the principles of sustainable development.
- Governance, focused on enhanced effectiveness, inclusiveness and accountability at central and local levels alike.

Figure 3. CPE Linkage with National WIS, UNDAF and UNFPA SP



As shown above in Figure 3, in addition to working within the overall Uzbekistan UNDAF, the UNFPA Uzbekistan's CO is very responsive to UNFPA's global strategic planning process. In September 2011, following an extensive review of UNFPA's global portfolio and in light of the changing context within which UNFPA operates, a revised and more focused global Mid-Term Strategic Plan (MTSP) 2012-2013 was adopted by UNFPA's Executive Board. Three important targets of the Millennium Development Goals (MDGs), including halving extreme poverty, had been met three years ahead of the 2015 deadline. However, progress on MDG 5 (A and B) on improving maternal health was slow and while poverty declined somewhat, inequality, including gender inequality, did not. The MTSP 2012-13 focused on advancing the right to sexual and reproductive health by accelerating progress towards MDG5. As shown below in Figure 4, this was to be accomplished mainly through a refocused strategic direction, referred to as "the bull's-eye," to "Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda"(See: http://www.unfpa.org/public/home/exbrd/pid/12131).

Figure 4. UNFPA SP 2012-2013 Strategic Bull's-eye



In September 2013, the UNFPA Executive Board adopted a new Global Strategic Plan for the period of 2014-2017 that reaffirms the above-mentioned strategic "bull's-eye" of the MTSP 2012-13 using a revised integrated results framework with four major outcomes and 15 associated outputs.[21] The SP for 2014-2017 will guide the development the Fourth UNFPA Uzbekistan Country Program (CP4). The new SP stresses flexibility in development of local country programming to reflect the local context. It gives emphasis to the UNCT "Delivering as one" and provides a framework for global funding priorities with a resource allocation system (RAS). The SP 2014-17 budget outlines US$ 4.2 billion in expenditures for the four outcomes. Excluding 17% for management costs, the recommended resource allocation can be summarized as: 1) 66% for increased availability and use of integrated SRH services, 2) 8% for increased priority on young adolescent girls 3) 11% for advancement of gender equality and 4) 15% for evidenced-based population dynamics. The SP 2014-17 includes a new business model that clarifies how UNFPA country programmes should engage within different country contexts based on countries' needs and ability to finance their own interventions. The SP 2014-17 places emphasis on greater accountability for the achievement of theory-based output indicator targets and improved monitoring of milestones. The UNFPA Uzbekistan CO will adjust the current CP3 to respond to the SP 2014-17 results framework. This adjustment should not be problematic as the Uzbekistan CP3 is, in many respects, consistent with the overall approach endorsed by the SP 2014-17, both in its program activity priorities and its approach to monitoring and evaluation.

Section 3.2: UNFPA Strategic response through the country programme

UNFPA has collaborated with the Government of Uzbekistan for almost two decades, based on an exchange of letters in April 1995. The current CP3 reflects the prior program activities and lessons learned from the previous UNFPA program of assistance, especially the Second Country Program for 2005-2009 (CP2) (See the CP2 End-of-Project Evaluation 2009). The CP2 supported activities to improve the quality of RH and MCH services at the primary care level, improve emergency obstetric care, strengthen contraceptive logistics, expand peer-to-peer and in-school life-skills based education, and improve capacity for the collection, analysis and use of demographic data.

[21] See: http://www.unfpa.org/public/home/exbrd/pid/12131.

Key lessons learned from the CP2 included the need for a) increased technical capacity for program implementation, b) improved skills to integrate population and development c) improved coordination among government, donors and UN agencies, d) reliable population data on health, poverty and employment and e) greater engagement with civil society organizations (CPAP 2009).

As shown in the above Figure 3, the preparation of UNFPA Uzbekistan's CP3 for 2000-2015 and its respective country program action plan (CPAP) were guided by the policies, goals and objectives outlined in the International Conference on Population and Development, the Millennium Development Goals and the global UNFPA Mid-term Strategic Plan 2008-2013. The CP3 was drafted to reflect the development goals for Uzbekistan's 2008-2010 Welfare Improvement Strategy (WIS 2008). The CP3 was harmonized with UNDP, UNICEF and WHO programs under the UNDAF 2010 - 2015.[22]

Section 3.2.1: The UNFPA Country Programme

The goal of the UNFPA CP3 is to contribute to improving the quality of life in Uzbekistan by supporting the three UNDAF outcomes: a) Economic well-being of vulnerable groups is improved; b) Enhanced access to and utilization of quality essential social services; c) Effectiveness, inclusiveness and accountability of governance at the central and local levels enhanced[23].

The CP3 has three main focus areas: a) Reproductive health and rights; b) Population and Development and c) Gender Equality. The CP3 identified four cross-cutting issues to be addressed during the programme: interventions for youth, HIV prevention, marginalized populations, and emergency/human crisis response preparedness. In recognition of the strong attention that the CP3 has given to youth, for the purpose of this evaluation, it was agreed that the CP3 will be assessed using four main focus areas, the above mention three focus areas, plus a fourth for Youth, which has been primarily implemented as part of RHR through the Youth Output (R51)[24].

The main groups considered by the current UNFPA CP3 are the full range of health staff responsible for the implementation of RH and MCH services (GPs, Ob/Gyns, Nurses), women of reproductive age, youth, men in the military, women survivors of gender based violence (GBV), marginalized/ vulnerable populations (key populations including people living with HIV (PLHIV)), and residents in the Aral Sea Regions afflicted by serious environmental problems (Karakalpakistan Republic, and Khorezm province). While there is a strong emphasis on key institutions in Tashkent, the CP3 covers the entire country, with a special emphasis on the regions in the Aral Sea area.

As of 2010, the CP3 Planning and Tracking Tools (CPAP PTT) were based on just four outcomes and six outputs (See Table 8 below). In light of the above-mentioned MTSP and consequent revision of the Global UNFPA Strategic Plan (SP), changes were made in the CP3 outcomes and outputs. In January 2012, the CPAP was re-aligned with revised outcomes to reflect changes in the MTSP 2012-13, with 6 MTSP 2012-13 outcomes, 6 corresponding MTSP 2012-13 outputs and 6 CP output/projects (each CP output/project has a unique ATLAS Code number). Since the time of the re-alignment of the CPAP in January 2012, two other changes have been made to the CP3. In 2012, a second Gender Equality Output was added concerning gender and male involvement (CP GE Output (G22)). In 2013, an additional MTSP 2012-13 outcome, MTSP 2012-13 output and a corresponding CP HIV Output (U41) were added. The revised CPAP now has a total of seven MTSP 2012-13 outcomes, seven

[22] UNDP. UNDAF. 2010.
[23] UNFPA CP 2009; UNFPA CPAP 2010.
[24] This youth project activity has its own unique outputs and outcome but shares the same National priority or goals and UNDAF Outcome as RHR project activities.

corresponding MTSP 2012-13 Outputs and 8 CP Outputs. The current updated Uzbekistan 2010-2015 CPAP Results and Resources Framework, as aligned with new UNFPA MTSP 2012-2013, is summarized below in Table 7 according to the four major focus areas, RHR, Youth, PD and GE.

Table 7. SP Outcomes and Revised CP Outcomes by Focus Area

	2010 CP3		Re-Aligned 2012 CP3		Revised 2014 CP3	
Focus Areas	**CP Outcomes**	**CP Outputs**	**MTSP 2012-13 Outcomes**	**CP Outputs**	**MTSP 2012-13 Outcomes**	**CP Outputs**
RHR and Youth	2	4	4	4	5*	5
PD	1	1	1	1	1	1
GE	1	1	1	1	1	2
Total	4	6	6	6	7	8

*NB: The additional outcome as of 2013 pertains to HIV. For this evaluation, HIV is shown under RHR, not in a separate HIV Focus Area.

In Annex 7-A, Figures 1 through 5 present the simplified logic models that were developed to illustrate how 36 main activities for the eight CP Outputs for the four Focus Areas (RHR, Youth, PD and GE are highlighted in blue) are to achieve the seven MTSP 2012-13 Outputs that, in turn, will accomplish the seven MTSP 2012-13 Outcomes. These seven MTSP 2012-13 Outcomes are, in-turn, linked to specific outcomes of the 2010-2015 Uzbekistan UNDAF and the National priorities and goals (highlighted in green). A detailed summary of all seven MTSP Outcomes, the seven MTSP 2012-13 outcomes and the 8 CP Outputs and their respective key output indicators and targets is shown in Annex 7-B Current CP3 Output Outcome Framework.

The current revised 2014 RHR focus area has five MTSP 2012-13 Outcomes, as shown in Figures 1, 2 and 3 in Annex 7. The RHR focus area has five CP Outputs: Output 1) "Strengthen national capacity for comprehensive RH policies (R11)", Output 2) "Improve the quality of emergency and essential obstetric and perinatal care (R21)", Output 3) "Increase contraceptive commodity security (R31)", Output 4) "Increase access and utilization of HIV and STI prevention services for key populations (U41)" and Output 5) "Strengthen national capacity for life-skills based education and youth friendly SRH services (R51)". As noted above, for the purpose of this evaluation, the Youth Output (R51) is treated as a separate focus area for Youth.

As shown in Figure 4 in Annex 7, the current revised 2014 Population and Development focus area has only one MTSP 2012-13 Outcome 7, which focuses on improving data availability and analysis around population dynamics, RH (including family planning) and gender equality. The corresponding CP PD Output (P31A) is to "Strengthen national capacity to collect, analyse and use disaggregated population data for conductive policy analysis and evidence based advocacy." Lastly, as shown in Figure 5 in Annex 7, the current revised 2014 Gender Equality focus area has just one MTSP 2012-13 Outcome 5 that focuses on "advancing gender equality and reproductive rights particularly through advocacy and implementation of laws and policies." There are two corresponding CP GE Outputs: The first, GE Output (G21), is a collaboration between UNFPA and the National Women's Committee to train decision makers and law enforcement officers on domestic violence. The second, GE Output (G22), is implemented by the Uzbek Association on Reproductive Health for the constructive involvement of men in RH issues, working with Mahalla advisers, military personnel and their spouses, as well as scaling up peer-to-peer education among youth.

Section 3.2.2: The country programme financial structure

As shown below in Table 8, the proposed UNFPA assistance, as outlined in the Country Program Document in July 2009, was US$8.9 million: $7.8 million (88%) from regular resources and $1.1 million (12%) to be funded through co-financing modalities and/or other resources. Almost two-thirds, $5.7 million (64%), of the assistance was earmarked for RHR; PD and GE were allocated $1.2 million (15%) each, with just $0.6 million (7%) for Program coordination and Assistance.

Table 8. Proposed indicative assistance by core programme area (in Millions of US$)

Source: UNFPA CPD July 2009

Core Programme Area	Regular Resources	Other	Total	Percent of Total
Reproductive Health and Rights	4.8	0.9	5.7	64.0%
Population and Development	1.2	0.1	1.3	14.6%
Gender Equality	1.2	0.1	1.3	14.6%
Program Coordination and Assistance[25]	0.6	0	0.6	6.7%
Total	**7.8**	**1.1**	**8.9**	**100.0%**
Percent of Total	**87.6%**	**12.4%**	**100.0%**	

The total budget and expenditure evolution tables (see Tables 9 and 10 below) and the related figure (Figure 5) below show current trends in budget and expenditure distribution for the CP3 period 2010 - 2013. The finance data in Table 10 include contraceptive procurement (a total of $4.2 million from 2010 through 2013). When contraceptive procurement is included as part of the RHR budget and expenses, the actual allocations of budget and expenditures have diverged somewhat from the initial proposed assistance in the Country Programme Document (CPD). The majority of expenditures are taking place in RHR[26] (67% of total expenditure), and smaller than anticipated but equal proportions for expenditures in PD and GE at 7% each. This is half the initial proposed proportion of the budget (14%) for each of these two areas. Table 9 clearly demonstrates that the rate of expenditure closely follows the proposed budget in all categories. There is no evidence of significant over- or under-spending. When contraceptive procurement is included in the total budget in Table 9, management costs are 16 % of the total expenditure through 2013.

Table 9. Budget and Expenditure by Focus Area 2010-2013, including procurement of contraceptives

Area of work	RHR & Contraception	PD	GE	Umbrella	Management	Total
Budget	$7'863'679	$830'733	$834'665	$187'774	$1'972'690	$11'689'541
Percent of Total Budget	67.3%	7.1%	7.1%	1.6%	16.9%	100.0%
Expense	$7'639'656	$804'370	$813'873	$176'845	$1'834'446	$11'269'191
Percent of Total Expense	67.8%	7.1%	7.2%	1.6%	16.3%	100.0%

Source: List of Atlas projects by CPAP Output and Strategic Plan Outcomes 2010-2013

[25] Program Coordination and Assistance is also referred to as "Umbrella" activities, and includes UNFPA wide outreach and IEC activities.
[26] For the Design Report, the Youth related activities for UZB3R51A were included under RHR in the overview of finances. They are disaggregated in Table 11 and Figure 13 below and in Chapter 4.

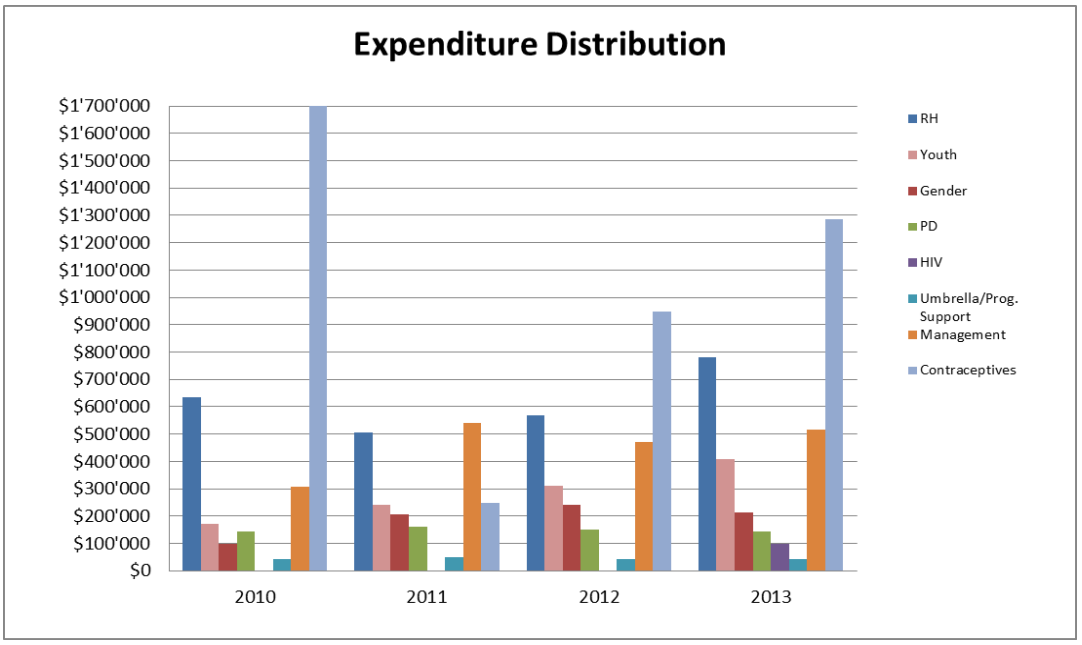
Table 10 and Figure 5 below show expenditure by focus area for 2010-2013. It is clear that procurement of contraceptives has been a large portion of the CPE program, exceeding RHR for three out of four years. As of 2014, UNFPA has stopped contraceptive procurement, which has been taken over by another donor, KfW Entwicklungsbank, the German development bank, (KfW). This will have important implications for the UNFPA CP3 budget, especially for the level of management costs.

Table 10. Expenditures by Program Area for 2010-2013

	2010	2011	2012	2013	Total
RHR	$711'214	$524'670	$585'956	$810'420	$2'632'260
Youth	$184'782	$252'450	$332'816	$419'836	$1'189'883
GE	$102'232	$214'974	$232'609	$211'256	$761'070
PD	$143'577	$170'575	$155'254	$153'061	$622'467
HIV	$0	$0	$0	$144'306	$144'306
Umbrella/Program Support	$46'309	$53'030	$45'435	$43'000	$187'774
Management	$404'782	$575'870	$474'244	$517'794	$1'972'690
Contraceptives	$1'699'291	$246'571	$946'423	$1'286'805	$4'179'090
Total	**$3'292'186**	**$2'038'140**	**$2'772'736**	**$3'586'479**	**$11'689'541**

Source: List of Atlas projects by CPAP Output and Strategic Plan Outcomes 2010-2013

Figure 5. Expenditure Evolution- Expenditure Distribution by Focus Area 2010-2013



The UNFPA Uzbekistan has taken initiative to secure funding from non-core sources with some success. As shown in the Table 11 and the Figure 6 below, to date, non-core funding accounts for a significant portion of the total expenditures. Funding through non-core resources have markedly increased from 23% of total spending in 2010 to 43% of total spending in 2013. This greatly exceeds the amount of non-core funds anticipated in the original CP3. There has been an increase in more than 100% in real dollar terms from $321,373 USD in 2010 to over $942,481 USD in 2013[27]. A number of

[27] This is close to the CPD target for Other Resources mobilization ($1.1 million in USD) as UNFPA received an additional $104,166 USD from RusAid in 2014 to work with at risk populations on HIV/AIDS. It should be noted that Global Programme for Reproductive Health

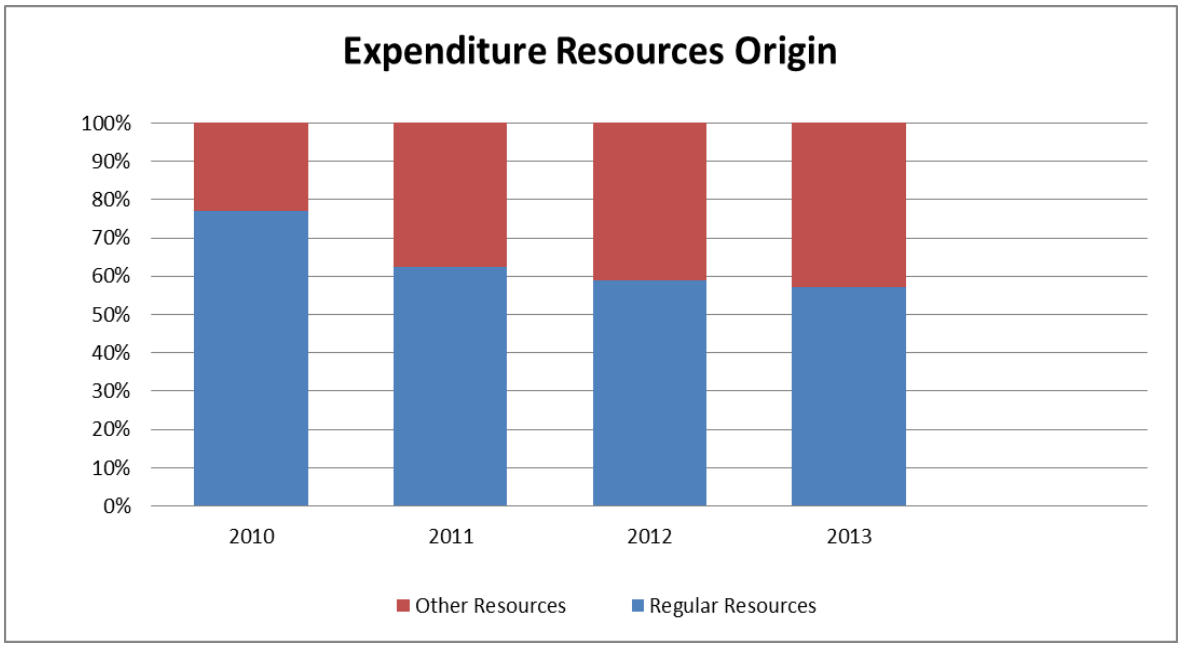
non-core sources contributing to UNFPA Uzbekistan programming has been increasing, and now includes UN Trust Fund for Human Security, UNFPA Global Programme on Reproductive Health Commodity Security (GPRHCS), Russian Aid Agency (RusAid) and funds from the International Planned Parenthood Association (IPPF).

Table 11. Expenditures by Year by Core and Non-Core Resources

	2010	2011	2012	2013
Regular (Core) Resources	$1'075'357	$1'064'400	$1'050'220	$1'261'203
Other (Non-Core) Resources	$321'373	$643'779	$731'289	$942'481
Percent Non-Core Resource	23.0%	37.7%	41.0%	42.8%

Source: List of Atlas projects by CPAP output and Strategic Plan outcome 2010-2013

Figure 6. Origin of Resources for Expenditures



Source: List of Atlas projects by CPAP output and Strategic Plan outcome 2010-2013

Commodity Security (GPRHCS) funds are not strictly considered as resource mobilization for the country office, but for the purpose of this report they are still considered as non-core Other resources.

CHAPTER 4: Analysis of Programmatic Areas

Section 4.1: Reproductive Health and Rights (RHR)

Overview of the UNFPA Uzbekistan RHR Focus Area

As shown in Figures 1 and 2 in Annex 7-A, the realigned model for the RHR Focus area in the UNFPA Uzbekistan CP3 consists of four outputs: "Improving access to quality RH (R11)", "Improving quality of maternal care (R21)", "Increasing access of FP services (R31)" and "Increased access and use of HIV and STI prevention services for key populations (U41)." The CP3 is well on track to achieve these four outputs, which, in turn, contribute to the achievement of their respective MTSP 2012-2013 RHR Outcomes.

Overview of Findings for RHR Focus Area:

- **Relevance:** All of the RHR Focus Area outputs are highly relevant to the current National context, beneficiary needs, government policies and development partner programmes; despite constraints on implementation, they are consistent with UNFPA policies, the ICPD PoA and the MDGs.

- **Effectiveness:** All of the RHR Outputs should be achieved by 2015 with caveat that a key output indictor, 75% national contraceptive needs covered from the national budget, will not be met. Despite meeting current AWP targets, coverage for important RHR Cadre is below CPAP targets and is reported to be inadequate in rural areas. All of the outputs have contributed to the CPE RHR Outcomes, but lack of representative national data preclude estimating the extent of this contribution. This progress has been made despite serious constraints that have limited implementation of outputs**.**

- **Efficiency:** All four RHR outputs have been managed efficiently and at reasonable cost with little evidence that more results could have been achieved with the resources spent. With the exception of delays due to external constraints, inputs and outputs have been implemented in a timely manner.

- **Sustainability:** There is strong GVT support and evidence of improved national capacity for continuation of RHR Output programs for sustained results in the short-term (five years). UNFPA has promoted sustainability through emphasis in institutionalizing training capacity and curricula development for long-term results.

As shown below in Table 12, the current CP3 monitoring and evaluation framework[28] defines a set of two indicators for each of the four outputs. The CP3 has met or exceeded most of these output indicators. On this basis, as well as findings from other evidence, the CP3 has made a major contribution toward the achievement of the four MTSP 2012-13 Outcomes, as well as the corresponding UNDAF outcome and National priority.

[28] Also referred to as the CPAP Planning and Tracking Tool for RH Program Components (CPAP PTT)

Relevance

The questions[29]: For all 4 Focus areas - 1. A. To what extent is the CP consistent with i. beneficiaries' needs, ii. government's policies, iii. other development partners' programmes, 1. B. To what extent is the CP consistent with i. UNFPA's policies and strategies, and global priorities including ii. the goals of the ICPD Program of Action and iii. the MDGs;

Relevance of Reproductive Health Focus Area: All four of the outputs for the RHR Focus Area are highly relevant to the current National context (e.g., the high annual rate of unplanned pregnancy in Uzbekistan as measured by the annual number of reported abortions[30], the failure to achieve the MDG target for the under-five mortality rate and the maternal mortality ratio[31], and the persistence of HIV among key populations at higher risk in a concentrated epidemic.[32]). The CP3 has particular relevance for underserved beneficiaries in Uzbekistan, for example key populations, such as PLHIV, served by the HIV program, but also women of reproductive age through the enhancement of RH services and expansion of contraceptive choice beyond the highly prevalent IUD. In view of rural-urban differences in RH status, the RHR focus area is particularly important for underserved rural populations, such as in Karakalpakistan. Based on interviews with senior and service-level stakeholders at the national, regional and district level, training follow-up interviews, and site visits to urban and rural Mahallas and PHCs, the four RHR Outputs are clearly consistent with the needs of beneficiaries, government policies and other development partner programs. UNFPA has been instrumental in collaborating with the MOH to develop and implement policies related to RH services. For example, along with UNICEF and the WHO, UNFPA partnered with the MoH to develop the "Strategy to further strengthen reproductive health, health of women, children and adolescents in Uzbekistan for 2014-2018 years." This joint strategy is a good example of how UNFPA works with other development partners. This strategy also illustrates how the CP is consistent with UNFPA's policies and strategies and global priorities. The strategy includes key UNFPA priorities such as: improving the quality of services in the field of reproductive health and the prevention of unwanted pregnancies through improved skills for effective counselling by staff providing primary reproductive health and the introduction of modern contraceptives. Respondents who were familiar with UNFPA Uzbekistan's RHR portfolio repeatedly stressed RHR outputs had been developed in an open consultative manner that took beneficiary needs into account, especially women of reproductive age and youth. Over 95% of 63 former participants in UNFPA-supported trainings on RHR who were interviewed concerning their attitudes toward their participation in UNFPA-supported trainings under RHR felt that the trainings were relevant to their work (valid n=58); over 90% felt that they had been able to apply the training to their daily work (valid n=59).

The RHR Focus Area outputs are developed in close collaboration with the MoH and are planned and pre-approved as part of a signed annual work plans (AWPs) with the MoH. With few exceptions, all respondents felt UNFPA's RHR portfolio is consistent with other ongoing Government (GVT) and or donor supported activities. For example, in addition to the MoH, UNFPA RHR activities are closely coordinated with the WC for community outreach for RH and RR. The UNFPA RHR Focus area is

[29] As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for five of the Evaluation Questions (EQs): EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.

[30] In Uzbekistan in 2012 there were a reported total of 37,634 abortions (including mini-abortions), 4.4 per 1000 women age 15-49, 6.2 per 100 deliveries (Data from Gender Statistics on www.gender.stat.uz accessed in June 2014).

[31] http://www.countdown2015mnch.org/documents/2013Report/Uzbekistan_Accountability_profile_2013.pdf

[32] In the Republic of Uzbekistan, the HIV epidemic is at the concentrated stage. As of 2013 UNAIDS estimated 0.2% of adults aged 15 to 49 had a prevalence rate 0.2% [0.1% - 0.3%] http://www.unaids.org/en/regionscountries/countries/uzbekistan. The the official country progress report for UNAIDS of 2013 gives a prevalence of HIV among people injecting drugs (PIDs), men having intimate relations with men (MSM) and sex workers at 7.3%, 3.3% and 2.1% respectively.
http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/UZB_narrative_report_2014.pdf

also a closely aligned with WHO and UNICEF on perinatal health programs, with WHO in the interventions to improve reporting on maternal mortality and with UNESCO in the production of the Silk Road radio drama programme. Virtually all those respondents who were familiar with UNFPA Uzbekistan's CP3 RHR Outputs as well as UNFPA's policies, the ICPD PoA and the MDGs felt that UNFPA's Outputs are consistent with all three areas of policy guidance[33]. This was also confirmed on the basis of document reviews and site visits. The CP3 explicitly adheres to all three global policies.

Effectiveness

The questions: For all 4 focus areas – 2. A. Were the CP's intended outputs produced? If so, to what degree? B. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Achievement of Outputs: There have been significant achievements for all four outputs for the RHR Focus area from 2010 to 2013. While some of the indicators lack specificity, as shown in Table 12 below, all but one[34] of the eight the indicators for the four outputs have already been or are likely to be achieved by 2015. Based solely on these indicators, the four outputs will be achieved by 2015.

Table 12. Output Indicators for the Four Outputs for RHR

Indicator	Target for 2015	Estimated achievement as of 2013	Expected Achievement by 2015
R11 (1) Number of UNFPA supported health policies contributing to improvement of an integrated SRH package of services	At least 2 per year = 12	9 CPAPPTT 2010=0 CPAPPTT 2011=3 CPAPPTT 2012=3 CPAPPTT 2013=3	12 Aver. 2 per year for 6 years= 12
R11 (2) Number of primary health care physicians trained on providing services as part of the integrated SRH package	At least 300 per year = 1800	800 CPAPPTT 2010 NA CPAPPTT 2011= 3600[35] CPAP PTT 2012=300 CPAP PTT 2013=500	1800 Aver 300 per year for 6 years= 1800
R21 (1) Caesarean section as proportion of all births.	Between 5% and 15%	7.3% in 2012 (CPAP PTT 2013)	8-9% Plausible that the rate will remain within the desired range.
R21 (2) Number of maternal health facilities adopted near miss case review methodology.	At least 20 per year =120	Cumulative 54 in 2013 (CPAP PTT 2013) 2010=7 2011=15 2012= 17 2013=15	84 (Estimate of 84 based on past performance of 15 per year, but plausible that 120 target could be reached.)
R31 (1) Percentage of primary	100%	100% based on monitoring	Plausible, but current

[33] One respondent flagged an exception, where the longstanding emphasis of the GVT family planning program on IUDs is at odds with the ICPD PoA, which advocates a women's right to equal access to all methods of contraception. UNFPA Uzbekistan's training for GP trainers, GPs and mid-level staff includes training on counseling for informed choice and the WHO Medical Eligibility Criteria for a full range of contraceptive options.

[34] UNFPA has negotiated with the MoH to increase the MoH share of responsibility for contraceptive procurement, but progress has been slow. This has been complicated by a transition of funding support for procurement from UNFPA to KfW, which began in 2014.

[35] "As per information from TIAME's GP training dptm (Kasimov Sh.) 3600 GPs were trained on updated SRH, which constitutes 54% of the total number of GPs. Baseline and target need to be reviewed" See: Milestones and Indicators for RH (UZB3R11A) programme component in 2011, Percentage of primary health care physicians trained on updated SRH curriculum within continuous medical education programme. Target: 100%. Achievement as of 31 Dec. 2011 Text in Cell F9 in CP_Indicators_Milestones_2011 Sheet RH_UZB311A.

health care facilities whose stock levels ensure near term contraceptive products availability.		reports in 7 regions. (CPAP PTT 2013)	basis of estimate is not sufficiently rigorous. Monitoring should cover representative sample of all districts in all 14 regions.
R31 (2) Proportion of national contraceptive needs covered from the national budget	75%	20% (CPAP PTT 2013)	Target not likely to be met[36].
U41 (1) Number of PLHIV trained on SRH and family planning.	At least 100 per year =300	150 (2013 SPR, Training Data)	450[37] (based on past performance)
U41 (2) Number of health personnel, working with key population, trained on STI/HIV diagnosis and prevention.	At least 40 per year = 120	60 (2013 SPR, Training Data)	180 (based on past performance)

In addition to the output indicators shown above in Table 12, there is other plausible evidence that the UNFPA has achieved the RHR outputs. For example, for RHR Output R31, the UNFPA CO has clearly "increased capacity of health care system to ensure contraceptive commodity security and provide quality family planning services" through its extensive support to the MoH for contraceptive procurement through 2013, as well as ongoing technical assistance and training for the consolidation of a contraceptive logistics management system (CLMIS). The MoH, especially the Republican RH Centre, has taken on full ownership and responsibility for the implementation of the CLMIS with regular monitoring visits to avoid stockouts.[38]

The transition of funding support for procurement from UNFPA to KfW, which began in 2014, has important implications and special care must be taken to ensure this transition does not result in dislocations in contraceptive supplies. The transition needs extra oversight to ensure that stock management is carefully reviewed and that lead times to replenish stocks are constantly checked and lapses in procurement are avoided at all cost. There are concerns that stock-outs, especially for condoms, may be occurring at both the PHC and Regional level (Three PHCs had no condoms and one regional warehouse had no IUDs at the time of the evaluation team site visits). A review of completed quarterly inventory forms for 2012 and 2013 for four regions of Tashkent, Ferghana, Karakalpaktan and Khorezm revealed six stock outs in 2012 and 9 stock outs in 2013. Condoms are of special concern as there are separate procurement and monitoring channels for this method.

Conclusion Number 1. Effectiveness – RHR: The transition to procurement from UNFPA to KfW in 2014 may result in disruption of contraceptive supplies and there are concerns that stock-outs, especially for condoms, may be occurring at both the PHC and Regional level.

In addition, UNFPA has been instrumental in supporting important MoH health policies related to SRH, such as the 2010 order concerning the implementation of a contraceptive logistics system in

[36] As of 2014, KfW has assumed responsibility for purchase of contraceptives from UNFPA. Technically KfW funds are a part of a loan package to the government and maybe considered as government funds. This is in important distinction but the end result is that the Government of Uzbekistan is not likely to shoulder 75% responsibility by 2015.

[37] The small numbers of trainees (450) compared to the total estimated number of PLHIV in the country (estimated at 60,000 with an HIV Prevalence of 0.2%) reflects the fact that this is a relatively new UNFPA initiative in the process of scaling up and the expectation of peer-to-peer education to expand outreach. The PLHIV training participants are members of local NGOs and the results of trainings are monitored through pre-post training questionnaires as well site monitoring visits.

[38] See S. Kinzett. Mid-term assessment of UNFPA supported efforts on setting up modern contraceptive logistics management information system (CLMIS) in Uzbekistan in 2005-2011. Consultant Report. Nov 2011. and E. Hellenov. Report on reproductive health commodity security situation and steps for improvement. 2011.

primary care, and an order in 2012 concerning actions to reduce mortality pregnancy, women in childbirth and postpartum women.

Based on stakeholder interviews with 28 respondents who were familiar with the CP3 RHR Outputs, all stakeholders felt that UNFPA CP3 RHR annual work plans have for the most part been completely and effectively implemented; most felt it was plausible that the four RHR outputs were at least partly achieved. Senior development experts, especially within the UNCT, were reluctant to state that UNFPA's RHR outputs had been achieved because they felt that there was a lack of definitive assessment data. But they were in agreement that UNFPA's RHR outputs were implemented fully and well. In contrast, stakeholders within the GVT health sector at the national, regional and district level were more outspoken, saying that, as a result of UNFPA RHR staff effectively implementing the annual work plans, trainings, and providing contraceptives and IEC materials, the specific outputs had been at least partially achieved. This is with the caveat that the progress toward these outputs cannot be attributed to solely to the UNFPA CP3 RHR activities. Instead, the view was that UNFPA, as one member of a team of UN agencies, NGOs and donor agencies, has supported the MoH in improving access and quality of services. Some senior respondents cautioned that the outputs are far from being achieved in the remote rural districts that account for more than 40% of Uzbekistan's population[39]; they felt much more needs to be done, especially with rural district PHCs and Mahallas.

UNFPA CP3 RHR training efforts have contributed to the achievement of all four CP3 RHR outputs. The RHR Focus area accounts for 6,628 or 46.5% of the 14,263 persons trained in a total of 603 events (mostly for 3 to 5 days) in the four years since the CP3 began in 2010. While a simple count of the number trained is superficial and gives not assurance of impact, the results from 63 RHR training follow-up interviews, mentioned above, showed that all but two[40] of respondents reported they had gained new skills (96% based on valid n= 53). A substantial portion of the 261 RHR trainings were ToTs for GP trainers and instructors at medical colleges, which offers some assurance of a sustained impact. This was validated with site visits and interviews at two GP training centres (in Nukus and Urgench). It was confirmed that their staff had been trained by UNFPA on SRH topics and were using the UNFPA-supported curriculum on SRH in the GP training centres. Site visits to urban and rural PHCs revealed that most of the staff responsible for contraceptive commodities had received UNFPA LMIS training and were consistently and correctly using the recommended forms for inventory control[41].

In the current context of Uzbekistan's emerging status as a lower middle income economy, training for capacity building is a sound strategy for UNFPA program assistance. The following breakdown illustrates the remarkable and wide range of pertinent RHR training events that were implemented by UNFPA Uzbekistan in the past four years[42].

- R11: "Improving access to quality RH," **2294 trained in 117 events**
- R21: "Improving quality of maternal care." **1,164 trained in 56 events**
- R31: "Increasing access of FP services." **2960 persons trained in 83 events**

[39] The share rural population out of the total population in 2011 was estimated at 48.8% (Women and Men of Uzbekistan Statistics Bulletin. State Committee of Uzbekistan on Statistics Feb 2014). According to World Bank data, only 36% of Uzbekistan's population lives in urban areas (http://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS) Urban population (% of total). Accessed August 2014).

[40] The two respondents who stated that they did not gain new skills were part of the PLHIV Peer education training; they nonetheless reported that they gained new information and were able to apply the information from training at work. Training reports were reviewed for three U41 trainings. The results of pre- and post-training tests for all three U41 trainings showed substantial improvement in knowledge. The correct answers received for the various questions ranged from 5 to 91% before trainings, and the same questions after training from 56 to 100% correct. The increase in correct answers following training ranged from 3 to 95% on various issues.

[41] Use of the Channel software, which is still in pilot phase mainly at the regional level, was not in evidence at any of the PHCs.

[42] It should be kept in mind that the UNFPA RHR team for R11, R21 and R31 consists of only two full time staff, who, in addition to many other intervention activities, are responsible for all aspects of training implementation (hiring trainers, logistics, scheduling, budgeting, site monitoring et.). The training events for U41 are the responsibility of one full time expert on HIV/AIDS who began work in 2012.

- U41: "Increased access and use of HIV and STI prevention services for key populations at risk." **210 persons trained in 5 events**

Despite the RHR Focus area's ambitious effort to train key types of staff, such as GP trainers, GPs and Mahalla Advisors, senior stakeholders cautioned that the actual level of coverage (overall proportion of GPs and MAs trained) was not high enough[43]. For example, UNFPA has succeeded in training a large number of GPs in the Aral Sea regions, but respondents were concerned that coverage for rural districts is still too low.

Conclusion Number 2. Effectiveness - RHR: Despite meeting current AWP targets, coverage for important RHR and GE Cadre is below CPAP targets and is reported to be inadequate in rural areas.

Contribution of Outputs and Degree of Achievement of Outcomes.

The four outputs for RHR have clearly made a contribution to the achievement of their respective MTPSP 2012-13 Outcomes. As mentioned above, knowledgeable stakeholders who support UNFPA's work have expressed the need for greater coverage in order to have a real impact. But many respondents, especially from the health sector at the National and Regional level, felt that UNFPA outputs have had some impact on the MTSP 2012-13 outcomes, especially for MTSP 2012-13 Outcomes 1, 2 and 3. The combination of trainings for GPs for integrated SRH services, combined with training for Mahalla Advisors on RH and RR, and the improved contraceptive logistics and procurement were cited as contributing to Outcome 3, an increased access and use of quality FP services, with an associated decline in the numbers of abortions. Respondents, including service delivery staff at PHCs, perceived a small but significant trend toward lower reliance on IUDs associated with greater availability of hormonal methods. Senior MoH respondents at the regional level felt that UNFPA supported activities contributed to an improvement in access to quality maternal health and newborn services and that this, in turn, had contributed to reductions in maternal and neonatal deaths in their respective regions. For example at both the national and regional level, informants cited the successful rollout of UNFPA-supported trainings for anaesthesiologists in significantly reducing the use of general anaesthesia for C-sections[44], which may have contributed to a reduction of maternal morbidity and mortality.

Based on stakeholder interviews and triangulation of other evidence, it seems very likely there has been an improvement in access and quality for SRH services [45]. The extent of this improvement has not been measured by this analysis. There is a lack of data on trends for key RHR indicators. The data presented above on page 10, Table 5, suggest that CPR increased from 64.9% to 76%, and met need from 89.3 to 96.3. These trends could be used as a basis for a plausible contribution of the UNFPA programme. Unfortunately, these trends are based on a national estimate of contraceptive prevalence

[43] The concern for low coverage is born out for both GPs and Mahalla Advisors. The challenge to increase coverage for GPs is made more difficult by the recent increase in the total number of GPs from 6,646 in 2009 to the current level of 8,431 (R. Azimov, personal communication, based on State Statistics Committee data. 2014). Making the generous assumption that all trainings for R11 and R21 in the past four years were exclusively for GPs and were not duplicated, results in a coverage rate of just 41% of the total estimated number of 8,431 GPs in Uzbekistan [(2,294+1,164)/8431=41.0%]. It is reported that there are currently more than 8,000 female Mahalla Advisors (ADB 2014). A senior stakeholder estimated that coverage for all trainings for the MA came to just 15%.

[44] Studies suggest that improved C-Section anesthetic practices can decrease anesthetic-related maternal morbidity and mortality; while anesthesia practices are not among the major contributors to maternal deaths, they are still important. (See Hawkins JL. et al. 201l, Sia ATH. et al. 2010, and Krisanaprakornkit W. 2006). Rates for regional (local) anesthesia were already high at regional perinatal centers in 2010 but were reported to have increased from 95 to 99% since 2010. Rates were much lower at non-speciality regional and district level hospitals and clinics that perform C-sections and respondents felt that increases were more dramatic there with an associated reduction of morbidity and mortality.

[45] While UNFPA's contributions are acknowledged and greatly appreciated, this work has been implemented in large measure by the MoH, the Women's Center and collaborating agencies, who are justly proud of, and take ownership for, what they have accomplished.

from the MICS 2006 as a baseline and an estimate of contraceptive prevalence from recently published 2013 UNFPA-supported ISR study of four regions, which is not strictly comparable (ISR 2013). Due in part to UNFPA- supported research[46], there may be a basis for tracking pertinent data for this outcome over time, both through continued UNFPA support for follow-up representative regional surveys and through UNFPA support for the next MICS.

Constraining and facilitating factors and the influence of context.

Based on the responses from stakeholder interviews with persons knowledgeable about the UNFPA Uzbekistan RHR activities, there was a wide range of issues cited as factors that facilitated or limited the progress of UNFPA's RHR work. Key facilitative factors reported during stakeholder interviews include the strong collegial collaboration between UNFPA RHR staff and their MoH counterparts, the common understanding between UNFPA, MoH and the WC on RH and RR policy, and a well-established long-term planning cycle based on agreed program documents that MoH and WC staff feel are both efficient and inclusive. UNFPA staff have a reputation for being responsive and well organized, and for being candid expressing their professional opinions.

Stakeholder interview respondents from MoH and other GVT agencies focused on what worked well and did not reveal many significant constraints. But there was mention of constraints related to an unwillingness of experienced clinicians to change their longstanding policies, as well as a perceived gender constraint, where male GPs are not seen as being as effective as female GPs in providing FP services, especially IUD insertions. Based on discussions with UNFPA staff, other donor agencies and UNCT agencies, key constraints include the lack of an efficient system for financial transfers that would allow the MoH and WC to act as implementing agencies[47]. This forces the RHR team to take on all aspects of implementation for a wide number of activities creating high workload. This is compounded by a lack of sufficient numbers of qualified MoH counterpart management staff to assist in implementing the activities.

Conclusion Number 3. Effectiveness-Constraints: The use of the "Direct implementation" modality reduces national ownership of UNFPA CP3 projects, reduces opportunity to build institutional capacity of national partners and significantly increases workload for UNFPA staff for basic financial and operational procedures.

Remote rural areas face the double constraint of huge travel distances and a lack of sufficient qualified medical staff. Despite the willingness of the MoH to adopt new medical policies for MNCH and a contraceptive LMIS, there are serious sensitivities for the GVT associated with SRH services, especially SRH services for youth and the promotion of condoms as a method of family planning. Stigma toward PLHIV is pronounced in the general population, both as reported by PLHIV in UNFPA supported trainings, but also as documented in UNFPA- supported survey data. The HIV prevention field is challenging and sensitive in Uzbekistan, in part because of stereo-types, including that HIV is an "immigrated infection" through labour migrants, resistance and reluctance to accept presence and the role of vulnerable groups, such as Sex Workers, Men who have Sex with Men (MSM) and People who inject Drugs (PIDs). These pervasive negative beliefs create barriers toward increasing successful prevention activities. Up until 2013 there were restrictions on entry, stay and residence for people

[46] Based on 2013 data from a UNFPA-supported survey of women receiving contraceptive services in four regions (Navoi, Namangan, Surkhandarya and Tashkent), 62% reported that they were satisfied or very satisfied with reproductive health care services, while others were either partially satisfied (15%) or dissatisfied (4%) with these services (19% found the question difficult to answer) (ISR. Final Report for the Project, "Reproductive Health and Healthy Family in Uzbekistan.") These results provide a baseline for assessing the impact of training care providers the quality of SHR services; the same data should be collected with a comparable end-line survey for 2015.

[47] This was especially true in 2010 and 2011 when transfers routinely took 6 months, but respondents stated that banking transfers have become more efficient, one month, in recent years.

living with HIV in Uzbekistan. These types of restrictions have demotivated key populations from learning their HIV status. Misconceptions about ARTs and lack of opiate maintenance options are also barriers for prevention programs for key populations including PLHIV, PID and HIV+ pregnant women. A major constraint is the sensitive political climate, which has resulted in the above-mentioned closure of key implementing partner NGOs and the key radio station responsible for broadcasting the Silk Road Soap Opera in late 2013. These closures required UNFPA to make rapid adjustments in their programming.

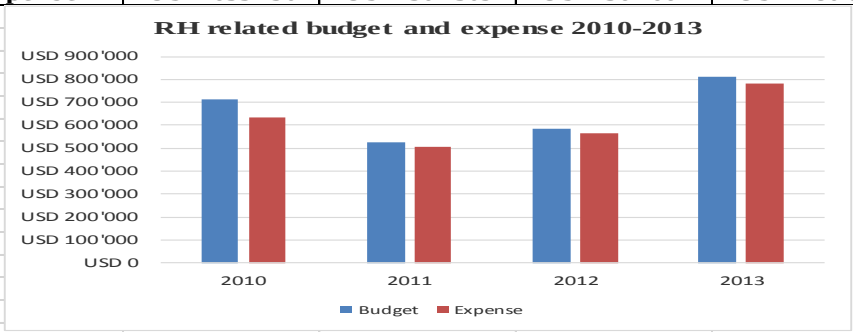
Efficiency

The questions: For all 4 Focus areas – 3. A.i Were the outputs produced reasonable for the resources spent? In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible? 3. B. Could different interventions have solved the same problem at a lower cost? 4. A. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); 4. B. What was the timeliness of outputs?

For the amount of funding, the UNFPA Uzbekistan RHR portfolio has made a tremendous amount of progress with relatively few staff members. As shown below in Figure 7, since 2010, excluding procurement of contraception, the entire portfolio of UNFPA Uzbekistan RHR activities has been implemented with expenditures at between $507,000 and $780,000 per year. There was no overspending and little underspending. The RHR Focus area succeeded in obtaining over $300,000 in non-regular resources in 2012 ($54,900) and 2013 ($251,000) (data not shown). Based on stakeholder interviews, review of project documents, and analysis of the RHR financial data, including the budgets in the AWPs, the four component activities that make up the RHR portfolio has been managed with a high degree of efficiency. This is especially true for regional trainings which were done at around $25 per training day per person for GPs and Mahalla Advisors. When pressed, very few of the respondents felt that more results could been achieved with the resources spent[48].

Figure 7. RHR Related Budget and Expense 2010-2013

RH	2010	2011	2012	2013
Budget	USD 711'214	USD 524'670	USD 585'956	USD 810'420
Expense	USD 633'790	USD 507'309	USD 567'662	USD 780'008

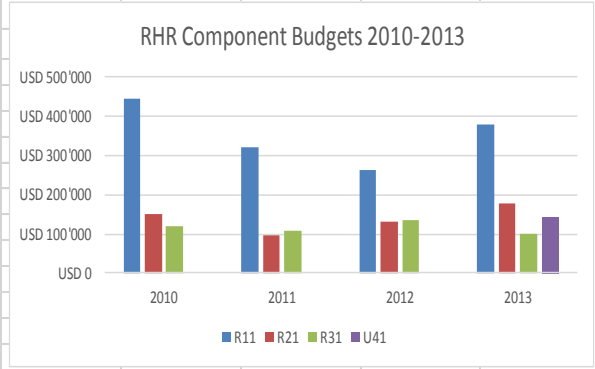


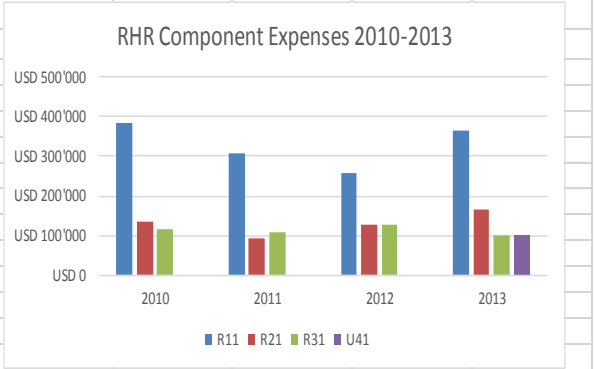
[48] There were a few complaints on the quality of food and accommodations from some regional stakeholders, but these were very rare. Moreover, the routine monitoring reports written by UNFPA staff describing their site visits are very candid in flagging such problems and were the basis for resolving them. It is clear that UNFPA staff have done an excellent job to minimize these types of problems. A review of the cost per training day found virtually all workshops and trainings were quite reasonable especially for regional trainings; most trainings in Tashkent also appeared reasonable although they tended to be much more costly. The one possible exception were some of the trainings related to breast cancer, where an international consultant required travel by business class. This drove the training per participant per day cost to $250. In addition, the costs for breast cancer related brochures and office equipment for the National Breast Cancer Association, since closed down, seemed fairly high at over $17,000 for brochures and $4500 for office equipment in 2011 and 2012.

In order to better understand the financial aspects RHR portfolio, it is necessary to disaggregate the four outputs as shown below in Figure 8. Overall, there is no evidence of going over budget for any of the four focus areas and little underspending, apart from some underspending in the first year of 2010 for R11 (over $50,000), and significant underspending for the 2013 the output covering the HIV Output, which is quite understandable given that the Output was just starting when it received additional external funds in 2013.

Figure 8. RHR Component Budgets and Expenses 2010-2013

Budget	2010	2011	2012	2013	Expense	2010	2011	2012	2013
R11	USD 444'223	USD 319'800	USD 262'544	USD 378'934	**R11**	USD 385'617	USD 307'552	USD 257'822	USD 364'054
R21	USD 149'317	USD 95'816	USD 132'260	USD 178'840	**R21**	USD 133'288	USD 92'269	USD 126'921	USD 166'676
R31	USD 117'674	USD 109'054	USD 136'212	USD 99'320	**R31**	USD 114'885	USD 107'488	USD 128'482	USD 98'529
U41	USD 0	USD 0	USD 0	USD 144'306	**U41**	USD 0	USD 0	USD 0	USD 98'401





Based on the semi-structured interviews, virtually all respondents felt that the inputs and outputs were timely. Delays or cancellations of key activities were primarily due to the sensitive political context in late 2013 which resulted in the unforeseen closure of a key partner for breast cancer programming (National BC Association) as well as the radio broadcasting station that was integral to the UNFPA's flagship soap opera, the Silk Road.

Sustainability

The questions: For all 4 Focus areas – 6. A. Are programme results sustainable in short-term perspective (>=5 years)? 6. B. Are programme results sustainable in long-term perspective (>5-10 years)? 6. C.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.
6. C.ii If yes, how UNFPA Uzbekistan did ensure sustainability of its programme interventions?

Most respondents were candid in admitting that they would be forced to significantly reduce their RHR activities if UNFPA funding were stopped. But they also asserted that there were enduring results and impact from UNFPA support. Respondents cited a clear sense of ownership by the MoH and the Women's Committee as a strong basis for sustained continuation of training efforts, as well as an enduring capacity of experienced trainers both within the MoH and the Women's Committee. In addition to support for the MoH and the Ob/Gyn Society for the development of policies and guidelines, the UNFPA RHR Outputs have ensured sustainability through support for GP training centres. The trained instructors, the training equipment (such as pelvic models for IUD insertion) and the updated SRH curriculum for GPs are all a basis for enduring SRH training capacity building without further UNFPA support. The question on long-term sustainability (for greater than 5 years) was too abstract for respondents to answer.

Gender

The questions: For all 4 Focus areas – 1) To what extent have UNFPA Uzbekistan's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? 2) Where does the UNFPA Uzbekistan and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

Based on stakeholder interviews, site visits and a review of project documents, there was evidence that the RHR focus area activities have integrated gender as a cross-cutting theme. UNCT staff conversant with gender issues were emphatic that UNFPA consistently integrates gender into its RHR program activities. A representative from an SRH implementing agency cited a trend since 2010 for all training materials to have information of gender equity as well as efforts to include men in RHR. A good example is the Mahalla Advisor trainings and materials on RHR.

Section 4.2: Youth[49]

Overview of the UNFPA Uzbekistan Youth Focus Area

As shown in Figure 3 in Annex 7-A, the realigned model for the Youth Focus area in the UNFPA Uzbekistan CP3 consists of one Youth Output, "Improving access of youth to SRH" (R51). This Youth Output (R51) is well on its way to being achieved by 2015. The Youth Output (R51) contributes to the MTSP 2012-13 Youth Outcome, "Improved access to SRH services and sexuality education for young people (including adolescents)."

Overview of Findings for Youth Focus Area:

- **Relevance:** The Youth Focus Area is very relevant to the current National context and the needs of youth beneficiaries. While there are sensitivities with SRH programming for youth in Uzbekistan, it is consistent with government policies as well as development partner programmes. The Youth Focus Area is entirely consistent with UNFPA and related global strategy, (ICPD PoA and the MDGs).

- **Effectiveness:** The Youth Focus Area Output should be largely achieved by 2015 based on key output indicators. While there are insufficient representative national data to estimate the extent of its contribution, the Youth Output has clearly contributed to the CPE Youth Outcome. The Youth Output has made substantial progress in the face of extremely difficult constraints that have limited implementation.

- **Efficiency:** The Youth Focus area has been managed with a high degree of efficiency at reasonable cost. It is unlikely that more results could have been achieved with the resources spent. There were delays due to external constraints, but otherwise inputs and outputs have been implemented in a timely manner.

[49]While there are no universally accepted definitions of adolescence and youth, the United Nations understands adolescents to include persons aged 10-19 years and youth as those between 15- 24 years for statistical purposes without prejudice to other definitions by Member States. (UNFPA. Adolescent and youth demographics: a brief overview. See. https://www.unfpa.org/webdav/site/global/shared/factsheets/One%20pager%20on%20youth%20demographics%20GF.pdf.).

- **Sustainability:** For the short-term, UNFPA has ensured sustainability for Youth Focus area interventions though strong GVT buy-in and collaboration, capacity building for trainers and development SRH related curricula.

As shown in Table 13 below, the current CP3 monitoring and evaluation framework defines two indicators for the Youth Output (R51) as well as some more detailed annual milestones (five indicators) plus an output indicator for peer education under the gender output (G22). The CP3 Youth Focus area is clearly on track to achieve some of the key indicators. On this basis, in addition to other evidence, the CP3 MTSP 2012-13 Youth Outcome 6 should be achieved by 2015.

Relevance

The questions[50]: For all 4 Focus areas - 1. A. To what extent is the CP consistent with i. beneficiaries' needs, ii. government's policies, iii. other development partners' programmes, 1. B. To what extent is the CP consistent with i. UNFPA's policies and strategies, and global priorities including ii the goals of the ICPD Program of Action and iii. the MDGs;

Relevance of the Youth Focus Area: Currently, 60% of Uzbekistan's population is under age 30. Based on this demographic reality, as well as stakeholder interviews with senior, youth and service-level stakeholders at the national, regional and district level, training follow-up interviews, and site visits to four regions, a strong case can be made for the relevance of the CP3 Youth focus area. It is clearly consistent with the needs of youth, government policies and other development partner programs. Respondents to stakeholder interviews who were familiar with UNFPA Uzbekistan's youth program explained that they were part of the working group for proposal development and feel youth beneficiaries were consulted. UNFPA has a well-documented Youth Advisor Panel (YAP) that meets twice a year and ensures relevance by providing youth input on UNFPA program activities. Youth participants in UNFPA trainings for peer educators were in strong agreement that they benefited from peer education supported programs, both in the knowledge they gained related to RHR, but also for their increased confidence in public speaking and training facilitation skills[51].

The GVT of Uzbekistan requires close adherence to national policy and the CP3 activities for youth have to be compliant with signed program documents with the WC. With few exceptions, all respondents felt UNFPA's Youth portfolio was consistent with other ongoing GVT and or donor supported activities. For example, UNFPA is a closely aligned partner on youth issues with the WC, UNICEF and the German Society for International Development (GiZ). Among those respondents who were familiar with UNFPA Uzbekistan's CP3 youth activities as well as UNFPA policies (the MTSP 2012-13 as well as the new 2014-17 SP Outcome 2), ICPD PoA and the MDGs, there was a consensus that UNFPA's youth activities are largely consistent with these mandates. As illustrated by its long-term collaboration with Uzbekistan government educational institutions to develop and scale up in-school curriculum that addresses SRH as well as its peer education programs, the Youth focus is well aligned with the ICPT PoA, which calls for meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality[52].

[50] As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for Questions EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.

[51] In addition to 18 self-administered training follow-up interviews for youth, there were semi-structured group discussions with 13 youth in four cities: Tashkent (n=3, 3 male, 1 female), Fergana (n=2, 2 female), Nukus (n=5, 3 male, 2 female) and Urgench (n=3, 3 female).

[52] "E. Adolescents. Adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion (as defined by the World Health Organization), and STDs and HIV/AIDS, are addressed through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group. A substantial reduction in all adolescent pregnancies is also sought. The text stresses that countries must ensure that programmes and attitudes of health-care providers do not restrict adolescents' access to the services and information they need. These services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, while respecting cultural values and religious beliefs as

Effectiveness

The questions: For all 4 focus areas – 2. A. Were the CP's intended outputs produced? If so, to what degree? 2. B. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Achievement of Output: A strong case can be made for the achievement of the Youth Output (R51) by 2015. Based on stakeholder interviews, training follow-up interviews, review of project documents (COARs, AWP, and SPRs), there have been significant achievements for R51 for the four years from 2010 to 2013. When some key implementing partners were asked this question, however, many were not sure; in their opinion all of their UNFPA supported annual work plans were achieved, but they were candid in saying they lacked evidence as to the achievement of the outputs. As shown in Table 13 below, there is a possibility that the two primary output indicators may not to be achieved by 2015. While the UNFPA supported activities for youth, especially for peer education and school curricula, do address comprehensive knowledge on preventing HIV, the achievement of 90% may not be realistic based on both the low level at baseline (less than 12%), and the relatively low coverage of UNFPA supported activities for youth (for example, Y-peer coverage of 25,000 for an estimated 5.7 million youth age 16-24 would be a coverage rate of less than 1%). There is a strong likelihood that a quality revised 16-hour family health course curriculum that addresses SRH issues will be expanded to colleges and lyceums in all regions of Uzbekistan by the Centre for Secondary for Secondary Specialized and Professional Education under Ministry of Higher Education. The expansion process is somewhat decentralized and there is a possibility that some regions may not have adopted the curriculum by 2015. But the Youth Output (R51) has largely been achieved considering that curriculum for education has been already developed and approved and given the success of UNFPA supported peer-education activities.

Table 13. Output Indicators for Youth (R51 and G22)

Indicator	Target for 2015	Estimated achievement as of 2013 (from UNFPA M&E files unless otherwise indicated)	Expected Achievement by 2015
R51: Percentage of young people aged 15-24 with comprehensive knowledge on preventing HIV. Baseline: 11.9%; Target: 90%	90% in the end of CP 2010-15	n/a The UNFPA 2011 Survey among Young People identified that only 11.9% of young people aged 15-24 have comprehensive knowledge about HIV prevention[53].	Data to estimate not yet available.
R51: Percentage of schools teaching a comprehensive course covering essential aspects of sexual and reproductive health and HIV prevention	100% in the end of CP 2010-15	n/a (100% in the end of CP 2010-15)	Plausible that 100% of colleges and lyceums in the end of CP 2010-15
R51: (1) Number of trained teachers to conduct classes on health education in the selected regions (including HIV prevention, RH issues and others) in the selected	40 per year	40	Insufficient data to estimate

well as the rights, duties and responsibilities of parents. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care, and greatly reduce the number of adolescent pregnancies. Governments are urged, in collaboration with NGOs, to establish appropriate mechanisms to respond to the special needs of adolescents." See: http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD-Summary#chapter7

[53] No targets for Youth for 2013 were identified. The overall achievement on this indicator will be assessed by the end of UNFPA CP (2015).

provinces.			
R51: (2) Number of young people reached by peer education activities.	25,000-30,000/yr	2012:1500, 2011: 10,000, 2012:22,000 or 32,000 2013: 25,065 based on 2013 database (30,000 based on 2014 best practice report) or 30,000 based on 2013 CP Indicators, Milestones	Plausible to achieve 25,000 per year.
R51: (3) Number of advocacy materials, particularly local media appearances on the issues of HIV, SRH and ICPD.	45 per year	45-50	Insufficient data to estimate
R51:(4) Number of informational/educational materials contributing to UNFPA's visibility, e.g. booklets, brochures, posters and public service announcements produced and disseminated.	8 per year	8	Insufficient data to estimate
R51: (5) Number of visits (average per month) to UNFPA Uzbekistan refurbished website (www.unfpa.uz).	500 per month	540	Insufficient data to estimate
G22: Number of young people reached on reproductive health and rights, HIV and STI prevention on peer-to-peer basis through UARH.	At least 5,000 young people.	2013: 5000[54]	Plausible to reach at least 5,000 if UARH re-enstated[55].

In addition to the output indicators shown above in Table 13, there are many examples where effective implementation is contributing to the CP3 Youth Output (R51). For example, from 2010 through 2013, a total of 139 training events have trained 3,094 participants. Most of these training events employ pre- and post-test questionnaires, which document significant short-term improvement in knowledge and attitudes. The results from training follow-up interviews with youth participants, despite a small sample size (n=18) and a likely self-selection bias, showed that a majority of those trained reported they were currently doing outreach sessions more than 6 times a month, reaching an average of 25 youth in each session, more than 160 youth per month[56]. All of youth interviewed reported that they gained new information and skills. The evaluation team was able to independently review UNFPA's 2013 peer educator data and it is plausible that the UNFPA program reached as many as 25,065 youth with 458 outreach sessions that year, more than 85% of which dealt with HIV prevention[57]. UNFPA's work in support of updated SRH curricula for the national educational system is particularly impressive, both with efforts to sensitize teachers, school principals, and college directors (more than 9,000 reached), and a revamped curriculum set for a systematic roll-out to colleges and lyceums in all regions this year and next. In collaboration with WHO, UNFPA has trained some 380 GPs on youth friendly health services. In addition, in 2013 the UNFPA CO supported the realization of the "Orasta Yoshlar" or "Diligent Youth" initiative nationwide in partnership with Women's Committee (WC) and its branches throughout the country. The WC had

[54] No data available for UARH supported peer educator outreach as all reports co-mingled with 2013 peer-educator database which provides an estimate of 25,000 youth reached. G22 indicator 5 estimate based on arbitrary assumption that 20% of all peer educator outreach can be attributed to UARH supported peer educators.

[55] As with the indicator for R51 (2) in this table, and the UARH youth outreach corresponds to an extremely low coverage (much less than 1%) of UNFPA supported activities for youth nationally (for example, Y-peer coverage of 25,000 for an estimated 5.7 million youth age 16-24 would be a coverage rate of less than 1%).

[56] Training follow up interviews with 18 youth age 16 to 25 showed high appreciation for the trainings: 100% felt they had gained new information and skills levels and improved their performance. More than 8 in 10 still worked as peer educators (n=15) and showed considerable level of post-training activity in the past month. On average they reported doing activities on average 6.75 days a month (n=12) for over 22 hours (n=12), reaching and average of 169 participants per month (n=9).

[57] These estimates of visits and persons reached (available on request) are quite preliminary, based on numerous assumptions that had to be made in the absence of complete data from UNFPA Uzbekistan. The estimate of 458 group sessions reaching 25,000 youth is close to what is reported in the 2014 version of the UNFPA Uzbekistan – Good Practice: Spotlight on Adolescents and Youth, which estimated "more than 500 activities organized by local volunteers reach about 30,000"

initiated a national campaign among girls to promote healthy lifestyles through increasing their knowledge on RH issues, General Hygiene and Healthy lifestyle. UNFPA joined this initiative and persuaded national partners to focus not only on girls but also involve young men to the initiative. Within this initiative some 200 volunteers were trained as peer educators on SRHR in Tashkent city in 2013. These 200 trained young peer educators were reported to have covered some 15,000 young people in just six months period in Tashkent city via SRHR sessions and informational campaigns. (UNFPA 2013 COAR). All of the above contribute to the achievement of the Youth Output (R51).

Contribution of Output and Degree of Achievement of Outcome.

The Youth Output (R51) has clearly contributed to the MTSP 2012-13 Outcome 6: "Improved access to SRH services and sexuality education for young people (including adolescents)." Despite some important setbacks, such as the closure of three key collaborating NGOs (UARH, Centre for Youth Initiatives (CYI), and the Social Initiatives Support Fund (SISF)), there is little doubt that the CP3 has improved SRH services and sexuality education for youth in Uzbekistan. For example, the development and approval of the 16-hour family health course curriculum for colleges and lyceums creates an institutional basis for providing quality SRH education. The key difficulty is to assess the level of achievement of the outcome. In the absence of a nationally representative survey, comparable to the UNICEF MICS, it is not possible to accurately assess the extent to which the MTSP 2012-13 Outcome 6 has been achieved. The planned UNFPA youth survey, to be carried out in 2015, may not be fully representative of the country, but it holds some potential to measure levels of access that can be compared to earlier UNFPA-supported survey data[58].

Constraining and facilitating factors and the influence of context.

Based on the responses from stakeholder interviews with persons knowledgeable about the UNFPA Uzbekistan youth activities, there was a wide range of issues cited as factors that facilitated or limited the progress of UNFPA's youth work. Key facilitative factors include UNFPA's trusted long-term working collaboration (in some cases signed annual working agreements) with the WC and other government Ministries and agencies. One especially important facilitative factor is UNFPA's commitment to maintain extra staff positions to focus on youth programs. Respondents commented favourably on the capacity of the UNFPA Uzbekistan Youth program staff and how UNFPA has partnered with other donors and implementing agencies. One limiting factor, noted below in more detail in Chapter 6 concerning monitoring and evaluation, was the limitation in the use of peer education data to track outreach activities.

Conclusion Number 4. Effectiveness – Youth: The UNFPA support for peer education has been effective due in large part the CO's commitment to maintain a full-time Youth Fellow position, which has helped maintain and increase its momentum. However, peer education data collection is not sufficiently informative about outreach activities conducted by peer education volunteers in the regions.

UNFPA's senior leadership were described as being proactive and responsive coordinators. At the same time, UNFPA has faced major constraints. These include long delays to obtain government agency review and sign-off on documents pertaining to SRH and youth, delays in financial

[58] For example, the UNFPA supported ISR baseline survey report on youth showed that, while only 2.2% had heard of YPeer, 6.5% reported having "ever participated in lessons conducted by specially trained in HIV/AIDS peer educators (on peer-trains-peer basis)." This is a significant, albeit small, proportion that may show a substantial increase in a planned 2015 end-line survey that could be attributed in large part to UNFPA supported activities (Public Opinion Center. Youth and Reproductive Health Survey. 2010. Supported by UNFPA Ubekistan).

transactions, and overall government caution when dealing with youth and SRH and with peer education in particular. The overall context of a very cautious government policy on youth and SRH, combined with recent sensitive political developments which precipitated the closure of three key collaborating NGOs has been an important challenge for UNFPA youth focus area activities. UNFPA Uzbekistan has responded effectively to these challenges by being flexible and establishing new institutional collaborations for youth activities with key government and quasi-government NGO agencies (such as the above mentioned WC for Diligent Youth initiatives).

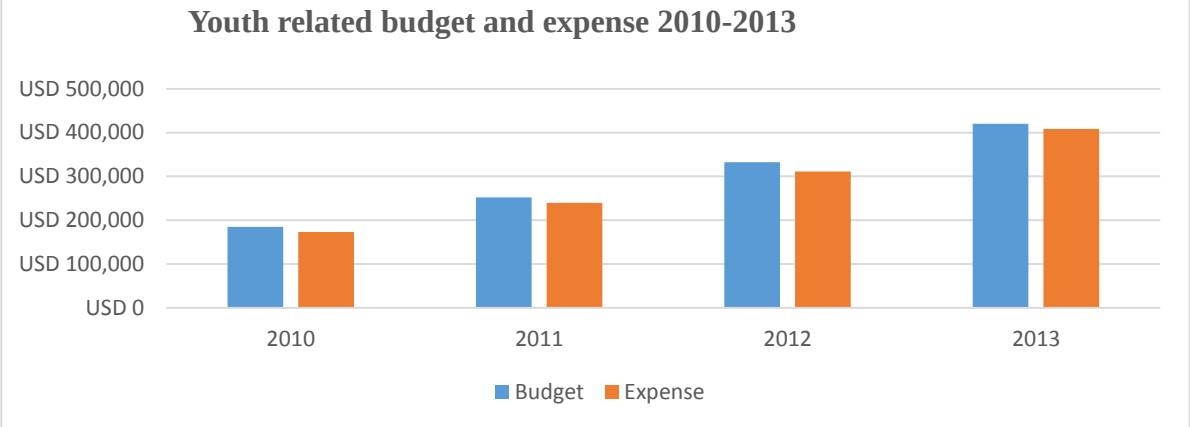
Efficiency

The questions: For all 4 Focus areas – 3. A.i Were the outputs produced reasonable for the resources spent? In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible? 3. B. Could different interventions have solved the same problem at a lower cost? 4. A. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); 4. B. What was the timeliness of outputs?

Based on a stakeholder interviews, review of project deliverables, and analysis of the available financial data from Atlas and in AWPs and SPRs, the Youth Focus has been managed with a high degree of efficiency. Very few of the respondents felt that more results could have been achieved with the resources spent[59]. As shown below in Figure 9, since 2011, the budget and expenditures for UNFPA Uzbekistan Youth activities have steadily increased from less than $200,000 to over $400,000. There is no evidence of any major overspending. The cost per person training day has kept low by building capacity in regions using local volunteers and doing training locally outside Tashkent to save money. For the amount of funding, the UNFPA Uzbekistan has made a substantial amount of progress.

Figure 9. Youth related budget and expense 2010-2014

Youth	2010	2011	2012	2013
Budget	USD 184'782	USD 252'450	USD 332'816	USD 419'836
Expense	USD 172'944	USD 239'853	USD 310'913	USD 408'480



[59] Based on estimated costs per person day of training, most of the Youth-related trainings appear to have been very reasonable. But some trainings, for example the costs for Y-Peer training of trainers (TOTs), stood out as being more costly than others. For example, $100 per person day of ToT training in Tashkent for 38 youth in 2012 versus a Tashkent-based training for 25 GPs on Youth Friendly Services in 2012, which costs $54 per person day of training. It was not clear why the Y-Peer ToT would be so much more costly than a training for GPs for the same number of days in the same city.

Based on the semi-structured interviews, virtually all respondents felt that the inputs and outputs were timely. Delays or cancellations of key activities were due to the sensitive policy context, such as delays in approval of draft documents by censors, and cancellation of program activity due to the above mentioned closure of the key NGO collaborating agencies (UARH, CYI and SISF).

Sustainability

The questions: For all 4 Focus areas – 6. A. Are programme results sustainable in short-term perspective (>=5 years)? 6. B. Are programme results sustainable in long-term perspective (>5-10 years)? 6. C.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.
6. C.ii If yes, how UNFPA Uzbekistan did ensure sustainability of its programme interventions?

UNFPA Uzbekistan has ensured a great deal of sustainability for activities under the Youth Focus area, not only through capacity building for trainers at the regional and national level, but through its efforts to develop SRH related curricula, which are likely to persist within the national and regional educational systems for years to come.

Conclusion Number 5. Sustainability - Youth: Greater priority to school-based initiatives will help improve likelihood of sustainable youth access to SRH information and education.

Stakeholders for the youth focus area responded to the question of short-term sustainability by making the case that, despite their dependence on UNFPA funding to support youth related activities, they have developed sustainable capacity for working with youth. For example, regional UARH staff explained how they now had experienced youth trainers in the regions, as well as the useful UNFPA-supported peer education training curriculum, which has been carefully adapted to Uzbekistan cultural requirements and translated into Uzbek. There was optimism, based on modest success with local small grants from other donors, that it would be possible to find other sources of income to support trainings, including reaching out to rural areas. The UNFPA collaboration with the WC for "Orasta Yoshlar" Diligent Youth initiative has excellent prospects for sustainability by virtue the long-term stability of the WC's strong national and regional network. The question on long-term sustainability (for greater than 5 years) was too abstract for most respondents to answer.

Gender

The questions: For all 4 Focus areas – 1) To what extent have UNFPA Uzbekistan's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? **2)** Where does the UNFPA Uzbekistan and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

Based on stakeholder interviews, training follow-up interviews and group discussions with youth peer educators and review of project documents it is clear that the UNFPA CP3 youth activities have integrated gender as a cross cutting theme. For example, UNFPA training of trainers for adolescents and young people on peer-to-peer education explicitly measures gender equity as part of the pre- and post-training evaluations. In addition, UNFPA-supported school based SRH curricula include gender equality issues. In training follow-up interviews with youth, all but three of 16 of peer educators who answered the question felt that the training they received promoted gender equity. Only two senior respondents felt able to rate UNFPA Uzbekistan youth-related activities on the basis of a gender continuum and both felt the youth focus activities could be considered gender transformative.

Section 4.3: Population and Development (PD)

Overview of the UNFPA Uzbekistan PD Focus Area

As shown in Figure 4 in Annex 7-A, the realigned model for the PD Focus area in the UNFPA Uzbekistan CP3 consists of one PD Output "Building national capacity in demography" (P31). The PD Output (P31) has made significant progress toward the achievement of the MTSP 2012-13 Outcome 7, "Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality."

Overview of Findings for PD Focus Area:

- **Relevance:** The PD Focus Area is relevant to the current National policy context and consistent with the needs of key beneficiaries and GVT Ministries. Despite GVT restrictions on data collection for certain topic areas, the PD Focus area is largely consistent with GVT policies and development partner programmes as well as with UNFPA policies, the ICPD PoA and the MDGs.

- **Effectiveness:** The PD Focus Area Output will be substantially achieved by 2015 and has contributed to the CPE PD Outcome. The PD Output achievements have been made despite serious constraints placed on important topic areas for data collection.

- **Efficiency:** The PD Focus Area output has been managed fairly efficiently and at reasonable cost. There was some evidence that more results could have been achieved with the resources spent. Despite serious constraints, most inputs and outputs have been implemented in a timely manner.

- **Sustainability:** There is evidence of improved national PD related capacity for data collection for sustained results in the short-term (five years). This capacity building for data collection includes efforts to establish an ongoing university level demographic training program.

As shown below in Table 14, the current CP3 monitoring and evaluation framework defines two output indicators for the PD Output (P31). Despite serious constraints, the PD Focus Area has made important progress to achieve the CP3 PD MTSP 2012-13 Outcome 7.

Relevance

The questions[60]: For all 4 Focus areas - 1. A. To what extent is the CP consistent with i. beneficiaries' needs, ii. government's policies, iii. other development partners' programmes, 1. B. To what extent is the CP consistent with i. UNFPA's policies and strategies, and global priorities including ii the goals of the ICPD Program of Action and iii. the MDGs;

Relevance of the PD Focus Area: A careful review of the key activities and interviews with stakeholders knowledgeable about UNFPA Uzbekistan PD activities showed that the PD Focus area is consistent with the needs of its beneficiaries, especially the staff and specialists employed by the main implementing partner agencies. The PD Focus area interventions, such as for the Aral Sea Region, are based on an assessment of the needs of implementing agency staff (See T. Kucera. 2011). The PD focus area has to adhere closely with government policies and is implemented on the basis of signed agreements with Government (GVT) agencies, which were consulted during the development of the

[60] As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for Questions EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.

CP3 program and during the development of annual work plans (AWPs). There are some occasions, however, where a PD focus area was consistent with GVT policies but could not be implemented. For example, a proposed survey on migration, was agreed to and consistent with one agency's policies, but could not get approval from a more senior gatekeeping GVT institution. The UNFPA PD focus area is fully consistent with the UNDAF and UNCT priorities. UNFPA PD activities are consistent with programs supported by other agencies, such as the recent efforts by UNICEF and WHO to support improved MoH reporting on infant mortality. On the basis of document review, site visits and interviews with respondents who were familiar with UNFPA Uzbekistan's CP3 PD activities as well as UNFPA policies, ICPD PoA and the MDGs, it is clear that UNFPA's PD Focus Area is consistent with all three sets of policy guidance. All three are explicitly referenced in PD supported documents and reports.

Effectiveness

The questions: For all 4 focus areas – 2. A. Were the CP's intended outputs produced? If so, to what degree? 2. B. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Achievement of Output: As shown in Table 14 below, neither of the targets for the two output indicators for the PD Output (P31) are likely to be fully achieved by 2015 (both indicators should reach 75% of the target by 2015). Nonetheless, there have been significant achievements for most activities for the PD Output (P31) for the four years from 2010 to 2013. Hence, significant progress will have been made toward the achievement of the PD Output (P31) and the overall P31 MTSP 2012-13 Outcome 7. UNFPA PD activities have clearly strengthened national capacity to collect, analyse and use disaggregated population data. Over the past four years, 338 staff have been trained in 15 separate training events with key institutions, including the Ministry of Economics, the Institute for Social Research, 18 Specialists from pertinent Ministries and institutions in the three Aral Sea area regions, as well as professors and teachers at academic institutions, such as the Institute of Economics at the Academy of Sciences and the Tashkent branch of Russian Economic University named after G. Plekhanov.

Table 14. Output Indicators for P31

Indicator	Target for 2015	Estimated achievement as of 2013	Expected Achievement by 2015
P31 (1) Number of persons trained in the production, analysis, dissemination of quality gender disaggregated population data	At least 100 per year = 600	287 (338 reported trained in 15 trainings)	Approx. 460
P31 (2) Number of population-related studies and surveys conducted with UNFPA support	At least 2 per year = 12	6[61]	9

[61] One of the six studies, albeit of high quality, was quite small: a regional needs assessment (26 completed surveys by 13 Chiefs, eight Deputy Chiefs, and five Specialists from pertinent agencies in three Aral Sea regions). By rights it should not be counted as a survey in this context. See T. Kucera. "Assessment of the needs of local administrations and provincial governments on strengthening their capacity in collection, analysis and the use of population data for policy development in the Aral Sea Region" 2011.

More important than the number of persons trained is the PD portfolio's linkage of trainings to help improve the quality of survey research. This is especially true of the ISR, which has benefited from 5-day trainings for its staff for four consecutive years. The PD portfolio also includes demographic training for staff in three regions in the Aral Sea area. This series of trainings has used participatory approaches for the analysis of regional demographic data with the result that, trained regional specialists "understand demographic information and are more and more aware of its practical significance" (SPR 2012).

Conclusion Number 6. Effectiveness – PD: UNFPA Uzbekistan has successfully improved national capacity for survey research by linking training events directly to scheduled survey research activities.

Despite important constraints (discussed below) UNFPA has supported five surveys to completion. These surveys provide useful findings related to gender relations and domestic violence (Institute for Social Researches (ISR) 2010 and ISR 2012), reproductive health knowledge and attitudes among youth (Public Opinion Centre 2010), access to RH services among women of reproductive age (ISR. 2013.), as well as in-depth insights on the couples who experience infertility (National Centre of Endocrinology 2013). While the quality of the research methodology and the reports vary, there is evidence of increased capacity for population-related research over time. The ISR has conducted UNFPA-supported surveys for three of the past four years. The quality of the ISR survey data collection methods and the resulting analysis in their reports has improved markedly. This is, in part, a result the four capacity building trainings for ISR staff. There are many other examples where implementation of PD activities have contributed toward the two outputs, but page limits does not allow them to be presented here.

Contribution of Outputs and Degree of Achievement of Outcome.

Based on stakeholder interviews, site visits and document review, the activities for P31 have clearly made a contribution to the MTSP 2012-13 Outcome 7, "Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality." This is demonstrated by the survey reports cited above, and feedback from stakeholders from the ISR. They reported that their most recent 2013 survey benefitted from UNFPA-supported training in survey research methods. The degree to which the outcome has been achieved is difficult to quantify. But, with the completion of the remaining trainings and planned surveys by 2015, there will be greater availability and analysis of data related to SHR and Gender.

Constraining and facilitating factors and the influence of context.

Based on the responses from stakeholder interviews with persons knowledgeable about the UNFPA Uzbekistan's P31 activities, many factors were cited that either facilitated or limited the progress of UNFPA's PD work. Key facilitative factors include well established collaborative working relations with partner government and non-governmental agencies, as well as inclusive planning procedures. At the same time, there are major constraints, such as a lack of competent demographers, long delays in government administration and lack of transparency in the documentation of data analysis. A very serious constraining factor is government sensitivity related to international cooperation and specific research topic areas (for example, the last-minute refusal of the GVT to allow the fielding of a survey

on migration in 2011 and the recent GVT refusal in July 2014 to permit UNFPA to transfer funds to the Republican Family Centre, "Oila" to conduct a survey on early marriage)[62].

Conclusion Number 7. Effectiveness – Constraints: The UNFPA CP3 has faced important constraints on access to data as well as permission to collect pertinent data at the national level. This has seriously hampered UNFPA CP implementation as well as M&E and has implications for the development of the new CPD.

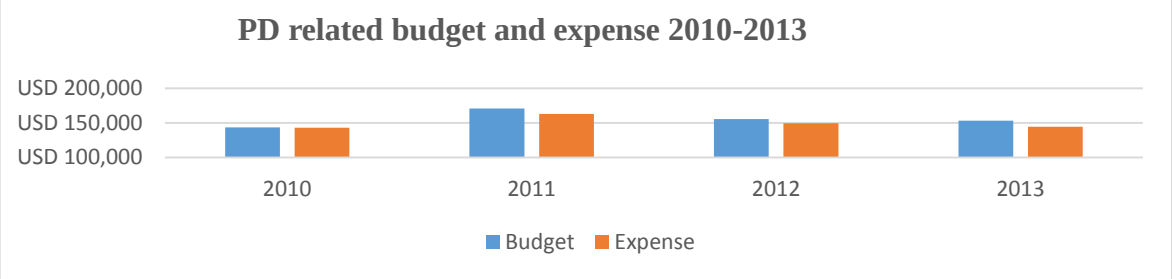
Efficiency

The questions: For all 4 Focus areas – 3. A.i Were the outputs produced reasonable for the resources spent? In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible? 3. B. Could different interventions have solved the same problem at a lower cost? 4. A. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); 4. B. What was the timeliness of outputs?

UNFPA Uzbekistan's PD Focus area has made a substantial amount of progress with the funds available. Based on a stakeholder interviews, review of project deliverables, and analysis of the available PD financial data, the PD portfolio has been managed with efficiency. None of the respondents felt that more results could have been achieved with the resources spent. As shown in Figure 10, since 2010, the entire portfolio of UNFPA Uzbekistan PE activities has been implemented at between $142,909 to $162,621 per year with some evidence of underspending between 4% (2011) and 6% (2013). Given the relatively small size of the PD budget compared to other Focus Areas, economies should be considered for training events. For example, the cost-per-person-training-day might be reduced by building capacity in regions doing training locally outside Tashkent. For reasons that are not clear, PD trainings for the Aral Sea Region staff have been conducted in Tashkent, when they could have been conducted at far lower cost in the regions[63].

Figure 10. PD Related Budget and Expense 2010-2013

PD	2010	2011	2012	2013
Budget	USD 143'577	USD 170'575	USD 155'254	USD 153'061
Expense	USD 142'909	USD 162'621	USD 149'486	USD 144'168



[62] UNFPA Uzbekistan P31 SPRs for 2011, 2012 and 2013 stress that "The government remains wary of sharing population data and using disaggregated data analysis for policy formulation." This view is contradicted by findings revealed during interviews with senior stakeholders. Despite UNFPA's extended network of collaboration for PD and GE, there are important stakeholder donor agencies (World Bank, ADB) that were active in supporting PD- and gender-related work over the past three years that were not aware of UNFPA's PD activities and worked independently with the WC and the Statistical Committee on the important issue of gender disaggregated data. For example, the ADB supported a three-year effort that established a new website on gender disaggregated statistics (in Uzbek, Russian and English) that is a useful example of collaboration with Uzbekistan Government agencies, which the UNFPA could have supported. See http://gender.stat.uz/en/ and http://ut.uz/en/IT/uzbekistan-has-launched-a-website-on-gender-statistics

[63] For example, a proposed Tashkent 2-day training for Aral Sea staff in 2014 is budgeted at $188 per training day, compared to regional on-the-job training that was estimated to cost $61 per training day, one-third the cost.

Based on the semi-structured interviews, virtually all respondents felt that the inputs and outputs were timely. Virtually all delays or cancellations of key activities were due to the sensitive policy context, as outlined above. Some activities have simply taken longer than planned, such as the completion of a survey on infertility, which required an extension. Some activities had to be abandoned, for example there was a plan to establish a master's level program in demography. It was discontinued due to the lack of support from the National University, which disbanded its demography department and thus eliminated any institutional basis for the program. This effort has been discontinued in favour of establishing an undergraduate course in demography. Due in part to the low visibility of UNFPA CP3 PD activities, there is a perception among some UNCT stakeholders that UNFPA PD Focus area has not been efficient in implementing activities to achieve outputs. The Aral Sea area demographic training initiative appears to be overly complex, dispersed and drawn out (four years) for just 18 participants from five different regional agencies in three regions. Given the likelihood of staff turnover, it might have been more efficient and economical to conduct regional trainings with more participants with a focus on fewer institutions in the three Aral Sea area regions, such as the State Statistical Committee and the MoH.

Sustainability

The questions: For all 4 Focus areas – 6. A. Are programme results sustainable in short-term perspective (>=5 years)? 6. B. Are programme results sustainable in long-term perspective (>5-10 years)? 6. C.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.
6. C.ii If yes, how UNFPA Uzbekistan did ensure sustainability of its programme interventions?

Based on stakeholder interviews there was a mixed response to this issue of short-term sustainability. Most felt that the training provided long-term benefits and that they used the knowledge and skills they acquired. But there was an acknowledgement that, in addition to the need to staff abreast of newer techniques in demography, staff turn-over and retirement of older staff implied a need for continuous training. Senior government officials appreciated the support for international travel for conferences and training, which would not be an option for them otherwise. A trade-off was noted between investing in a small dedicated cadre of demographers, who have a passion for the discipline, versus training large numbers of specialists who may not apply the training long-term. The question on long-term sustainability (for greater than 5 years) was too abstract for most respondents to answer.

Gender

The questions: For all 4 Focus areas – 1) To what extent have UNFPA Uzbekistan's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? **2)** Where does the UNFPA Uzbekistan and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

Most respondents who were familiar with the PD portfolio felt that gender was at least partially integrated as a cross cutting theme. In as much as the PD portfolio adheres to UNFPA, ICPD and MDG principles and continuously promotes the gender disaggregation of data, it is clear that the PD program integrates gender as a cross-cutting theme. The PD activities consciously encourage women trainees and require gender specialists be included in the design and implementation of surveys.

Section 4.4: Gender Equality

Overview of the UNFPA Uzbekistan Gender Equality Focus Area

As shown in Figure 5 in Annex 7, the realigned model for the Gender Equality (GE) Focus area in the UNFPA Uzbekistan CP3 consists of two Outputs: "Strengthening mechanisms for Women's Empowerment" (G21) and "Support for Implementation of the CEDAW, Male Involvement and Peer Education" (G22). Both Outputs are on track to be achieved by 2015 and lead directly toward one overall MTSP 2012-13 GE Outcome, "Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of law and policy."

Overview of Findings for RHR Focus Area:

- **Relevance:** In the current National context, the GE Focus area is extremely relevant. Despite serious GVT constraints on implementation, it is consistent with beneficiary needs and development partner programmes. It is entirely consistent with UNFPA policies and global priorities expressed by the ICPD PoA and the MDGs.

- **Effectiveness:** Both of the GE Outputs should be fully achieved by 2015. These two outputs have contributed to the CPE GE Outcomes, but it is not feasible to assess the extent of this contribution due to a lack of representative national data. This progress has been made despite serious constraints that have limited implementation of outputs.

- **Efficiency:** The two GE outputs have been managed with a high degree of efficiency and at reasonable cost. There was no evidence that more results could have been achieved with the resources spent. Most inputs and outputs have been implemented in a timely manner, with important delays attributable to external constraints.

- **Sustainability:** GE program components, such as training capacity for the implementation of the CEDAW and resource manuals and materials, have potential for sustained results in the short-term (five years). UNFPA has promoted sustainability through its close working relations and capacity building efforts with counterpart implementation partners, who have a strong ownership of GE related interventions.

As shown below in Table 15, the current CP3 monitoring and evaluation framework defines output indicators for GE Output (G21) (two indicators) and GE Output (G22) (five indicators). The CP3 is on track to meet or exceed all seven of these output indicators. On this basis, as well as findings from other evidence, the overall CP3 GE Focus area outcome will be achieved by 2015.

Relevance

The questions[64]: For all 4 Focus areas - 1. A. To what extent is the CP consistent with i. beneficiaries' needs, ii. government's policies, iii. other development partners' programmes, 1. B. To what extent is the CP consistent with i. UNFPA's policies and strategies, and global priorities including ii the goals of the ICPD Program of Action and iii. the MDGs;

[64] As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for Questions EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.

Relevance of the GE Focus Area: A strong case can be made for the relevance of the CP3 GE Outputs based on the current context of the status of women in Uzbekistan, stakeholder interviews with senior and service-level stakeholders at the national, regional and district level, training follow-up interviews, and site visits to urban and rural Mahallas. The CP3 GE Focus area is clearly consistent with the needs of beneficiaries, government policies and other development partner programs. Respondents to stakeholder interviews who were familiar with UNFPA Uzbekistan's GE portfolio repeatedly stressed that the UNFPA CPAP GE activities had been developed in an open consultative manner that took beneficiary needs into account, especially women of reproductive age. Participants in UNFPA-supported trainings under GE, such as Mahalla Advisors, were in large measure (more than 8 in 10) in agreement that the trainings were relevant to their work. The GVT of Uzbekistan requires close adherence to national policy and the CP3 GE activities are no exception. The GE activities, especially related to CEDAW, are in close adherence to a GVT approved Action Plan and were planned and pre-approved as part of a signed AWP with the WC. With few exceptions, all respondents felt UNFPA's gender portfolio was consistent with other ongoing GVT and or donor supported activities. For example, UNFPA is a closely aligned partner with other UN agencies in GE related activities, such as the annual 16 Days of Activism Against Gender Violence Campaign.

Among those respondents who were familiar with UNFPA Uzbekistan's CP3 GE activities as well as UNFPA's global policies, the ICPD PoA and the MDGs, there was a consensus that UNFPA's GE activities are consistent with all three. This was also confirmed on the basis of document review and site visits.

Effectiveness

The questions: For all 4 focus areas – 2. A. Were the CP's intended outputs produced? If so, to what degree? 2. B. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?

Achievement of Outputs: There has been significant progress for GE Output (G21) and GE Output (G22) from 2010 to 2013. As shown in Table 15 below, all seven of the indicators for Outputs G21 and G22 either have been or are likely to be achieved by 2015. On this basis the two outputs (CP3 GE Output and UNFPA MTSP Output 13) will have been achieved by 2015.

Table 15. Output Indicators for G21 and G22

Indicator	Target for 2015	Estimated achievement as of 2013	Expected Achievement by 2015
G21 (1) Number of decision makers trained on prevention of domestic violence per year[65]	At least 200 per year = 1200	Approx. 350 per year for 3 years= 1050	Approx. 350 per year for 5 years= 1750
G21 (2) Number of relevant law enforcement personnel trained in identifying and managing cases of	At least 200 per year =	Approx. 350 per year for 3 years= 1050	Approx. 350 per year for 5 years= 1750

[65] NB: Indicators 1 and 2 were initially to be 80% of eligible population. Due to inability to conduct baseline survey to establish denominators in 2011, it was revised to be a fixed number of persons trained 2012. This was a serious drawback in the design of the M&E system.

domestic violence per year	1200		
(1) Number of Mahalla male advisers, posbons and leaders trained in selected regions received comprehensive knowledge on male involvement into SRHR including family planning, STIs and HIV prevention and gender issues.	At least 500	No data available 2014: The plan was extremely ambitious to train 500 trainers and then reach 10,000 men in a cascade.	At least 500 if alternative approach that adjusts to closure of UARH can be implemented.
(2) Number of men in selected regions received knowledge on SRHR including family planning, STIs and HIV prevention and gender issues through info sessions.	At least 10,000 men	2011: 3,000 2013:10,000	At least 13,000
(3) Number of trainers prepared from Mahalla advisers.	At least 20	2011: 100	At least 100
(4) Number of local Mahalla advisers/leaders trained to provide comprehensive knowledge on RHR issues and RH law in local communities.	At least 200	2011: 200 2012:250	At least 500
5) Number of young people reached on reproductive health and rights, HIV and STI prevention on peer to peer bases.	At least 5,000 young people.	2013: 5000[66]	At least 5,000

In addition to the output indicators shown above in Table 15, there are many examples where the effective implementation of activities under Output G21 have made a contribution to the CP3 GE Output. In 2010 and 2011, a male involvement initiative completed cascade training for 3,000 men in three regions and measured knowledge, attitudes and practice with a base-line and end-line survey with 300 men, revealing positive RHR trends in knowledge. From 2011 through 2013, over 2,000 decision makers and law enforcement officials have been trained on CEDAW and GBV in collaboration with the WC. Similarly, several key activities for Output G22 appear to have progressed well. In 2011 and 2012, UNFPA supported the WC and the CISC to develop and publish a Mahalla Advisor Handbook on RHR. UNFPA also supported the publication of an Uzbek version of the CEDAW trainings materials, and the training of an estimated 450 Mahalla Advisors. Based on site visits and stakeholder interviews, these efforts have clearly contributed to a programme to promote women's rights and raise awareness concerning RH and GBV.

Contribution of Outputs and Degree of Achievement of Outcome.

The activities for GE Outputs (G21) and (G22) have clearly made a contribution to the MTSP 2012-13 GE Outcome 5, "Advance gender equality and reproductive rights through advocacy and implementation of law and policy." There have been setbacks, however, such as the failure to pass a law on gender equality and a reluctance to draft or enact a law on GBV. In addition, knowledgeable stakeholders who support UNFPA's work have expressed the need for greater coverage in order to have a real impact (for example, less than 15% of the estimated 8,400 Mahalla Advisors have been trained). Nonetheless, due in large part to UNFPA support, Uzbekistan, especially through the efforts

[66] No data were available for UARH supported peer educator outreach as all reports co-mingled with 2013 peer-educator database which provides an estimate of 25,000 youth reached. G22 indicator 5 is estimate based on the arbitrary assumption that 20% of all outreach can be attributed to UARH supported peer educators.

of the WC within the National network of Mahallas[67], has initiated monitoring of the CEDAW and created a coherent programme to promote women's rights and reproductive health at the community level. UNFPA has succeeded in supporting the WC and Mahalla advisors in a manner that has inculcated a strong sense of professional pride: UNFPA counterparts are proud of and express ownership for what they have accomplished. The UNFPA-supported activities for Output G21 and Output G22, such as 1) UNFPA support for the development and printing of the 2013 "Concept of National Monitoring Women's Rights in Uzbekistan," 2) capacity building for senior WC and others staff, and 3) over 180 UNFPA trainings related to CEDAW, GBV and RHR with a total of more than 4,000 participants, and 4) the development of practical materials and handbooks to support community outreach for Mahalla advisors, have been acknowledged by stakeholders as important contributions[68]. While there is a lack of representative data on trends in GBV or rates prosecution, there is now a basis for tracking pertinent data for this outcome over time, both through continued UNFPA support for representative regional surveys[69] and through UNFPA support for the Fifth and Sixth Report on the CEDAW.

Conclusion Number 8. Effectiveness (M&E) - RHR, Youth, PD, and GE: Despite a lack of nationally representative data on trends for key output indicators for RHR, Youth and GE, UNFPA Uzbekistan has created a basis for tracking pertinent data for these indicators over time.

Constraining and facilitating factors and the influence of context.

Based on the responses from stakeholder interviews with persons knowledgeable about the UNFPA Uzbekistan GE activities, there was a wide range of issues cited as factors that facilitated or limited the progress of UNFPA's GE work. Key facilitative factors include UNFPA's close trusted working relations, good planning, efficient work plans, signed AWPs, and open dialog with the WC, CISC and GVT ministries such as the MoH and MoEd. Stakeholders also cited UNFPA's close collaboration with UN agencies, such as UN Women, UNDP and UNICEF and participation with a UN Gender working group, which has also facilitated its work. At the same time, UNFPA has faced major constraints, including a long approval times for setting up meetings and sign-off for new documents, delays in financial transactions by the grants commission, and most importantly, the closure of collaborating NGOs (three major NGOs in December 2013), most recently UARH (closed in May 2014 after more than 10 years of uninterrupted advocacy and education for RHR). UNFPA works within a sensitive policy environment that discourages dissent; this tends to inhibit rapid innovation. UNFPA and sister UN agencies must use utmost care to avoid even the appearance of challenging the status quo.

[67] "The adoption of the Mahalla Law in 1993 (revised in 1999) has strictly formalized the activities of mahallas, thereby indirectly incorporating them into the system of public administration. Mahallas are no longer local informal institutions, now they have become the government's main agency responsible for implementing social welfare programs and maintaining social order and stability." Bridging the State and Society: Case Study of Mahalla Institutions in Uzbekistan. Rustamjon Urinboyev Lund University December 10, 2011 http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2165651

[68] UNFPA support for CEDAW related activity is acknowledged repeatedly in the Feb 2013 CEDAW publication, "Concluding observation on the fourth periodic report of Uzbekistan… Addendum. Information provided by Uzbekistan on the follow-up to the concluding observations of the Committee." See also, UNFPA acknowledgment in Dr. A.H. Saidov, editor. "The concept of national monitoring of women's rights in Uzbekistan." 2013.

[69] For examples of important pertinent data supported by UNFPA, see Institute for Social Research (ISR). "Mutual relations in a family in the situation of society transformation (on the example of the Republic of Uzbekistan)." Pages 23-24. Tashkent. 2010." And ISR. "Socio-economic and gender aspects of forming strong family." Pages 33-40. Tashkent. 2012.

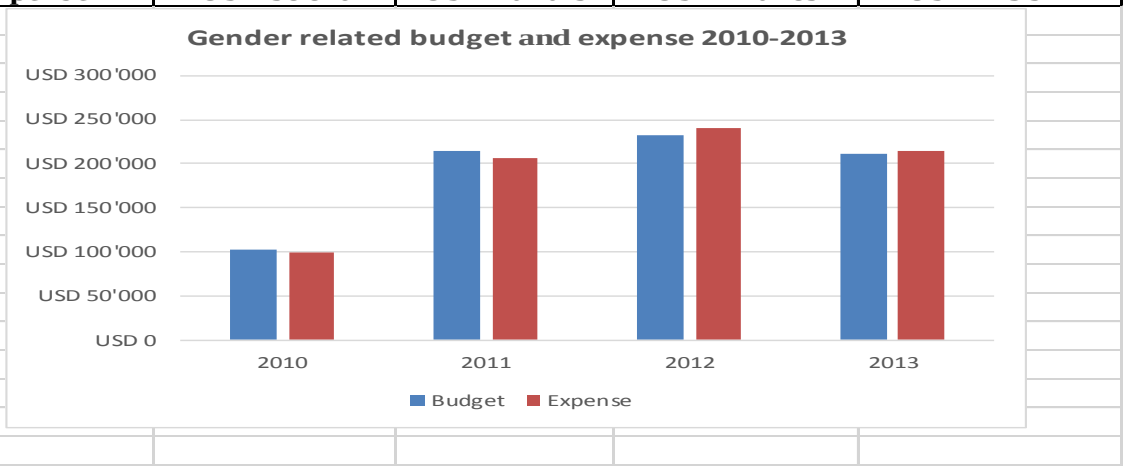
Efficiency

The questions: For all 4 Focus areas – 3. A.i Were the outputs produced reasonable for the resources spent? In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible? 3. B. Could different interventions have solved the same problem at a lower cost? 4. A. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); 4. B. What was the timeliness of outputs?

For the amount of funding, the UNFPA Uzbekistan has made a substantial amount of progress. Based on a stakeholder interviews, review of project deliverables, and analysis of the available GE financial data, the GE portfolio has been managed with a high degree of efficiency. Very few of the respondents felt that more results could have been achieved with the resources spent. As shown in Figure 11, since 2011, the entire portfolio of UNFPA Uzbekistan GE activities has been implemented at between $215,000 to 232,000 per year with very little overspending. The cost per person training day has been kept low by building capacity in regions using local volunteers and doing training locally outside Tashkent to save money[70].

Figure 11. GE Resources by Budget and Expense from 2010 through 2013

Gender	2010	2011	2012	2013
Budget	USD 102'232	USD 214'974	USD 232'609	USD 211'256
Expense	USD 98'816	USD 207'019	USD 240'489	USD 213'941



Based on the semi-structured interviews, virtually all respondents felt that the inputs and outputs were timely. Delays or cancellations of key activities were due to the sensitive policy context, such as the failure to pass the gender equality law and the cancellation of the planned 2011 baseline survey of decision makers and law enforcement personnel.

Sustainability

The questions: For all 4 Focus areas – 6. A. Are programme results sustainable in short-term perspective (>=5 years)? 6. B. Are programme results sustainable in long-term perspective (>5-10 years)? 6. C.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.

[70] For example, in 2013 regional training for 703 decision makers and law enforcement on CEDAW and Domestic Violence was estimated to cost $22 per person day, trainings in Tashkent cost four to five times as much.

6. C. ii If yes, how UNFPA Uzbekistan did ensure sustainability of its programme interventions?

Despite their admitted dependence on UNFPA funding to support GE related activities, most respondents felt they have acquired a sustainable capacity. For example, they now had experienced GE trainers available on staff, as well as of useful training curricula, such as the Male Involvement Manual, and the Mahalla Advisor Hand Book. There was some optimism that it would be possible to find other sources of income to support trainings, including reaching out to rural areas. Respondents cited the institutional support and sense of ownership by the WC as a strong basis for continuing efforts, as well as an enduring capacity within the WC, CISC and among some of the other NGOs that remain open. The question on long-term sustainability (for greater than 5 years) was too abstract for most respondents to answer.

Gender

The questions: For all 4 Focus areas – 1) To what extent have UNFPA Uzbekistan's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity? **2)** Where does the UNFPA Uzbekistan and/or the focus area activities fall along continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative

Based on stakeholder interviews, review of project documents and deliverables it is clear that the UNFPA CP3 GE activities integrate gender as a crosscutting theme. A large majority of respondents who were familiar with UNFPA's GE Focus area were in full agreement that the UNFPA Uzbekistan the CP3 has integrated gender as a crosscutting theme. While only a small number of respondents were asked to rate UNFPA Uzbekistan SRH related activities on the basis of a gender continuum, most of these stakeholders expressed the opinion that the UNFPA CP SRH activities were gender transformative[71]. None of the respondents felt any aspect of the UNFPA CP SRH activities were gender exploitative. Based on interviews with Y-Peer youth leaders, there was a clear emphasis on gender equity, with an awareness of the need to push for greater sensitivity to the needs of key populations[72].

[71] As found in similar evaluations, respondents who were more conversant with gender issues, especially respondents who are very familiar with the UNFPA GE Focus area, were less disposed to say that UNFPA has integrated gender as a cross-cutting theme. Having greater expertise in this area, they appear to hold UNFPA to a higher standard than other respondents.

[72] A human rights-based approach may be appropriate for the needs of youth and key populations. As noted in the UNDAF for Uzbekistan, a human rights-based approach is used for programming with crosscutting issues that include gender and the vital role of young people. The UNDAF uses a capacity development paradigm anchored by human rights norms and values, and the principles of gender mainstreaming and inclusiveness (UNDP UNDAF for the Republic of Uzbekistan 2010-2015. 2009.)

CHAPTER 5: Strategic positioning

Section 5.1: Alignment

The questions: EQ7A. To what extent has the UNFPA country office contributed to the functioning of UNCT coordination mechanisms? EQ7B.To what extent has the UNFPA country office contributed to the consolidation of UNCT coordination mechanisms? EQ8. To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country?

Extent of UNFPA CO contribution to functioning of UNCT coordinating mechanisms: Based on stakeholder interviews with senior UNCT staff in multiple UN agencies, at both the national and regional level, as well as review of pertinent UNDAF related documents, it is clear that UNFPA has stood out among UN agencies as a team player in support of UNCT coordination. UNFPA staff are seen as active and constructive on multiple working groups including gender, health and M&E. Many of the UNFPA CO staff have extensive experience collaborating with other UN agencies in Uzbekistan. They were described as being extremely timely and responsive to requests for input on UNCT management and data needs. Respondents cited the UNFPA CO's active role in responding to UNCT needs concerning key MDGs and its contribution to the MDG report.

Extent of UNFPA CO contribution to consolidation of UNCT coordination mechanisms: Based on stakeholder interviews and review of pertinent UNDAF related documents it is evident that the UNFPA CO has been actively involved in supporting efforts to develop improved coordination mechanisms for the UNCT. For example, senior UNFPA CO staff have been actively participating of UNCT efforts to improve UNDAF M&E systems, develop the new national common country assessment and develop the next UNDAF for 2016-2020. The UNFPA CO Representative has special competencies in this area having served several months as Chargé UN Resident Coordinator and playing a leadership role in identifying opportunities for improved UNCT coordination.

Extent to which the UNDAF reflects the interests, priorities and mandate of UNFPA in the Uzbekistan: By virtue of the Uzbekistan UNDAF inclusion of the MDGs, access to social services including health, and a human rights approach to development, the current UNDAF reinforces UNFPA's mandate and priorities. A concrete example of this reinforcement is the use of UNDAF Outputs (such as UNDAF Outputs 2.3.5 and 2.3.6 which address contraceptive commodity security and the enhancement of family planning services) within the UNFPA CP3 framework. Through the UNCT theme groups, the UNDAF provides opportunities for UNFPA to develop and sustain joint projects with other UN agencies such as UNDP, UNAIDS, UN Women, UNICEF and WHO.

Response to significant changes in the national development context: Based on stakeholder interviews with national counterpart agencies, from the perspective of annual priority setting, UNFPA has been very responsive to new national priorities. This results in a good convergence between UNFPA and counterparts, such as the MoH and WC, on government priorities. While the UNFPA CO did not anticipate the closures of important NGO counterparts in December 2013, it was able to adapt quickly by developing alternative collaborative program partners, such as the Diligent Youth program with the WC. When an unanticipated government policy required UNFPA to stop its successful work with men in the military, UNFPA worked with UARH to develop alternative strategies to work with men on RH issues, such as with male Mahalla staff. Most recently, faced with the closure of UARH, UNFPA has demonstrated a nimble flexibility by developing an alternative work-plan that may permit a meaningful continuation of planned or similar activities.

Section 5.2: Added value

The questions: EQ9A. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? EQ9B. To what extent would the results observed within the programmatic areas have been achieved without UNFPA support? EQ10. What is the main UNFPA added value in the country context as perceived by national stakeholders?

Main UNFPA comparative strengths: Understandably, some stakeholders declined to answer this question because they felt uncomfortable answering this question for fear of showing favouritism to UNFPA over other donor agencies. Nonetheless, it was possible to get feedback from many stakeholders and some common themes emerged. UNFPA was perceived to be a steady, efficient, smooth and reliable partner that did not require excessive administrative steps and paper work. This stems in part from stakeholders awareness of UNFPA's long-term collaboration with MoH and WC as well as other agencies, where they have established trust and effective working arrangements. Several respondents felt UNFPA was quick and responsive and less bureaucratic than other agencies.

Achievement of results in programmatic areas without UNFPA support: As discussed above in the section on sustainability, most stakeholders acknowledged that, without UNFPA support, there would be a substantial diminution in their program activity. But there was strong acknowledgement that UNFPA had contributed to important results in program areas, such as improved MNCH services, improved training capacity at GP training centres for integrated SRH services, as well as contraceptive commodity security. One senior respondent cited UNFPA support for having achieved quality results, not just a large quantity of activities.

Main value added as perceived by national stakeholders: UNFPA was cited for being the "go to" agency for RHR and FP as well as for youth and ASRH. UNFPA was cited for being the source for capacity building for RH and GE, for having high quality trainers and strong methodology. It was viewed as one of the most important agencies that works directly with youth, and for being an important resource for EMOC and related efforts to reduce maternal mortality. Respondents also acknowledged UNFPA's capabilities related to GBV and the implementation of CEDAW. UNFPA was cited for always being on time, and for providing a full range of services. While respondents cited UNFPA as a predictable and stable source of regular and concrete support for PD activities that has demonstrated a willingness to help, UNCT informants expressed concern that UNFPA PD activities lacked visibility and was less effective compared to other UNFPA Focus Areas.

Conclusion Number 9. Added Value: The UNFPA CO is acknowledged by UNCT and implementing partners as a reliable and responsive key lead agency for RHR, Youth and Gender Equality; by comparison, the PD focus area, while well received by implementing partners, is perceived by UNCT as less visible with relatively less impact.

CHAPTER 6: Cross-cutting aspects: Monitoring & Evaluation, Communication and Advocacy

Section 6.1: The country office monitoring and evaluation (M&E) system

The questions: EQ5A[73].To what extent have the monitoring and evaluation mechanisms in place in the Country Office been focused on the results? EQ5B. To what extent have the monitoring and evaluation mechanisms in place in the Country Office helped to improve the results?

Extent M&E Mechanisms focused on results: As outlined in the design report, for this evaluation, "results" refer to clearly defined outputs, and clearly defined M&E targets. Based on stakeholder interviews, review of UNFPA CP3 M&E related documents, such as the CPAP PTTs for 2010, 2011, 2012 and 2013, SPRs and field monitoring reports, a strong case can be made that the UNFPA CO M&E Mechanisms are focused on results. All of the above documents clearly reference outputs with defined targets. As discussed above, there were problems with some the output indicators, but overall the M&E framework provides a rigorous basis for demonstrating the CP3 accountability for progress on sentinel activities on an annual basis and for the full 6 years of the CP3.

Extent M&E Mechanisms in place helped improve the results: There are documented instances where ongoing M&E efforts have helped improve results. One example is where feedback from regional field visits on contraceptive logistics management information systems (CLMIS) practices led to revisions in the MoH guidelines for CLMIS procedures. Similarly, reviews of site visit reports revealed examples where problems were flagged and resolved as a result of routine monitoring. Stakeholders cited the benefits of monitoring visits and the tracking of indicators to keep the program on schedule to complete time-sensitive deliverables. Respondents from counterpart agencies emphasized the role of UNFPA staff in monitoring trainings and keeping track of pre- and post-training assessment results to ensure quality and impact. This was confirmed by reviewing site visit reports, which are generally of high quality, providing candid feedback on the field situation. It was also confirmed by reviewing summaries of pre- and post-training assessment results from several UNFPA supported trainings. UNFPA counterpart agency staff demonstrated how they used training assessment results in real time to flag gaps in training participant knowledge. These gaps are then addressed before the trainings are completed.

It is beyond the scope of this evaluation to do a thorough assessment of the UNFPA Uzbekistan M&E system, but the evaluation team found important issues and concerns that merit comment. There were stakeholder concerns that UNFPA has placed too much emphasis on simple counts of the numbers of trainings and needs to develop more useful indicators. It is important to acknowledge, however, that there have been serious well-documented constraints to obtaining valid denominators for improved indicators, such as the rejection of a proposed baseline survey of stakeholders for gender based violence prevention and the recent denial of approval for transfer of funds for an NGO to implement a survey on early marriage. Nonetheless, more could and should have been done to develop alternate indicators that go beyond a simple count of trainings. For example, there are estimates available of the number of Mahalla Advisors which could have been used as denominators. Likewise, there are estimates of the number of GPs nationally and at the regional level that could have been used as denominators. Failure to develop denominators may have lulled UNFPA staff to become somewhat complacent. There was an impression that staff felt it was sufficient if the program was meeting its annual training quotas and had lost sight of the urgent need to achieve significant coverage rates for GPs and Mahalla Advisors. With a more narrow focus on coverage, using economical regional

[73] As shown in the CPE Evaluation Matrix in Annex 4, underlying assumptions are assessed and discussed for Questions EQ1A, EQ1B, EQ2.A, EQ2B and EQ5.B.

trainings, the UNFPA CP3 could have achieved and documented an 80% coverage rate for both GPs and Mahalla Advisors. In this sense the failure to adhere to indicators with denominators may have adversely impacted the program results.

Conclusion Number 10. Efficiency (M&E): The overall CP3 M&E system and framework is coherent and measures achievement of results at input (activity), output and outcome levels, but important output indicators were revised mid-program such that they are no longer denominator-based and are inadequate under the MTSP 2014-2017.

Conclusion 11: Efficiency (M&E) - Despite impressive accomplishments, and the likelihood of achieving all of the outputs and outcomes, the CP3 could have achieved higher coverage for key target groups if it had maintained greater focus on priority groups using denominator-based indicators.

As noted above, there have also been instances where M&E mechanisms appear to be in place, such as peer educator reports, but were not being summarized to help improve the program. This issue is discussed in more detail Annex 4 in the response to the underlying assumption question for EQ5B, "Can it be assumed that the CP3 M&E Mechanism actually helped improve results?" This is an important gap that needs to be addressed.

Finally, it was of noted that the PD Focus area did not conduct any site visits for two consecutive years, despite funding a highly complex capacity building initiative in the Aral Sea Regions. It appears that consultants were delegated to implement Aral Sea interventions without any independent UNFPA staff oversight to get feedback on local beneficiary needs and reactions to ongoing programs. As a result, the PD program may have lost touch with the needs of some of its key constituents. This is an important gap that needs to be addressed.

Section 6.2: Support to national partners' capacity in terms of M&E systems

The successful expansion of training activities in all Focus Areas, such as SRH related capacity building trainings for GP trainers, GPs and Mahalla Advisors, brings with it the expectation of better tracking of training activities in order to measure coverage and assess the productivity of the persons trained to do trainings. UNFPA should define scopes of work for technical assistance to implementing partners such as the Tashkent Institute for Advanced Medical Education (TIAME) and the WC to develop basic excel monitoring spreadsheets that can effectively track key training indicators. Similarly, based on stakeholder interviews, it appeared that UARH was relying on UNFPA to take responsibility for monitoring its trainings for youth peer educators. If UARH resumes activity, this is an opportunity for UNFPA supported capacity building, as UARH should have the ability to monitor its outreach activities without relying on UNFPA.

Section 6.3: Communications and Advocacy

Communication and advocacy (C&A) is an important cross-cutting part of the CP3. It has been implemented effectively, guided by a coherent and comprehensive C&A strategy (See UNFPA. Uzbekistan Communications and Advocacy Strategy. 2010). The two overall objectives of the C&A strategy, (Position UNFPA as an able and trusted development partner; Promote UNFPA's development mandates of RH, HIV, GE, PD and Youth), have been addressed with local and national audiences: Government agencies, media/press, academia, civil society, donors, the UNCT and the general population. The CO has budgeted substantial resources annually for a balanced portfolio of

C&A activities (ranging from $83,000 in 2014 to $131,000 in 2012). The C&A activities are allocated between general communications activities (for key public events, promotional activities, information/advocacy materials, website and social platforms) and tailored communication work in support of each of the four main program components. The C&A effort has developed and disseminated a wide range of high-quality information materials (booklets, brochures, pamphlets, posters and banners) using a consistent UNFPA theme and format. The CO assessed C&A activities through monitoring of media-clippings following major public events, reporting on the numbers of visitors of UNFPA's online and social platforms, as well as through qualitative assessments, such as FGDs, discussions within Youth Advisory Panel and others (see UNFPA press-clipping reports; Report on Website and Facebook visitors 2012-2013).

In addition to smaller initiatives, like developing PSAs on the role of midwives and nutritional supplements, UNFPA has collaborated with UNESCO for over 10 years within a flagship Communications for Development (C4D) product: a series of radio soap operas that addresses a range of reproductive health and gender issues. As noted above, the C&A strategy faced a major setback in 2013 when the radio station that broadcast this soap opera program was closed by the GVT. The CO is seeking an alternate means to disseminate the program or to look for other C4D opportunities, possibly in partnership with UN Agencies present in the country. This closure was especially unfortunate given that, following a decision in 2010 to focus the soap opera on youth, there had been a successful effort to evaluate the soap opera in 2011 using representative quantitative regional survey data for youth as well an in-depth set of FGDs with youth. The UNFPA and UNESCO implementers of the soap opera carefully cooperated with the design of the 2011 UNFPA-supported youth survey to ensure that pertinent questions were included in the survey instruments (this can be considered a best practice). The findings from the evaluation demonstrated that the Soap Operas had achieved a significant level of coverage among youth (almost 10 percent were aware of the programs and more than 70 percent favoured its continuation). Assuming a new broadcaster can be found, the assessment results provide a basis for re-focusing the soap opera for greater impact (e.g. concentrate in more depth on fewer topics, increase outreach and advertisement for them, developing interactive feedback, and potential linkage to ongoing SRH programs) (See UNFPA. Report on Qualitative Assessment of Soap Opera through FGDs. 2013; and UNFPA. Soap Opera Assessment Summary. 2012).

The C&A strategy has effectively addressed the need for improved web-based outreach; this includes the upgrading of the UNFPA website, development of social media as well as supporting a peer-education website. Based on interview findings, UNFPA-supported educational pamphlets on SRH were well received and in high demand, especially for up-to-date Latin-script Uzbek materials for youth; these should be a high priority in the next CP. While all four component areas have been supported, given the relatively low awareness of UNFPA's PD work among the UNCT and other donor agencies (such as ADB) more C&A work on PD activities might help increase its visibility for UNFPA in this important area. In addition, the CO should continue to explore opportunities for joint programming within a C4D initiative that would target UNDAF priority areas in the country. Given UNFPA's new business model as proposed by the SP2014-2017, there will be increased focus on advocacy and policy dialogue/advice in the CP4. Where feasible, the C&A activities in support of the CP4 components should focus on a narrow set of clearly defined issues and implement social behaviour change communication (SBCC) programs with sufficient dosage levels that can demonstrate impact as measured by rigorous baseline and follow-up surveys.

Conclusion number 12. Cross cutting - Communication and Advocacy (C&A): The UNFPA Uzbekistan C&A activities have been implemented effectively, guided by a coherent and comprehensive C&A strategy.

CHAPTER 7: Conclusions

Section 7.1: Main Strategic (MS) Conclusions

Conclusion 1. (ref. C 10) - The overall CP3 M&E system and framework is coherent and measures achievement of results at input (activity), output and outcome levels, but important output indicators were revised mid-program such that they are no longer denominator-based and are inadequate under the MTSP 2014-2017.

Origin: Evaluation Questions 5A,5B.
Evaluation Criteria: Efficiency.
Associated Recommendations: 1.

The CP3 M&E system is of high quality and has demonstrated integrity by establishing a discrete set of measurable targets for all outputs. Due to problems obtaining GVT permission to collect data for some denominators, some indicators were changed mid-stream. In 2010 and 2011, the indicators were denominator-based, with targets for percentages of eligible staff to be trained. But the revised indicators in 2012 did not compensate adequately for problems with denominators. They are simple counts of numbers of persons to be trained irrespective of the total number of eligible clients or staff within the respective government programs[74]. These indicators are not adequate under MTSP 2014-2017.

Conclusion 2. (Ref. C 11) - Despite impressive accomplishments, and the likelihood of achieving all of the outputs and outcomes, the CP3 could have achieved higher coverage for key target groups if it had maintained greater focus on priority groups using denominator-based indicators.

Origin: Evaluation Questions 2A, 2B, 5A,5B.
Evaluation Criteria: Effectiveness, Efficiency.
Associated Recommendations: 2.

Virtually all AWP targets have been met, but overall coverage rates for some cadre are well below initial targets. The CP3 could have made more progress toward achievement of coverage targets by giving greater priority to key cadre, such as GPs and Mahalla Advisors. Although the UNFPA supported programs are perceived to have been implemented well, on time and have reached their AWP targets, some senior respondents from counterpart agencies expressed interest in developing more ambitious targets, to achieve a greater national impact.

Conclusion 3. (Ref. C 3) - The use of the "Direct implementation" modality reduces national ownership of UNFPA CP3 projects, reduces opportunity to build institutional capacity of national partners and significantly increases workload for UNFPA staff for basic financial and operational procedures.

Origin: Evaluation Questions 2C.
Evaluation Criteria: Effectiveness-Constraints.
Associated Recommendations: 3.

[74] For example, in 2011, an indicator for Output 1 was: "Percentage of primary health care physicians trained on updated SRH curriculum within continuous medical education programme. Target: 100%." In 2012, this indicator for Output 1 was changed to, "Number of primary health care physicians trained on providing services as part of the integrated SRH package." "at least 100 per year".

Constraints, such as an inefficient system for financial transfers, prevents implementing partners, (such as the MoH, WC, and Oila), from taking on full administrative responsibility. This forces UNFPA CO focus area teams to take on all aspects of implementation for wide number of activities. This contributes to a lack of qualified counterpart management staff to assist with implementation.

Conclusion 4. (Ref. C 7) - The UNFPA Country Programme has faced important constraints on access to data as well as permission to collect pertinent data at the national level. This has seriously hampered UNFPA CP implementation as well as M&E and has implications for the development of the new CPD.

Origin: Evaluation Questions 2C.
Evaluation Criteria: Effectiveness.
Associated Recommendations: 4.

In addition to being denied access to review data from UNFPA-supported surveys, the UNFPA CP3 has been forced to cancel carefully planned studies, often at the last minute, due to government concerns about sensitivity on certain research topics such as GBV, migration or early marriage. These cancellations have reduced the CP3 program implementation of the number of planned studies in the PD Focus area as well as undermined planned efforts to monitor program impact.

Conclusion 5. (Ref. C 8) - Despite a lack of nationally representative data on trends for key output indicators for RHR, Youth and GE, UNFPA Uzbekistan has created a basis for tracking pertinent data for these indicators over time.

Origin: Evaluation Questions 5A, 5B.
Evaluation Criteria: Efficiency.
Associated Recommendations: 4.

Despite the sensitivity related to some of the output indicators for UNFPA projects, UNFPA has succeeded in supporting regionally representative surveys that have produced useful estimates of key indicators, such as youth knowledge and attitudes on SRH, women's access to RH, infertility and gender based violence. While there are limitations related to the regional sample designs, it should be possible to get end-line estimates for key indicators through continued UNFPA support for representative regional surveys that use a comparable sample methodology to the baseline surveys, as well as through UNFPA support for the Fifth and Sixth Report on the CEDAW.

Conclusion 6. (Ref. C 12) - The UNFPA Uzbekistan C&A activities have been implemented effectively, guided by a coherent and comprehensive C&A strategy.

Origin: Evaluation Questions 2A, 2B, 5A, 5B.
Evaluation Criteria: Effectiveness, Efficiency.
Associated Recommendations: 5.

The CO C&A activities have been effectively allocated between general communications activities and tailored communication work in support of each of the four main program components, combined with efforts to assess C&A activities through monitoring and survey research. UNFPA demonstrated initiative by leveraging a UNFPA-supported youth survey to evaluate its youth-focused radio soap

opera in 2011, to obtain representative quantitative regional survey data for youth as well an in-depth set of FGDs with youth.

Section 7.2: Program Conclusions

Conclusion 7. (Ref. C 2) – RHR, GE, Overall - Despite meeting current AWP targets, coverage for important RHR and GE Cadre is below CPAP targets and is reported to be inadequate in rural areas.

Origin: Evaluation Questions 2A, 2B.
Evaluation Criteria: Effectiveness.
Associated Recommendations: 6.

RHR: Despite the RHR Focus area's successful effort to train key types of staff, such as GP trainers, GPs and Mahalla Advisors, the actual level of coverage for some cadre (overall proportion of GPs and MAs trained) has not reached CPAP goals, and may not be high enough within rural Regions and districts. Notwithstanding very impressive accomplishments in training key cadre, targets may not have been achieved in the more remote rural districts, which account for more than 40% of Uzbekistan's population; training coverage is reported be low in rural district PHCs and Mahallas. Training coverage for EMOC skills building has been impressive, but there is a reported need to reach rural regions and districts, with an emphasis on improving capacity of GPs to identify clients in need of early referrals.

GE: UNFPA GE support for the WC and the national network of more than 8,400 Mahalla Advisors has contributed to a coherent programme to promote women's rights, reproductive health and the monitoring of CEDAW at the community level but will probably not achieve more than 14% training coverage for Mahalla Advisors. It is likely that the WC would welcome support to increase the training coverage for Mahalla Advisors.

Conclusion 8. (Ref. C 1) - RHR - The transition to procurement from UNFPA to KfW in 2014 may result in disruption of contraceptive supplies and there are concerns that stock-outs, especially for condoms, may be occurring at both the PHC and Regional level.

Origin: Evaluation Questions 2A, 2B.
Evaluation Criteria: Effectiveness.
Associated Recommendations: 7.

UNFPA has successfully managed procurement of contraceptive commodities up until 2013 and has been actively and effectively cooperating with KfW in the supporting transition process. The transition needs extra oversight to ensure that stock management is carefully reviewed and that lead times to replenish stocks are constantly checked and lapses in procurement are avoided at all cost. There are concerns that stock-outs, especially for condoms, may be occurring at both the PHC and Regional level (Three PHCs had no condoms and one regional warehouse had no IUDs at the time of the evaluation team site visits). A review of completed quarterly inventory forms for 2012 and 2013 for four regions of Tashkent, Fergana, Karakalpakistan and Khorezm revealed six stock outs in 2012 and 9 stock outs in 2013. Condoms are of special concern as there are separate procurement and monitoring channels for this method.

Conclusion 9. (Ref. C 5) - Youth - Greater priority to school-based initiatives will help improve likelihood of sustainable youth access to SRH information and education.

Origin: Evaluation Questions 6A, 2A, 2B.
Evaluation Criteria: Sustainability, Effectiveness.
Associated Recommendations: 8.

The current progress in the development and roll out of an updated 16 hour healthy lifestyle curriculum in colleges and lyceums holds great promise for sustainable youth access to SRH information and education. Compared to peer education, the level of investment is substantially less staff intensive and much more likely to be sustained without UNFPA staff support.

Conclusion 10. (Ref. C 4) - Youth - The UNFPA support for peer education has been effective due in large part the CO's commitment to maintain a full-time Youth Fellow position, which has helped maintain and increase its momentum. However, peer education data collection is not sufficiently informative about outreach activities conducted by peer education volunteers in the regions.

Origin: Evaluation Questions 2A, 2B, 5A, 5B.
Evaluation Criteria: Efficiency, Effectiveness.
Associated Recommendations: 9.

The UNFPA Uzbekistan supported peer education program has been able to reach over 25,000 youth each year due to its commitment to supporting adequate staffing to ensure an effective youth-adult partnership for oversight. In addition to the oversight by the NPO for Gender and Youth, the current staffing of the peer education program includes two staff persons, a full time Youth Program Assistant, and a part time Youth Program intern. This is entirely appropriate given the nature of peer education programs, which by their nature have a high turnover of youth activists. The M&E systems for peer education works well at some levels, but a data base has not been kept up to date and used effectively. There is an opportunity to improve the use of M&E data to ensure greater efficiency and sustainability of peer education activities.

Conclusion 11. (Ref. C 9) - Added Value - The UNFPA CO is acknowledged by UNCT and implementing partners as a reliable and responsive key lead agency for RHR, Youth and Gender Equality; by comparison, the PD focus area, while well received by implementing partners, is perceived by UNCT as less visible with relatively less impact.

Origin: Evaluation Questions 9, 10.
Evaluation Criteria: Added Value.
Associated Recommendations: 10.

With the exception of PD, the UNFPA CP3 has maintained the UNFPA CO reputation within the UNCT and development community as an effective resource for all four focus areas.

Conclusion Number 12. (Ref. C 6) – PD - UNFPA Uzbekistan has successfully improved national capacity for survey research by linking training events directly to scheduled survey research activities.

Origin: Evaluation Questions 2A, 2B.

Evaluation Criteria: Effectiveness.
Associated Recommendations: 11

The PD portfolio has linked trainings to staff from survey institutions to help improve the quality of survey research. This is especially true of the ISR, which has benefited from 5-day trainings for its staff for four consecutive years. The ISR has conducted UNFPA-supported surveys for three of the four years. The quality of the ISR survey data collection methods and the resulting analysis in their reports has improved as a result the capacity building trainings for ISR staff.

CHAPTER 8: Recommendations

Section 8.1: Main Strategic (MS) Recommendations

Recommendation 1: The CP3 and CP4 M&E indicators should be revised to refer to explicit denominators for estimated total numbers of specific health cadre or clients.

Priority: High.
Target Level: Country Office.
Based on conclusion: 1 (ref. C 10).

In order to meet the greater accountability required by the new MTSP 2014-2017, UNFPA Uzbekistan will need more rigorous denominator-based indicators. The CP3 and CP4 indicators should be revised to re-establish denominator-based indicators based on best available estimates of number of staff eligible for training, such as number of GPs, Mahalla Advisors or clients/target populations, such as PLHIV.

Recommendation 2: UNFPA Uzbekistan should revise the CP3 approach and ensure future CP4 priority activities receive sufficient resources to achieve coverage for greater impact.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 2 (ref. C 11).

The initial CP3 emphasis on ambitious coverage targets (such as 80% coverage of GPs for SRH clinical skills) should be re-instated and incorporated into the CP4. Through an in-depth collaborative planning process with Government counterparts, UNFPA should design the CP4 to focus on greater coverage for fewer outputs in order to achieve greater impact, as measured by representative regional baseline and end-line surveys. For example, work with the WC to agree strategies to achieve greater coverage for Mahalla Advisors in priority regions and districts, and/or work with MoH for greater coverage for GPs in rural districts in priority regions.

Recommendation 3: Country Office should revisit implementation modalities to allow Government and NGO implementation. Explore opportunities for establishing focus area implementation agency status for MoH or the Women's Committee.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 3 (ref. C 3).

Despite a recent set-back with attempts to work with Oila through a direct transfer of funds, UNFPA Uzbekistan should continue efforts to pursue National Execution, especially for areas that may be perceived as less controversial, such as working with the National Perinatal Centre on MNCH programs or working with the MoH to facilitate the scale up for cervical cancer screening.

Recommendation 4: Program activities should prioritize regions where baseline UNFPA supported studies have been fielded and ensure that planned end-line studies are conducted in these same regions. This will improve the likelihood of generating useful lessons learned and demonstrating a measurable impact.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 4, 5 (ref. C 7, 8).

UNFPA has succeeded in supporting useful regional baseline surveys of GBV, Youth SRH, as well as Women's Access to SRH services. For the remainder of 2014 and the first two quarters of 2015, UNFPA program efforts (including training and peer education) should give priority to the regions with baseline data. The proposed end-line studies for these three areas should be implemented in the same regions during 2015.

Recommendation 5: The UNFPA Communication and Advocacy strategy should be updated to reflect the expectations of the SP 2014-17 with an emphasis on activities in support of Focus Areas designed in conjunction with UNFPA supported surveys to permit rigorous assessment of impact on knowledge attitudes and behaviours.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 6 (ref. C 12).

Given UNFPA's new business model as proposed by the SP2014-2017, there will need for increased focus on advocacy and policy dialogue/advice in the CP4. Where feasible, the C&A activities in support of the CP4 components should focus on narrow set of clearly defined issues and implement SBCC programs with sufficient dosage levels that can demonstrate impact as measured by rigorous baseline and follow-up surveys. While all four component areas have been supported, given the relatively low awareness of UNFPA's PD work among the UNCT and other donor agencies (such as ADB), more C&A work on PD activities might help increase its visibility for UNFPA in this important area. In addition, the CO should continue to explore opportunities for joint programming within a C4D initiative that would target UNDAF priority areas in the country.

Section 8.2: Program Recommendations

Recommendation 6: Focus General Practitioner trainings to achieve greater coverage in rural Public Health Centres with more capacity building concerning Reproductive Health and contraception, as well as better skills for Antenatal Care and referral of high risk pregnancies. Use a similar approach for RHR and GE training for Mahalla Advisors in rural Mahallas.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 7 (ref. C 2).

For the remainder of the CP3 and for the CP4, the RHR Focus area team should increase efforts to train GPs and Mahalla Advisors in rural districts on SRH and RR. Support regional perinatal care and MCH training centres to expand EMOC training to increase training coverage for PHC specialists in PHCs, especially to reach GPs, Ob/Gyns and anaesthesiologists in more remote areas and improve process for referrals and improve anaesthesia practices. In order to ensure greater effectiveness in achieving coverage, need to focus on documenting significant coverage for GPs, as well as OB/Gyns, in rural districts. To expedite improved documentation of training coverage, provide TA to MoH counterparts, such as Tashkent Institute for Advanced Medical Education (TIAME), for database

development and use of database for effective monitoring of GP trainings (both number of trainers and the number of persons trained by specific trainers, controlling for region and district). As part of 2015 annual work-plan and new CP development, collaborate with the WC to revise the training objectives for Mahalla Advisors with an expectation of achievement of 80% coverage by the middle of the CP4.

Recommendation 7: Continued responsibility for UNFPA staff to a) collaborate with KfW and MoH to monitor and support contraceptive procurement b) support technical assistance to reduce stock-outs and c) re-position FP by introducing the Total Marketing Approach .

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 8 (ref. C 1).

This continued UNFPA responsibility might include: a) Quarterly meetings (or telephone conferences), or more frequent, between KfW, UNFPA, MoH and Republican RH Centre to review contraceptive supply situation. b) follow-up on-the-job technical assistance by international contraceptive commodity supply expert for RRH Centre on contraceptive supply monitoring via excel spread sheets and channel software. In collaboration with RRH Centre, UNFPA RHR Focus area team should hire an external consultant to review the current RRH Centre system for monitoring stock-outs toward rigorous reporting for all regions with greater attention to condoms. This continued UNFPA responsibility for coordination should be institutionalized to involve all key actors concerned with GPRHCS. In view of the CO training under the Regional UNFPA team on Policy Advocacy techniques for the re-positioning of FP by introducing the Total Marketing Approach in Uzbekistan, the implementation of Policy Advocacy strategy and the TMA National Action plan is relevant to this recommendation.

Recommendation 8: Build on existing institutional collaborations to increase UNFPA support for school-based curricula development and implementation, including advocacy and support for systematic evaluation to permit continuous improvement.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 9 (ref. C 5).

In view of the high potential for sustainability, UNFPA should provide additional resources for the development, implementation and assessment of the school-based curricula, including extra resources to ensure that expansion to all regions proceeds systematically while maintaining highest possible standards for impact.

Recommendation 9: Maintain peer education program momentum through adequate staffing; improve the peer education program results through better use of the peer educator database.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 10 (ref. C 4).

In order to sustain the peer education program, UNFPA must make a commitment to support at least one full time staff person to maintain peer education operations for the next country program. This should include responsibility for obtaining appropriate technical support for improving the overall

M&E system for outreach activities, including the peer education database with an explicit effort to develop valid estimates of coverage of eligible youth populations by region that permits tracking not only the count of number of persons reached, but track the productivity of peer educators by monitoring the number of sessions conducted by individual trainers. As needed, this support could be provided to UARH or other youth NGOs.

Recommendation 10: UNFPA CO should reinforce its well-deserved reputation among the UNCT and the donor community by maintaining its organizational commitment to implement all four CP3 program focus areas, but with greater attention to the visibility and impact of the PD Focus Area.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 11 (ref. C 9).

The UNFPA CO should invest greater resources in PD activities in CP3 and CP4 to increase the visibility and impact of capacity building for PD, especially in applied public health contexts. This investment could include a focus on communication about PD issues and inter-agency collaboration on PD capacity building activities.

Recommendation 11: Consistently maintain the policy of linking capacity building trainings for data collection agency staff prior to planned surveys.

Priority: High.
Target Level: Country Office and Implementing Partners.
Based on conclusion: 12 (ref. C 6).

The UNFPA PD Focus area has contributed to improved survey data collection quality and should collaborate with the RHR, Youth and Gender Focus areas to ensure that no data collection is done by an agency without prior capacity building from highly competent external experts, including ISR prior to the planned SRH end-line survey.

List of Annexes

Annex 1.

TERMS OF REFERENCE OF THE UZBEKISTAN COUNTRY PROGRAMME EVALUATION

INTRODUCTION

Currently UNFPA Uzbekistan implements its 3rd Country Programme (2010-2015). The UNFPA Country Programme 2010-2015 has been developed taking into account national development policies, the goals and objectives of the International Conference on Population and Development and its reviews, the Millennium Development Goals and UNFPA Mid-term Strategic Plan 2008-2013. The UNFPA Country Programme 2010-2015 has been harmonized with the priorities of the Government and the programmes of the UN agencies in the country.

In 2014, on fifth year of Country Programme implementation UNFPA Uzbekistan Country Office is planning to conduct end-line evaluation of its Country Programme in accordance with the Evaluation Policy of UNFPA. The purpose of this Country program evaluation is to assess the programme performance; determine the factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation that could inform the formulation of the 4th Country Programme of UNFPA support to the Government of Uzbekistan.

The main audience and primary users of the evaluation is the UNFPA Uzbekistan CO, national partners and relevant government agencies. They all will benefit from findings, conclusions and recommendations of the evaluation. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) will also benefit from the evaluation process and resulting report. In addition, the UN agencies represented in the country will use findings of this evaluation during the UNDAF evaluation process and development of the next UNDAF.

The evaluation will be conducted by independent evaluators in close cooperation with UNFPA EO, EECARO Regional Adviser on M&E and UNFPA Uzbekistan CO.

CONTEXT

Uzbekistan is the country with the biggest population in Central Asia. According to the recent estimates its population exceeds 30 million. The population is predominantly young, with children younger than age 15 comprising about 40% of the population and youth under the age 24 accounting for nearly two-thirds. For the last two decades the country's population growth has slowed considerably, from almost 2% in the 1990s to 1.3% in the period 2000-2007. The country faced significant decline in fertility with the total fertility rate decreasing from 4.6 in the beginning of the 1990s to the current 2.6. Contraceptive prevalence rate rose from 13% in 1993 to 63% in 2006 (MICS2006). Between 2004 and 2007 the officially reported maternal mortality ratio decreased from 32 to 20.4.

The goal of the UNFPA country programme is to contribute to improving the quality of life in Uzbekistan by supporting the following UNDAF outcomes: (a) Economic well-being of vulnerable groups is improved; (b) Enhanced access to and utilization of quality essential social services; (c) Effectiveness, inclusiveness and accountability of governance at the central and local levels enhanced. The country programme initially had three components: 1) Population and Development, 2) Reproductive Health and Rights, and 3) Ensuring full implementation of women and men's rights, opportunities and responsibilities. In early 2012 UNFPA Uzbekistan 2010-2015 CPAP Results and

Resources Framework has been aligned with new UNFPA MTSP 2013-2013. Currently UNFPA CP programme contributes to all seven new MTSP outcomes and to seven relevant outputs (Outputs: 2, 5, 8,10,13,16 and 17). Within this alignment some outcome and output indicators have been also revised and refined. Detailed table with Uzbekistan 2010-2015 CP outputs aligned with new UNFPA MTSP 2013-2013 is given in Annex 2.

In the implementation of the CP UNFPA closely works with the Ministry of Health, the Ministry of Economy, the Ministry of Higher and Secondary Special Education, the Ministry of Labour and Social Security, the Ministry of Public Education, the State Committee on Statistics, the Women's Committee of Uzbekistan, several NGOs and other relevant partners.

OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of the CPE are: (i) assess performance of UNFPA Uzbekistan country programme and (ii) creation of a broadened evidence-base for the design 4th Country Programme of UNFPA support to the Government of Uzbekistan.

The specific objectives of the CPE will be:

1. To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;

2. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current CP;

3. To provide an assessment of the country office (CO) positioning within the developing community and national partners, in view of its ability to respond to national needs while adding value to the country development results.

The evaluation will focus on the outputs and outcomes achieved through the implementation of the CP to date. The evaluation should consider UNFPA's achievements since January 2010 against intended results and examine the unintended effects of UNFPA's intervention and the CP's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF. The evaluation will assess the extent to which the current CP, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of results to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current CP, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the UNFPA Uzbekistan Country Programme from 2010 to 2014 (present). The evaluation is expected to take place during the period of February - July, 2014.

EVALUATION CRITERIA AND EVALUATION QUESTIONS

Core evaluation criteria such as relevance, effectiveness, efficiency, and sustainability as well as coordination with the UNCT, and added value will be analyzed. The key evaluation questions will include but are not limited to the following:

Relevance

1. To what extent is the CP consistent with beneficiaries needs, government's policies, other development partners programme, UNFPA's policies and strategies, and global priorities including the goals of the ICPD Program of Action and the MDGs;

Effectiveness

2. Were the CP's intended outputs and outcomes produced? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

Efficiency

3. Were the outputs produced reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?

4. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); timeliness of outputs?

5. To what extent have the monitoring and evaluation mechanisms in place in the Country Office been focused on the results and helped to improve them?

Sustainability

6. Are programme results sustainable in short and long-term perspectives? How UNFPA Uzbekistan did ensure sustainability of its programme interventions?

UNCT Coordination

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

8. To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?

Added Value

9. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?

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

METHODOLOGY AND APPROACH

Data Collection

The evaluation will use a multiple-method approach including documentary review, group and individual interviews, focus groups and field visits as appropriate. The evaluation will review documents including strategic plan/Multi-year Funding Framework, UNDAF, Country Programme Documents, Country Programme Action Plan, AWPs, Standard Progress Reports, Country Office Annual Reports, UNDAF MTR report; b) conduct field visits to the selected project sites; and c) interviews with stakeholders including national counterparts, implementing partners, development partners and target beneficiaries.

The collection of evaluation data will be carried out through a variety of techniques that will range from direct observation to informal and semi-structured interviews and focus/reference groups discussions.

Validation mechanisms

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 officers. The validity and reliability of the data will be assessed through review of collection tools and use in determining findings.

Stakeholders' participation

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

EVALUATION PROCESS

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

Preparation phase

During this phase UNFPA Uzbekistan CO will: prepare ToR; receive approval of the ToR from the UNFPA Evaluation Office (EO); select potential evaluators; receive pre-qualification of potential evaluators from EO; Recruit of external evaluators; Assembly of Evaluation Reference Group (RG); Compile of Initial list of documentation\Stakeholder mapping and list of Atlas Projects.

Design phase

During this phase evaluation team will conduct:

- 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 team 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; and preparation of evaluation matrix;
- the development of a data collection and analysis strategy as well as a concrete work plan for the field phase.
- Evaluation team leader will conduct 5 day long scoping mission in Tashkent

At the end of the design phase during scoping mission in Tashkent, the evaluation team leader will present a design report (including evaluation matrix, the CPE agenda with support of CO, data collection and analysis methods) based on the template provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA.

Data collection phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze 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 evaluation team will provide the CO 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.

Analysis and Reporting phase

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a first draft of the final evaluation report, taking into account comments made by the CO at the debriefing meeting. This **first draft final report** will be submitted to the evaluation reference group for comments (in writing). Comments made by the reference group and consolidated by the evaluation manager will then allow the evaluation team to prepare a **second draft of the final evaluation report**.

This second draft final report will be disseminated among key programme stakeholders (including key national counterparts) for the comments. The **final report** will be drafted shortly taking into account comments made by the programme stakeholders.

Dissemination and Follow-up

Management Response – the country office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. The evaluation report will be shared with Regional Office and Evaluation Office at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Country Programme Document in 2015. The report and the management response will be published on the UNFPA website.

EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

- a 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 report should be maximum 40 pages)
- a debriefing presentation document (Power Point and/or two -three pages overview) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO during the debriefing meeting foreseen at the end of the field phase;
- a first and second draft final evaluation reports
- a final report prepared taking into account all the comments made. (the report should be maximum 40 pages plus annexes)

All deliverables will be drafted in English. All reports should follow structure and detailed outlines provided in the UNFPA Handbook: How to design and conduct a country programme evaluation at UNFPA. The final report will be translated to Russian and Uzbek.

WORK PLAN/ INDICATIVE TIMEFRAME

PHASES/DELIVERABLES		RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Drafting of ToR by with input by RO M&E Adviser: approval of ToR by Evaluation Office (EO).	Evaluation Manager (EM), Assistant Representative (AR)	RO M&E adviser, EO	28 February
	Selection of potential evaluators by CO with input by RO M&E adviser; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	EM, Admin Finance Associate (AFA)	AFA, RO M&E adviser, EO	14 March
	Assembly of Evaluation Reference Group (ERG).	EM, AR	CO staff	14 March
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	EM, AR	CO staff	14 March
Design phase	Evaluation team leader's 5 day long scoping mission in Tashkent	Evaluators	EM, RO M&E adviser, CO staff, ERG	24-28 March
	Preparation and submission of a 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 data collection phase.	Evaluators	EM, RO M&E adviser, CO staff, ERG	4 April
Data collection	Conducting data collection and analysis.	Evaluators	EM, CO staff, ERG	14 April - 2 May
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluators	EM, CO staff, ERG	2 May
Analysis and	Production of the first draft final report.	Evaluators	EM	16 May
	Comments by the evaluation reference group.	ERG	EM	23 May

	Production of the second draft final report.	Evaluators		30 May
	EQA of the second draft final report.	EM	Representative, AR	6 June
	Production of the Final Report.	Evaluators		13 June
	EQA of the final evaluation report.	EM, RO M&E adviser,	Representative, AR	20 June
	Final EQA.	EO	EM, RO M&E Adviser	27 June
Dissemination and	Management response.	Representative, AR	EM, CO staff	25 July
	CPE report, final EQA and Management response published on CO website and UNFPA evaluation database.	EM, IT Associate	EO	25 August

COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

The evaluation will be carried out by a team consisting of **an International Consultant /Evaluation Team Leader, one Evaluation National Consultants** and **one Evaluation Assistant.** All team members should be committed to respecting deadlines of delivery outputs within the agreed time-frame.

Evaluation team leader will be responsible for the production and timely submission of the expected deliverables of the CPE including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. The Evaluation team leader will be an international expert in monitoring and evaluation of development programmes with the following necessary competencies:

- Advanced degree in social sciences or related fields
- Extensive (more than 10 years) previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset.
- Familiarity with UNFPA's work and mandate
- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA).
- Excellent analytical, communication and writing skills
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Fluency in English is required (Translation during meetings will be provided Evaluation Assistant or Professional Assistant hired from country UN/UNDP Roster)

Evaluation National Consultant will have in-depth knowledge and experience of UNFPA programmatic areas and excellent knowledge of the national development context, issues and challenges in the country. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation National Consultant will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation National Consultant in the entire CPE process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be

done under his/her supervision and guidance. The necessary competencies of Evaluation National consultant will include:

- Advanced degree in social sciences preferably in medicine or related fields
- Extensive previous experience in Health, Sexual RH, Population and Development, researcher, data collection and analysis or other related field.
- Familiarity with UNFPA's work and mandate
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication and writing skills
- Fluency in Uzbek and Russian is required. Working knowledge and writing skills in English.

Evaluation Assistant, under the direct supervision of UNFPA CO Evaluation Manager and close cooperation with the Evaluation Team will undertake responsibilities of assisting the Country Office in conduction the final CPE. She/he will collect information, schedule meetings, assist with interviews, and provide secretarial, organizational and logistical support to the evaluation team. The assistant will translate at meetings where needed and will provide translations of short texts up to two pages in length during the CPE process. The assistant may be required to contribute in producing short summaries of various documents, and will take notes at meetings where required. The assistant will be in charge of updating the contacts list, if required upon receiving the initial stakeholders list from UNFPA. The assistant will not be required to contribute to evaluation processes technically and substantively. The necessary competencies of Evaluation Assistant will include:

- At least 3 years of administrative assistance experience, of which preferably; experience in providing assistance in project coordination and implementation.
- Knowledge of the UN systems.
- Effective organizational skills and ability to handle work in an efficient and timely manner and demonstrated ability to coordinate tasks to meet deadlines.
- Ability to write in a clear and concise manner and to communicate effectively.
- Strong interpersonal skills and ability to work in a multi-cultural team
- Fluency in oral and written English, Uzbek and Russian.

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

REMUNERATION AND DURATION OF CONTRACT

Repartition of workdays among the team of experts will be the following:

- 64 workdays for the International Consultant /Evaluation Team Leader;
- 57 workdays for Evaluation National Consultant;
- 44 workdays for the Evaluation Assistant;

The repartition of workdays per expert and per evaluation phase is the following:

PHASES/DELIVERABLES		RESPONSIBLE	PLACE	TIME-FRAME	No. of Workdays
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home – based and 5 day long scoping mission in Tashkent (24-28 March)	14 March – 4 April	15 days – Evaluation Team Leader; 10 days - Evaluation National Consultant; 0 day for Evaluation Assistant
Data Collection phase	Conducting data collection and analysis	All evaluation team	Tashkent, selected provinces of Uzbekistan	14 April - 2 May	21 days for all Evaluation Team
	Formulation of preliminary finding and Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Tashkent, Uzbekistan	2 May 14	3 days for all Evaluation Team
Analysis and reporting phase	Production of the first draft final report	All evaluation team	Home - based	2 – 16 May	15 days for all Evaluation Team
	Comments by the evaluation reference group	ERG	Home - based	16 May – 23 May	0 day
	Production of the second draft final report	All evaluation team	Home - based	23 May – 30 May	7 days for Evaluation Team Leader; 5 days - Evaluation National Consultant and Evaluation Assistant
	EQA of the second draft final report	EM	Home - based	30 May – 6 June	0 day
	Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home - based	6 June – 13 June	3 days

Workdays will be distributed between the date of contract signature and the end date of evaluation.

Payment of the Evaluation Team will be made in three tranches, as follows:

1. First Payment (20 percent of total) – Upon UNFPA's approval of design report
2. Second payment (30 percent of total) – Upon the submission of the first draft evaluation report; and
3. Third payment (50 percent of total) – Upon UNFPA's acceptance of the final evaluation report.

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.

MANAGEMENT AND CONDUCT OF THE EVALUATION

The Country Programme Evaluation will be conducted according the above Work Plan/ Indicative Timeframe. Overall guidance to the CPE will be provided by the UNFPA Representative with support of Evaluation Reference Group. Evaluation will be managed and coordinated by the UNFPA CO Evaluation Manager.

The UNFPA CO Evaluation Reference Group composed of representatives from the UNFPA country office in (country), the national counterparts, and 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.

Evaluation Manager, RO M&E Adviser and Evaluation Team Leader will be responsible for quality assurance of the evaluation process. While quality assurance will be performed for each main deliverable of the CPE, it also occurs on a continuous basis, in particular during the data collection phase of the CPE. The UNFPA CO Evaluation Manager will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report. During the data collection phase Evaluation Team Leader ensures that Evaluation Team correctly understands which types of information must be collected (appropriate and balanced selection of sources both documents and interviewees), and how that information should be recorded and archived. Evaluation Manager will review and check selection of interviewees and information sources and provides preliminary feedback on validity of hypotheses/preliminary answers to evaluation questions. During preparation of the final evaluation report the Evaluation Team leader should ensure adequate quality contribution from all team members and draft the report in accordance with Evaluation Quality Assessment Grid. The UNFPA CO Evaluation Manager produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the RO M&E Adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA CO Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

UNFPA CO will provide the evaluation team with all the necessary documents and reports and refer it to web-based materials. UNFPA management and staff will make themselves available for interviews and technical assistance as appropriate. The CO will also provide necessary additional logistical support in terms of providing space for meetings, and assisting in making appointments and arranging travel and site visits, when it is necessary. Use of office space and computer equipment may be provided if needed.

EVALUATION AUDIENCE

The main audience and primary users of the evaluation is the UNFPA Uzbekistan CO, national partners and relevant government agencies. They all will benefit from findings, conclusions and recommendations of the evaluation. UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) and Evaluation Office (EO) will also benefit from the evaluation process and resulting report. In

addition, the UN agencies represented in the country will use findings of this evaluation during the UNDAF evaluation process and development of the next UNDAF. UNFPA Uzbekistan CO will be responsible for disseminations and use of the results of CPE among relevant national partners and counterparts. UNFPA CO follow-up and monitor progress in the implementation of recommendations of CPE.

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7. Re-aligned 3rd Country Programme Results and Resources Framework
8. Final Country Programme Evaluation of the UNFPA Uzbekistan 2nd Country Programme
9. Annual Work Plans
10. Field Monitoring Visit Reports
11. Yearly Standard Progress Reports
12. Country Office Annual Reports (COARs) to the UNFPA Executive Director
13. Reports of the surveys supported by UNFPA CO
14. Handbook to "How to Design and Conduct a Country Programme Evaluation at UNFPA"
15. UNFPA Evaluation Office webpage: //www.unfpa.org/public/home/about/Evaluation

ANNEXES

- *Ethical Code of Conduct for UNEG/UNFPA Evaluations (Annex 1)*
- *Table of Uzbekistan 2010-2015 CP outputs aligned with new UNFPA MTSP 2012-2013 (Annex 2)*
- *List of Atlas projects for the period under evaluation*
- *Information on main stakeholders by areas of intervention*
- *Short outlines of the design and final evaluation reports*
- *Evaluation Quality Assessment template and explanatory note*
- *Management response template*

Annex 2.

List of persons / institutions met.

Name of Organization or Institution	Name of person	Gender of person (M/F)	Position/Title
Tashkent city			
UNFPA	Karl Kulessa	M	Representative
UNFPA	Feruza Fazilova	F	NPO on Reproductive Health
UNFPA	Albina Sadullaeva	F	Programme Associate on RH
UNFPA	Bobir Djuraev	M	Admin/Finance Associate
UNFPA	Fuad Aliev	M	Assistant Representative
UNFPA	Ulugbek Zaribbaev	M	NPO on Gender Issues and Youth
UNFPA	Ulugbek Hakimov	M	Youth Project Assistant
REFERENCE GROUP Ministry of Health of the Republic of Uzbekistan	Nodira Islamova	F	Leading Specialist on MCH
REFERENCE GROUP Women's Committee	Dilbar Alimdjanova	F	Head of Section on NGO Cordination
REFERENCE GROUP Ministry of Health of the Republic of Uzbekistan	Zafar Ilkhomov	F	Leading Specialist on MCH
REFERENCE GROUP CSSPE	Shohista Maqsudova	M	Head of Department
UN RC office	Ms. Saila Toikka	F	UNDP M&E officer, UNDAF M&E focal point
UN RC office	Hurshid Rustamov	M	Coordination Officer
UN RC office	Dilfuza Nabieva	F	UN Coordination Assistant
UNICEF	Kamola Safaeva	F	NPO on Child Health
UNICEF	Fakhriddin Nizamov	M	NPO/EPC Coordinator
UNICEF	Silvia Mestroni	F	M&E Specialist
National Perinatal Center	Sergey Tarayan	M	Deputy Director
National Perinatal Center	Shakhida Babadjanova	F	Deputy Director
Ministry of Health of the Republic of Uzbekistan	Laziz Tuychiev	M	Deputy Minister of Health (MCH)

Ministry of Health of the Republic of Uzbekistan	Asomiddin Kamilov	M	Former Deputy Minister of Health
Ministry of Health of the Republic of Uzbekistan	Nodira Islamova	F	Leading Specialist on MCH
Women's Committee	Dilbar Alimdjanova	F	Head of Section on NGO Cordination
Women's Committee	Nilufar Tadjibaeva	F	Deputy Chair Person
Women's Committee	Gulmira Tleulova	F	Specialist
Tashkent branch of Russian Economic University named after G.Plekhanov	Akmal Mamatkhanov	M	Lecturer/teacher
State Committee of Republic of Uzbekistan on Statistics	Anvar Tulyaganov	M	Head of division
ADB	Mekhri Khudayberdieva	F	Gender Specialist
NGO Uzbek Association on Reproductive Health (UARH)	Rakhima Nazarova	F	Board Member (Former President)
NGO Uzbek Association on Reproductive Health (UARH)	Khayrulla Usmanov	M	President
NGO Uzbek Association on Reproductive Health (UARH)	Alfiya Akbarova	F	Executive Director
Urban Makhalla	Manzura Valieva	F	"Yangiobod" Makhalla advisor
Institute for Social Researches under the Cabinet of Ministers	Georgiy Krasutskiy	M	Z
Institute for Social Researches under the Cabinet of Ministers	Dilshod Zakirov	M	Specialist
Institute for Macroeconomic researches and projections	Lana Tskhay	F	Specialist
Women's Welness Center	Dilmurod Yusupov	M	Director
Tashkent Institute for Advanced Medical Education	Dilfuza Hasanova	F	Consultant/GP trainer
Tashkent Institute for Advanced Medical Education	Sharof Kasimov	M	Head of GP training department
Tashkent Institute for Advanced Medical Education	Feruza Karimova	F	Consultant/Head of Ob/Gyn Department
Urban District PHC	Dilfuza Ibragimova	F	38-PHC Chief Doctor
WHO	Zulfia Atadjanova	F	NPO/Nutrition/Health
UN RC office	Mr. Stefan Priesner	M	UN Resident Coordinator, UNDP Resident Representative in Uzbekistan
UN RC office	Jaco Cilliers	M	Deputy RC
UN Women	Farzona Khashimova	F	Programme Specialist

NGO ”Ishonch va Hayot”	Viktoriya Ashirova	F	Leader of the NGO
GIZ	Dilnora Azimova	F	Project Coordinator
National Reproductive Health Center	Rozikul Fozilbekov	M	Deputy Director
National Reproductive Health Center	Feruza Rakhmatullaeva	F	Specialist
National Reproductive Health Center	Kunduz Aripova	F	Chief Midwife
Tashkent city branch of NGO UARH	Gyulnur Akhundjanova	F	Branch Director
UNFPA Finance	Bobir Djuraev	M	Admin/Finance Associate
CSSPE	Shohista Maqsudova	F	Specialist
-	Dono Abdurazzakova	F	Gender Specialist
Ferghana region			
Women’s Committee	Khodjaeva Mavlyuda	F	Regional Branch Director
Centre for the support of Women and their families	Damira Tukhtasinova	F	Director
Centre for the support of Women and their families	Alijon Khalilov	M	Volunteer
Institute for Civil Society monitoring	Nigora Saidova	F	Specialist
7-Family Clinic (Attached to 57-Khamkorlik Makhalla)	Jurakhodjaev Fayzullo	M	Chief Doctor
Urban Makhalla	Khodjaeva Dilfuza	F	"57-Khamkorlik" - Makhalla Advisor
NGO Uzbek Association on Reproductive Health (UARH)	Kalandarova Nargiza	F	Branch Director
NGO Uzbek Association on Reproductive Health (UARH)	Akhunova Zulfiya	F	Former Branch Director
Makhalla	Kasymova Aliyakhon	F	"Yalatoy" Makhalla Advisor
Fergana RH Center	Matlyuba Yusupova	F	Director of Fergana branch RH Center
Regional Department of the Ministry of Health	Khamdamova F	F	Deputy Head, MCH Department
Perinatal Centre	Ismailova Shoira	F	Deputy Director
Perinatal Centre	Suyarkulova Madhiya	F	Director of Ob/Gyn
Rural PHC	Eshmatov Ikhtiyor	M	Chief Doctor
Women’s Committee	Makhmudova Muyassar	F	District Branch Director

Rural Makhalla	Ulmas Yakubova	F	"Vodil" Makhalla Advisor
Rural Makhalla	Zamira Nishonova	F	"Mirzaolim" Makhalla Advisor
Rural Makhalla	Jamila Atanazarova	F	"Logon" Makhalla Advisor
Peer Educators (Y-Peers)	Lola Yuldasheva	F	Director
Peer Educators (Y-Peers)	Khurshida Salieva	F	Director
Name of Organisation or Institution	Name of person	Gender of person (M/F)	Position/Title
Karakalpakistan region			
Women's Committee	Ibragimova Zukhra	F	Branch Director
Women's Committee	Moydinova Sarvinoz	F	Branch Director
Women's Committee	Training Participants		Makhalla Advisors
NGO Uzbek Association on Reproductive Health (UARH)	Japakova Gulnara		Branch Director
Urban Makhalla			58-Makhalla
Urban District PHC	Turunbetova Zagipa	F	Chief Doctor
Urban District PHC	Ermanova Kalbike	F	Deputy Chief Doctor
Urban District PHC	Eshmuratova Sayyora	F	Ob/Gyn
Urban District PHC	Atanazarova U.	F	Chief Nurse
Ministry of Health of Karakalpakstan	Kamolov Kurolboy	M	Deputy Minister
NGO Civil Initiatives Support Centre	Dilovar Kabulova	F	NGO Head
NGO Civil Initiatives Support Centre	Klara Utebergenova	F	Nukus Branch Director
NGO Civil Initiatives Support Centre	Birodar Mirzaev	M	Fergana Branch Director
Rural District PHC	Allaberganova Gulbahor	F	Ob/Gyn
Rural Makhalla			5-Makhalla, Khojeyli District
Ministry of Health of Karakalpakstan	Training Participants		
	Peer Educators (Y-Peers)		

UNDP	Mashhura Saipova	F	Health Offcier UNTFHS project
UNDP	Bakhadur Paluaniyazov	M	Coordinator of UNTFHS project
Regional Department of the State Statistics Committee	Kalmuratova Zamira	F	Head of Population Department
Regional GP Training Centre	Shuakbaeva Nagima	F	GP trainer
Regional GP Training Centre	Zaripova Muhabbat	F	GP trainer
RH Ed Focal Points/Teachers Dist.College/Lyceum	Madinbay Madinbaev	M	RH Ed Focal Points/Teachers Dist.College/Lyceum
Khorezm region			
Women's Committee	Kutlimuradova Nigora	F	Deputy Branch Director
Centre for the support of Women and their families	Damira Tukhtasinova	F	Director
Urban Makhalla			22-Makhalla
Urban District PHC	Turaeva Kumri	F	3-PHC Chief doctor
Regional Department of the Ministry of Health	Kudrat Jumaniyazov	M	Head of MCH department
Regional Department of the Ministry of Health	Training Participants		
Regional RH Center		F	Director
Regional Perinatal Centre		F	Director of Ob/Gyn
Women's Committee	Berdieva Barno	F	Urgench District Head
Rural Makhalla	Mullaboeva Oygul	F	"Goybu" Makhalla Advisor
Rural District PHC	Allaberganov Marks	M	"Goybu" PHC Chief Doctor
NGO Uzbek Association on Reproductive Health (UARH)	Erniyazova Lola	F	Branch Director
NGO Uzbek Association on Reproductive Health (UARH)	Training Participants		
NGO Uzbek Association on Reproductive Health (UARH)	Peer Educators (Y-Peers)		
Regional Department of State Committee on Statistics	Yusupov Gafur	M	Regional Department Director
Regional Department of State Committee on Statistics	Kalanova Roza	F	Head of Population Department
Regional GP Training Centre	Khajanova Tuygunoy	F	Head of Training Department
RH Ed Focal Points/Teachers Dist.College/Lyceum	Khudayberganov Shavkat	M	Construction&Transport College Director

Annex 3.

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Annex 4.

Uzbekistan UNFPA CPE Evaluation Matrix (Draft 0.7) 5 July 2014 Draft Only – For Internal Review

COMPONENT 1: ANALYSIS BY Four FOCUS AREAS (Reproductive Health and Rights (RHR), Youth, Population and Development (PD), and Gender Equality (GE)				
Relevance (Applies to all three focus areas)				
EQ 1.A. To what extent is the CP consistent with i. beneficiaries' needs, ii. government's policies, iii. other development partners' programmes				
	Comment(s) on EQ1.A	**Performance Indicators for EQ1.A**	**Data Sources for above question**	**Data Collection Methods**
	Very broad question, which assumes a consensus, which may not exist, among beneficiaries, national policies, and development partners	Degree of concurrence of CP with available data for beneficiary needs, government policies, and UNCT priorities.	Needs assessments of key beneficiary populations, national and regional survey data, country policy documents; regional statements; UNCT strategic plans.	Document review, key stakeholder interviews, beneficiary interviews.
Results for EQ1.A.: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ1.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ1A.	**Comments on Assumption(s) to be assessed for EQ1A.**	**Performance Indicators for assumptions on EQ1A**	**Data Sources for assumptions on EQ1.A**	**Data Collection Methods**
There is a consensus among beneficiaries on their needs. There is a coherence among government policies. There is a consensus among development partners on programs.	**This involves consideration of three separate areas.**	**Degree of consensus among beneficiaries on their needs.**	Needs assessments of key beneficiary populations, national and regional survey data, country policy documents; regional	Document review, key stakeholder interviews, client/beneficiary interviews.

			statements; UNCT strategic plans.	

Results for Assumptions for EQ1.A: Data and Information in relation to Assumptions to be assessed for EQ1A and corresponding indicators for these assumptions. Among those respondents to stakeholder interviews who were knowledgeable on program evaluation, while they were in agreement that UNFPA programs were consistent with beneficiary needs, in the absence of rigorous pre- and post- intervention data and a recent MICS, they felt that they did not have comprehensive evidence that this was the case. While many were aware of UNFPA surveys done with substantial sample sizes in multiple regions, they cited the lack of definitive nationally representative assessments that would be needed to ensure a consensus among beneficiaries. Nonetheless, UNFPA has supported baseline and mid-line studies that capture useful information on the diverse needs of beneficiaries. For examples see UNFPA supported studies on access to reproductive health services, studies of men's knowledge attitudes and practices, as well as studies related to youth and gender-based violence and a small qualitative survey of 60 PLHIV in 2012. The results from these relatively small studies show some diversity among various groups of beneficiaries needs in all four focus areas but the sample sizes are often not sufficient to establish significant differences. Examples of differences include patterns of reported contraception use between young and older women, and urban versus rural differences in reported levels of domestic violence. State Statistics Committee data for the number of abortions by parity suggest that zero-parity women are becoming a greater proportion of the total number of abortions, which could mean that younger women in their early stages in marriage may have special needs for contraception that are not being met. Clinicians who collaborate with UNFPA on services for HIV/AIDS clients, cited the need to better understand the needs of PLHIV in order to improve the design of programs. Respondents among the PLHIV community stressed that they need to be consulted more. It is clear that there is lack of coherence among government ministries on policy. For example, despite letters of approval of UNFPA programs from one ministry, another ministry intervened to stop a program that was progressing quite well. Based on review of project documents and stakeholder interviews, while development partners are largely in agreement in the core areas where UNFPA is active, there are some exceptions, for example concerning prioritization of RH among the portfolio of health programs. Similarly, there are some differences among donors in the recommended approach that should be considered with youth programs.

Relevance (Applies to all three focus areas)				
EQ 1.B. To what extent is the CP consistent with i. UNFPA's policies and strategies, and global priorities including ii. the goals of the ICPD Program of Action and iii. the MDGs;				
Effectiveness (Applies to all three focus areas)	**Comment(s) on EQ1.B**	**Performance Indicators for EQ1.B**	**Data Sources for above question.**	**Data Collection Methods**
	This question addresses three separate areas, but there is overlap among them. It is assumed that there should be greater focus on MDGs 4 and 5 compared to other MDGs.	Degree of concurrence of CP with UNFPA policies and strategies, goals of ICPD PoA, and MDGs.	UNFPA, ICPD and MDG policy and monitoring documents. Key informants.	Document review, key stakeholder interviews.
Results for EQ1.B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ1.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ1B.	**Comments on Assumption(s) to be assessed for EQ1B.**	**Performance Indicators for assumptions on EQ1B**	**Data Sources for assumptions on EQ1.B**	**Data Collection Methods**
It is assumed that the UNFPA CP has explicitly attempted to attain consistency with the three separate areas: UNFPA policies, ICPD PoA, and MDGs.		**Evidence of explicit commitments on the part of UNFPA CP team to achieve consistency with the three areas.**	UNFPA, ICPD and MDG policy and monitoring documents. Key informants.	Document review, key stakeholder interviews.

Results for Assumptions for EQ1.B: Data and Information in relation to Assumptions to be assessed for EQ1B and corresponding indicators for these assumptions. Based on review of the UNFPA project documents and stakeholder interviews, it is clear that UNFPA has consciously and explicitly reviewed its program activities for their consistency with these three areas that guide program design and policy. Examples include UNFPA's collaboration with the UNDAF, the reformulation of the strategic framework to be consistent with the UNFPA MTSP 2012-2013, as well as further adjustments to the MTSP 2014. UNFPA's adherence to the efforts to achieve the MDGs was cited by stakeholder interview respondents as a facilitating factor contributing to UNFPAs success in collaboration with the MoH.				
Effectiveness (Applies to all three focus areas)				
EQ 2.A. Were the CP's intended outputs produced? If so, to what degree?				
Effectiveness (Applies to all three focus areas)	**Comment(s) on above question**	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	The formulation of some of the outputs is fairly imprecise and general and therefore difficult to assess. Depending on preferences of UNFPA Uzb country team, cross cutting issues such as Gender Mainstreaming may be considered.	Level of achievement against indicators/targets (as outlined in CPAP monitoring framework) over time.	AWPs, COARs, Project Reports, CPAP, Revised CPAP Framework. Stakeholders. Most recent surveys and other available data.	Document review, stakeholder interviews, site visits, training follow-up and client/beneficiary interviews.
Results for EQ2.A.: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ2.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ2.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above**	**Data Sources for assumptions on above question.**	**Data Collection Methods**

		question.		
The majority of progress on intended outputs can be attributed to UNFPA CP.	It is unlikely that all progress towards outputs can be attributed to a given intervention.	Evidence of pertinent program activity in allied non-UNFPA CP program areas.	Review of non-UNFPA program activities and trends on context for UNFPA CP activities.	Document review, stakeholder interviews, site visits, training follow-up and client/beneficiary interviews.
Results for Assumptions for EQ2.A: Data and Information in relation to Assumptions to be assessed for EQ2.A and corresponding indicators for these assumptions. Based on a the review of government program activities and stakeholder interviews, it was clear that UNFPA CPE3 activities, while an important component, were not considered responsible for the majority of progress related to gender and RHR focus related outputs, especially from the perspective of the WC and the MoH. Both of these institutions feel, with considerable justification, that they are the primary vehicle for their respective output progress. Within the youth focus area, UNFPA support for peer education can be considered responsible for a large portion of the progress for youth related outputs, but there are other youth agencies, such as Kamolot, that have an important role in programs for youth. The UNFPA CPE3 PD activities have contributed to the PD related outputs, but it is clear that much of the recent progress for the availability gender-disaggregated data is due to work supported by the ADB in collaboration with the WC, CISC and the State Statistical Committee.				
Effectiveness (Applies to all three focus areas)				
EQ 2.B.To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?				
	Comment(s) on above question.	**Performance Indicators for above question.**	**Data Sources for above question.**	**Data Collection Methods**
	The pathways for the proposed logic model are simplistic and do not fully account for external factors, such as other program activities and important contextual issues such as economic and social factors. The formulation of some of the outputs and	Pertinent indicators from CPAP Planning and Tracking Tool for output and outcome specific programme components.	Key stakeholders at State and Entity level, CPAP Planning and Tracking Tool; CP M&E database, AWPs, COARs, key stakeholder interviews. National, Regional and other available data.	Document Review, stakeholder interviews.

	outcomes is fairly general and therefore the pathways for impact from output to outcomes is difficult to assess.			
Results for EQ2.B.: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ2.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ2.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question**	**Data Sources for assumptions on above question**	**Data Collection Methods**
Some UNFPA CP outcomes will be influenced by multiple UNFPA CP outputs.	This is only partially taken into account in the proposed logic model.	Pertinent indicators from CPAP Planning and Tracking Tool for output and outcome specific programme components.	Key stakeholders at State and Entity level, CPAP Planning and Tracking Tool; CP M&E database, AWPs, COARs, key stakeholder interviews. National, Regional and other available data.	Document Review, stakeholder interviews.
Results for Assumptions for EQ2.B: Data and Information in relation to Assumptions to be assessed for EQ2.B and corresponding indicators for these assumptions. Based on stakeholder interviews and review of project documents, it was clear that project activities for different focus areas contributed to outcomes beyond their immediate frameworks. For example, the Youth focus area program activities promoted data collection efforts that overlapped with the mandate for the PD focus area. The trainings provided by PD, for example an in-depth training on RH survey methodology in 2012, were cited as directly improving the quality of the 2013 youth survey, which supports both the Youth and PD related outcomes. While the RHR Focus area activity, R21 is the main activity to address the maternal health related outcome, stakeholder interviews with MoH staff revealed that UNFPA supported efforts for FP, both training of				

GPs and training on LMIS, were perceived to have helped reduce maternal morbidity and mortality through improved access to family planning and reduced unwanted pregnancy. Similarly, based on stakeholder interviews at the regional and district level, the UNFPA support for gender-related trainings and resource materials for Mahala Advisors have contributed to the RHR related outcome by reinforcing community outreach for antenatal care and access to family planning.				
Effectiveness (Applies to all three focus areas)				
EQ 2. C. What were the constraining and facilitating factors and the influence of context on the achievement of results?				
	Comment(s) on this question	**Performance Indicators for this question**	**Data Sources for this question**	**Data Collection Methods for question**
	NB: for the purpose of the evaluation, the word "context" refers to "constraining and facilitative factors. Need to divide constraints and facilitating factors in terms of internal to UNFPA/external to UNFPA	Contextual information related to specific activities within each of the Focus Areas.	Key informant interviews, trends in pertinent indicators. COARs, Implementing agency Reporting Documents	Document review, stakeholder interviews, site visits, and client interviews.
Results for EQ2.C.: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ2.C and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ2.C.	**Comments on Assumption(s) to be assessed for above Question**	**Performance Indicators for assumptions on the above Question**	**Data Sources for assumptions on the above question**	**Data Collection Methods for assumptions on question.**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**

Results for Assumptions for EQ2.C: Data and Information in relation to Assumptions to be assessed for EQ2.C and corresponding indicators for these assumptions. NA				
Efficiency (Applies to all three focus areas)				
EQ 3.A.i Were the outputs produced reasonable for the resources spent? In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	(NB: For the purpose of the evaluation, Questions 3.A.ii and and 3C will be treated as paraphrases for Question 3A.i) There is an inherent subjectivity to the definition and measurement of what is "reasonable" output for resources spent.	Amount of resources used to achieve the outputs/outcomes, compared to the value of achieved outputs.	Key stakeholders; Documentation of programme inputs by category (human, financial, technical). Feedback on quantity and quality of TA provided to implementing agencies. Atlas data.	Key stakeholder interviews, document review, budget review.
Results for EQ3.A.: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ3.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ3.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**

Results for Assumptions for EQ3.A: Data and Information in relation to Assumptions to be assessed for EQ3.A and corresponding indicators for these assumptions. NA				
Efficiency (Applies to all three focus areas)				
EQ 3.B Could different interventions have solved the same problem at a lower cost?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	This question is inherently hypothetical, but it should still be addressed by considering alternate scenarios for program activities.	Comparison of estimated cost for a given output to hypothetical cost of an alternative intervention.	Key stakeholders; Documentation of programme inputs by category (human, financial, technical). Feedback on quality of TA provided to implementing agencies. Atlas data.	Key stakeholder interviews, document review, budget review.
Results for EQ3.B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ3.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ3.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	
Results for Assumptions for EQ3.A: Data and Information in relation to Assumptions				

to be assessed for EQ3.A and corresponding indicators for these assumptions. NA				
Efficiency (Applies to all three focus areas)				
EQ 4.A What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs);				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Timeliness is relative to stated timelines in project documents.	Verification of inputs. Months or years from start to completion of inputs. Months or years from start to completion of inputs.	Initial and revised CPAP Framework. AWPs, COARs, Implementing partner reports. Stakeholder interviews.	Key stakeholder interviews, document review, budget review.
Results for EQ4.A: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ4.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ4.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ4.A: Data and Information in relation to Assumptions to be assessed for EQ4.A and corresponding indicators for these assumptions. NA				
Efficiency (Applies to all three focus areas)				
EQ 4.B What was the timeliness of outputs?				

	Comment(s) on above question	Performance Indicators for above question	Data Sources for above question	Data Collection Methods
	4.B. is interpreted to refer to timeliness of implementing activities and in turn the rate of completion of outputs through these activities.	Verification of inputs. Months or years from start to completion of inputs. Verification of outputs. Months or years from start to completion of outputs.	Initial and revised CPAP Framework. AWPs, COARs, Implementing partner reports. Stakeholder interviews.	Key stakeholder interviews, document review, budget review.
Results for EQ4.B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ4.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ4.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ4.B: Data and Information in relation to Assumptions to be assessed for EQ4.B and corresponding indicators for these assumptions. NA				

Efficiency (Applies to all three focus areas)				
EQ 5.A To what extent have the monitoring and evaluation mechanisms in place in the Country Office been focused on the results?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	NB: Need to be clear on how "results" are defined. For this evaluation, "results" refers to clearly defined outputs, and clearly defined M&E targets	Extent to which the indicators in the CPAP M&E databases plausibly reflect the defined activity milestones and outputs .	CPAP Planning and Tracking Tools, M&E indicators, AWPs, COARs.	Document review. Stakeholder interviews.
Results for EQ5.A: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ5.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ5.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ5.A: Data and Information in relation to Assumptions to be assessed for EQ5.A and corresponding indicators for these assumptions. **NA**				

Efficiency (Applies to all three focus areas)				
EQ 5.B To what extent have the monitoring and evaluation mechanisms in place in the Country Office helped to improve the results?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	NB: Need to be clear on how "results" are defined. For this evaluation, "results" refers to clearly defined outputs, and clearly defined M&E targets.	Evidence of consistent and appropriate use M&E data for decision making by UNFPA Uzb staff.	CPAP Planning and Tracking Tools, M&E indicators, AWPs, COARs.	Document review. Stakeholder interviews, especially with UNFPA staff.
Results for EQ5.B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ5.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ5.B.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
This question assumes that the CP M&E mechanisms has helped to improve the results, which may not actually be the case.	It is plausible that a well designed and implemented M&E system will improve results.	Reported use M&E data for decision making by UNFPA Uzb staff.	CPAP Planning and Tracking Tools, M&E indicators, AWPs, COARs.	Document review. Stakeholder interviews, especially with UNFPA staff.

Results for Assumptions for EQ5.B: Data and Information in relation to Assumptions to be assessed for EQ5.B and corresponding indicators for these assumptions. Overall, the UNFPA Uzbekistan M&E system, as evidenced by the annual CPAP Planning and Tracking Tools, is well conceived and implemented. But there are instances where M&E systems were in place, but were not actually used to improve results. A specific example is the UNFPA Uzbekistan peer educator data base system. There is a well-designed reporting format that allows peer educators to document their educational sessions and submit them electronically on a regular and timely basis to the UNFPA youth program staff, either through youth peer educator focal point staff, or directly to UNFPA's Youth Project Assistant and Y-Peer Fellow. The problem is that, apart from being used to generate a count of total youth reached (which seemed to be an end in and of itself), these reports do not appear to be systematically analysed to help improve results. The basic updating of the database was over a year behind schedule. The evaluation team was unable to obtain any database information for 2011 or 2012, due in part to staff transition, where the 2012 data were not properly documented and/or archived and therefore could not be shared with the team by the current Youth Project Assistant. The database for 2013 and 2014 was not up to date (they were a full year behind, and had only completed from Jan-May 2013). UNFPA staff were helpful in updating the 2013 data based for the entire year, but it was clear that these data had not been adequately cleaned (significant gaps in gender-specific disaggregation) and were not being used in a timely manner (over one year since last collected and summarized) to assess results and guide short- and long-term decision making. There is an important opportunity to improve the peer education program results through better use of the peer educator database. A separate issue concerns the use of the results from UNFPA supported surveys over the past four years. While there are important constraints on UNFPA for the dissemination of results that are related to sensitive issues, such as youth access to reproductive health services or estimates of the prevalence of gender based violence/domestic violence, the evaluation team found little evidence that the rich range of survey results were being used by UNFPA as a basis for advocacy or for making adjustments to ongoing programs. The main purpose of these surveys were to serve as baseline for follow-up surveys, which is commendable. But it appeared that more could be done with the available data from the current set of studies. This may be a reflection of just how busy the UNFPA staff are in doing the implementation of programs. With few exceptions, such as the analysis of the youth survey data to estimate baseline knowledge of HIV/AIDS, they may lack the time to fully utilize the survey findings from UNFPA supported studies.

Sustainability (Applies to all three focus areas)				
EQ 6.A Are programme results sustainable in short-term perspective?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	For this evaluation recommend, "short-term" = Five years or less, "Long-term" = Greater than five years	Short-term ability of institutions to continue functions without external support. Measures of capacity building, esp. training activities. Patterns of staffing turnover and counterpart agency short-term budgeting over time.	CPAP, COARs, AWPs, Implementing agency reports. Training data. Stakeholders in management positions and beneficiaries.	Key stakeholder interviews, document review, budget review. Training follow-up interviews.
Results for EQ6.A: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ6.A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ6.A.	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ6.A: Data and Information in relation to Assumptions to be assessed for EQ6.A and corresponding				

indicators for these assumptions. **NA**				
Sustainability (Applies to all three focus areas)				
EQ 6.B Are programme results sustainable in long-term perspective?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	For this evaluation recommend, "short-term" = Five years or less, "Long-term" = Greater than five years).	Long-term ability of institutions to continue functions without external support. Measures of capacity building, esp. training activities. Patterns of staffing turnover and counterpart agency long-term budgeting over time.	National Ministry Strategic Planning documents, CPAP, COARs, AWPs, Implementing agency reports. Training data. Stakeholders in management positions and beneficiaries.	Key stakeholder interviews, document review, budget review. Training follow-up interviews.
Results for EQ6.B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ6.B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data;• the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ6.B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ6.B: Data and Information in relation to Assumptions to be assessed for EQ6.B and corresponding				

indicators for these assumptions. NA				
Sustainability (Applies to all three focus areas)				
EQ 6.C.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
		Short and long-term ability of institutions to continue functions without external support. Measures of capacity building, esp. training activities. Patterns of staffing turnover and counterpart agency long-term budgeting over time.	National Ministry Strategic Planning documents, CPAP, COARs, AWPs, Implementing agency reports. Training data. Stakeholders in management positions and beneficiaries.	Key stakeholder interviews, document review, budget review. Training follow-up interviews.
Results for EQ6.C.i: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ6.C.i and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ6.C.i	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**

Results for Assumptions for EQ6.C.i: Data and Information in relation to Assumptions to be assessed for EQ6.C.i and corresponding indicators for these assumptions. NA				
Sustainability (Applies to all three focus areas)				
EQ 6.C.ii If yes to 6.C.i, How UNFPA Uzbekistan did ensure sustainability of its programme interventions?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	The question assumes that UNFPA has ensured sustainability, which may not be the case.	Documented examples of UNFPA CP success in generating counterpart commitment to and success in funding and staffing ongoing program activities.	Counterpart agency workplans and National Ministry Strategic Planning documents, CPAP, COARs, AWPs, Implementing agency reports. Training data. Stakeholders in management positions.	Document review. Stakeholder interviews, training follow-up interviews.
Results for EQ6.Cii: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQC.ii and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ6.Cii	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be	**Not applicable (NA)**	**NA**	**NA**	**NA**

considered.				
Results for Assumptions for EQ6.Cii: Data and Information in relation to Assumptions to be assessed for EQ6.Cii and corresponding indicators for these assumptions. **NA**				
COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Alignment				
7. A. To what extent has the UNFPA country office contributed to the functioning of UNCT coordination mechanisms?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Requires understanding of UNFPA Uzb participation in UNCT governance.	UNFPA Uzb participation in theme groups and other UNCT administrative bodies for coordination of activities.	UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, stakeholder interviews.
Results for EQ7A: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ7A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ7A	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ7A. Data and Information in relation to Assumptions to be assessed for EQ7A and corresponding indicators for these assumptions. **NA**				

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Alignment				
EQ7. B. To what extent has the UNFPA country office contributed to the consolidation of UNCT coordination mechanisms?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Requires understanding of UNFPA Uzb participation in UNCT governance.	Concrete examples of UNFPA Uzb participation in the process of consolidation of UNCT coordination procedures and programs.	Senior UNCT management, UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Results for EQ7B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ7B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ7B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ7B. Data and Information in relation to Assumptions to be assessed for EQ7B and corresponding indicators for these assumptions. **NA**				

COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Alignment				
EQ8. To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Alignment has changed over time due to a revision of the CPAP Outcomes framework.	Congruence of UNDAF and UNCT activities, outputs and outcomes with UNFPA revised strategic framework and CPAP.	Senior UNFPA staff management, CPAP, CPD, UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Results for EQ7B: Evaluators must fill this box with all relevant data and information gathered during the field phase in relation with the EQ7B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ7B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ7B. Data and Information in relation to Assumptions to be assessed for EQ7B and corresponding indicators for these assumptions. **NA**				
COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				

EQ9.A. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Question 9.A will focus primarily on other UN agencies, but should make comparison to any and all pertinent agencies in the country.	Performance of UNFPA activities relative to other UN Agencies.	Senior UNFPA staff management, CPAP, CPD, UNDAF documents, UNDAF Midterm review, UNCT Annual Reports.	Document review, key stakeholder interviews.
Results for EQ9A: a must fill this box with all relevant data and information gathered during the field phase in relation with the EQ9A and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ9A	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ9A. Data and Information in relation to Assumptions to be assessed for EQ9A and corresponding indicators for these assumptions. NA				
COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ9.B. To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?				
	Comment(s) on above question	**Performance Indicators for above**	**Data Sources for above question**	**Data Collection Methods**

		question		
	This is a hypothetical question which is inherently subjective.	Estimated progress on pertinent indicators without UNFPA support.	Senior stakeholders at GVT Ministries, national strategy documents, and GVT budget plans.	Document review. Stakeholder interviews, budget review.
Results for EQ9B: a must fill this box with all relevant data and information gathered during the field phase in relation with the EQ9B and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ9B	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ9B. Data and Information in relation to Assumptions to be assessed for EQ9B and corresponding indicators for these assumptions. NA				
COMPONENT 2: ANALYSIS OF THE CP's STRATEGIC POSITIONING				
Added Value				
EQ10 What is the main UNFPA added value in the country context as perceived by national stakeholders?				
	Comment(s) on above question	**Performance Indicators for above question**	**Data Sources for above question**	**Data Collection Methods**
	Interpret "in the country context" to mean the context in Uzbekistan during the time period	Respondent ratings of primary examples of UNFPA added value.	Senior UNCT and GVT stakeholders as well as stakeholders in counterpart	Document review. Senior level stakeholder interviews.

	2010 to the present. Should address both National and UNCT stakeholder perceptions		agencies and donors. UNDAF midterm review.	
Results for EQ10 a must fill this box with all relevant data and information gathered during the field phase in relation with the EQ10 and corresponding indicators. The information placed here can stem from: documentary review, interviews, focus group discussions, etc. Since the filled matrix will become the main annex of the final evaluation report, the evaluation team leader and evaluation manager must ensure that all the information displayed: • is directly related to the indicators listed above; • is drafted in a readable and understandable manner; • makes visible the triangulation of data; • the information source (s) are referenced in footnotes.				
Assumption(s) to be assessed for EQ10	**Comments on Assumption(s) to be assessed for question**	**Performance Indicators for assumptions on above question.**	**Data Sources for assumptions on above question.**	**Data Collection Methods**
No additional assumptions to be considered.	**Not applicable (NA)**	**NA**	**NA**	**NA**
Results for Assumptions for EQ10. Data and Information in relation to Assumptions to be assessed for EQ10 and corresponding indicators for these assumptions. **NA**				

Annex 5

Draft Stakeholder Design Mission Interview Questionnaire:

Introduction: Thank you for agreeing to meet with us today. Our names are Sam Clark and Ravshan Azimov. We are evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA Uzbekistan Country Programme (CP) for 2010- 2015. This project began in 2010 and the program has been implemented in collaboration with Government of Uzbekistan Ministries and a wide range of other stakeholders.

Goals and objectives of the Survey: It is now four years since the beginning of the project. Many of the planned programme activities have been implemented. This evaluation will do three things:

1. Provide an independent assessment of the progress of the Country Programme has made towards the expected outputs and outcomes as planned in the results framework for the Country Programme;

2. Assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme;

3. Provide an assessment of the UNFPA Country Office (CO) positioning within the Uzbekistan development community and national partners. In particular, we will assess the Country Office's ability to respond to Uzbekistan's national needs while adding value to Uzbekistan's development results.

Ground Rules: This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

1. Date:

2. Name:

3. Contact information for clearance:

4. Position:

5. Number of years have worked in this position:

6. Confirmation that respondent knows what the UNFPA Uzbekistan CP is and what is has done in at least one of the three major program areas.

   Which of the following three UNFPA Uzbekistan Country Program areas are you familiar with?

Population and Development (For example, strengthening national capacity to collect, analyse and use population data, trainings on demographic analysis and population projections).

Circle one: i) Little ii) Some iii) Well informed

Reproductive Health and Rights (For example, training primary health care physicians to provide reproductive health services or improving youth understanding of how to prevent HIV, trainings on Contraceptive logistics, quality of RH services, access of young people to Health Education)

Circle one: i) Little ii) Some iii) Well informed

Gender Equality (For example, strengthen National implementation the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), National Action Plan on Implementation of CEDAW recommendations).

Circle one: i) Little ii) Some iii) Well informed

7. Based on what we have told you about this evaluation, what recommendations would you have on the best approach for us to take? What suggestions do you have for the design of our evaluation?

8. If this evaluation is to be worthwhile to you, what key issues should it address?

9. What important documents and data would you recommend that we review?

10. Who are some of the key informants you would recommend we talk with?

11. Who are the key groups/beneficiaries for this Country Program? How would you recommend we proceed in order to identify a sample of these groups/beneficiaries for interviews?

12. We appreciate your help. We would like to be able to schedule a follow-up interview with you when we return in May to conduct the evaluation. Is this ok? If so, will you be in Tashkent in early May? When would be the best time to meet?

Thanks for your cooperation!

Client/Beneficiary Questionnaire (Draft 0.2 – Do not distribute) 9 April 2014

Informed Consent Statement for Client/Beneficiaries

Hello, my name is (name of interviewer). We are here to learn about the quality of the counselling, information and services you have received from [Name of Institution in location… Uzbekistan]. We are conducting interviews with people like you who have received services from [Name of Institution in Uzbekistan]. If you agree to participate, we would ask you a few questions about your experience with [Name of Institution].

Before I ask you any questions we are required to explain some important ground rules for our interview. Any answers you wish to give are completely CONFIDENTIAL, meaning that no one other than me and my colleague will be able to see your answers. Your name and address will NEVER be associated with the answers you give. You have every right to refuse to participate in this interview. Whether or not you choose to answer questions will not affect the services you receive from [Name of Institution] in any way. If you do agree to answer questions for this evaluation, you may still refuse to answer any question or stop answering questions altogether.

Interviewer Probe: Do you understand what I have just explained to you? Circle one: Yes/ No.

If no, what do you not understand? [Provide explanations as needed]

Do you now understand what I have just explained to you? Interviewer to Circle one: Yes/No

If no, Thank respondent and discontinue interview.

If yes, Do you agree to be interviewed? Interviewer to Circle One: Yes/No

_____ _____

Signature of Interviewer **Date (dd/mm/yyyy)**

Witness (co-interviewer or translator)

Questions for all client/beneficiaries

Q1. Name of Interviewer :

Q2. Date (dd/mm/yyyy): **Q3. Unique Interview Number:**

Q4. Sex: Male/Female **Q5. Age: <18, >18 and <30, >=30 (circle one)** **Q6. Name of UNFPA supported agency or facility:** _____	**Q7. Type of agency: (Mahala, BranchRH, PHC, other?) Circle one** **Q8. Sector: (Government, Private, NGO, Other) Circle one**
Q9. Educational level of person interviewed: < secondary, secondary, college, post graduate	**Q10. Location of Interview: Town, District Name** **Q11. Rural, Urban**
Q12. Current employment if any:	**Q13. Region:**

Q14. Types of services received: What types of services have you received from this agency? (List types of services, such as counselling, education, referrals, support etc.)_____

Q15. Additional services recommended: **Q15.A.** Are there additional services that you feel this agency should provide? **Q15.B.** If yes, what are they? _____

Respondent perception of usefulness of services:

Q16. Of the services you mentioned, which ones are the most useful to you? _____

Q17. Of the services you mentioned, which ones are the least useful to you? _____

Respondent rating of satisfaction with services:

Q19.A. Are you satisfied with all of the services you mentioned? Circle one: satisfied / not satisfied.

Q19.B. If yes, please explain your answer.

Q20A. Are you are **not** satisfied with any of the services you mentioned? Circle one: satisfied w all services/ not satisfied with one or more services.

Q20B. If yes, Please explain your answer.

Quality of advice or counselling:

Q21. Q21A. Were you satisfied with the advice or counselling you received? Circle one: satisfied / not satisfied **Q21B**. Please explain your answer:
Respect: Q22.A Were the staff understanding and respectful to you? Circle one: satisfied / not satisfied **Q22B**. Please explain your answer:
Recommendations: Q23. What would you recommend to improve the quality of services you received from this agency?
Gender: Q24.A. Does this agency provide services in a way that promotes gender equality? Circle one: Yes/No. **Q24B**. Please explain your answer
End interview and thank participant!

Assumption(s) to be assessed for EQ1A.
Is there is a consensus among beneficiaries on their needs?
Is there is a coherence among government policies related to UNFPA programs?
Is there is a consensus among development partners on the programs that UNFPA is implementing?

Assumption(s) to be assessed for EQ1B.
Has the UNFPA CP explicitly attempted to attain consistency with the three separate areas: UNFPA policies, ICPD PoA, and MDGs?

Assumption(s) to be assessed for EQ2.A.
Can the majority of progress on intended CP3 outputs be attributed to the UNFPA CPE?

Assumption(s) to be assessed for EQ2.B.
Are some of UNFPA CP outcomes influenced by multiple UNFPA CP outputs?

Assumption(s) to be assessed for EQ5.B.
Can it be assumed that the CP3 M&E mechanisms have actually helped to improve the results?
If so, how?
If not, why not?

Draft Stakeholder Interview Questionnaire:

Introduction: Thank you for agreeing to meet with us today. Our names are Sam Clark and Ravshan Azimov. We are evaluation consultants and have been hired to conduct an end-of-project evaluation of the UNFPA Uzbekistan Country Programme (CP) for 2010- 2015. This project began in 2010 and the program has been implemented in collaboration with Government of Uzbekistan Ministries and a wide range of other stakeholders.
Goals and objectives of the Survey: It is now four years since the beginning of the project. Many of the planned programme activities have been implemented. This evaluation will do three things:

1. Provide an independent assessment of the progress of the Country Programme has made towards the expected outputs and outcomes as planned in the results framework for the Country Programme;

2. Assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme;

3. Provide an assessment of the UNFPA Country Office (CO) positioning within the Uzbekistan development community and national partners. In particular, we will assess the Country Office's ability to respond to Uzbekistan's national needs while adding value to Uzbekistan's development results.

Ground Rules: This interview is confidential and voluntary. Your name will not be linked to any of the findings. If you are willing to be quoted, this is appreciated. But no data will be associated with your name unless cleared in advance by you. You can end the interview at any time and have no obligation to answer any questions asked.

8. **Date and Location** of Interview: **__Day__Mo__Year Location of Interview:_____**
9. **Name:**
10. **Contact information for clearance**:
11. **Position:**
12. **Position with respect to policy:** Does the respondent work at a level where he/she has an understanding of national donor policy issues? **Circle one:** Yes No.
13. **Number of years has worked in this position**: **_____Years**

14. **Confirmation that respondent knows what the UNFPA CP is** and what is has done in at least one of the three main focus areas shown below. **Circle one:** i) Little ii) Some iii) Well informed

15. **Which of the following three focus areas are you most familiar with?**
    Circle the one most familiar with and how familiar i) Little ii) Some iii) Well informed
    1: Gender Equality (need to elaborate) **Most? Yes or No. Circle one:** Little Some Well
    2: Reproductive Health and Rights (need to elaborate) **Most? Y/N Circle one:** Little Some Well
    3: Population and Development (need to elaborate) **Most? Y/N Circle one:** Little Some Well

Evaluation Component I: ANALYSIS BY FOCUS AREAS

Introduction "You have said that you are most familiar with the focus area [mention the focus area they are most familiar with]. We would like to ask some questions about this particular focus area and the UNFPA Country Program (CP) as a whole.

If you feel the question is too general or is at a policy level you are not comfortable with, this is not a problem. We will skip to the next question."

9. Relevance

NB: The following three questions apply to all 3 Focus areas.

Q9a. To what extent is the Country Programme consistent with

i. Beneficiaries' needs? Fully, Partially, Not at all
ii. Government's policies? Fully, Partially, Not at all
iii. Other development partners' programmes? Fully, Partially, Not at all

Circle one: Fully / Partially /Not at all Please explain your answers.

Q9b. To what extent is the CP consistent with

i. UNFPA's policies, strategies, and global priorities? Fully, Partially, Not at all
ii. The goals of the ICPD Program of Action? Fully, Partially, Not at all
iii. The MDGs? Fully, Partially, Not at all

Circle one: Fully / Partially / Not at all Please explain your answers.

10. Effectiveness

NB: These three questions (10 a - 10c) apply to all 3 Focus areas.

Question 10a. Were the CP's intended outputs achieved? If so, to what degree? Paraphrase: Were the desired results achieved? If Yes, to what degree?

Fully achieved
Partially achieved
Not achieved at all

Question 10b. To what extent did the outputs contribute to the achievement of the outcomes and, what was the degree of achievement of the outcomes?

Extent to which the output contributed to achievement of outcomes
Degree of achievement of the outcomes.

Question 10c. What were the constraining and facilitating factors and the influence of context on the achievement of results? Paraphrase: What helped you in achieving results in general? Were there any constraints/barriers in achieving these results? NB: for the purpose of the evaluation, we will assume that the word "context" refers to "constraining and facilitative factors

Notes on qualitative open ended responses:

11. Efficiency

NB: These questions apply to all 3 Focus areas (RH, PD and GE)

Q11a. Were the outputs produced reasonable for the resources spent? Paraphrase: In other words (3.A.ii), "Could more results have been produced with the same resources? Or (3.A.iii) Were resources spent as economically as possible?

Yes/No/Partially

Q11b. Could different interventions have solved the same problem at a lower cost?

Yes/No/Partially

Q11c. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); Paraphrase: Were the inputs timely? Q11c and

Q11d. are interpreted to refer to timeliness of implementing activities and in turn the rate of completion of outputs through these activities).

Inputs: Yes/No/Partially

Q11d. What was the timeliness of outputs? Paraphrase: Were the outputs timely? Q11c and d. are interpreted to refer to timeliness of implementing activities and in turn the rate of completion of outputs through these activities).

Ouputs: Yes/No/Partially

Q11d. To what extent have the monitoring and evaluation mechanisms in place in the Country Office been focused on the results? NB: Need to be clear on how "results" are defined. For this evaluation, "results" refers to clearly defined outputs, and clearly defined M&E targets.

Circle one: Little Moderate A great deal

Q11e. To what extent have the monitoring and evaluation mechanisms in place in the Country Office helped to improve the results? NB: Need to be clear on how "results" are defined. For this evaluation, "results" refers to clearly defined outputs, and clearly defined M&E targets.

Circle one: Little Moderate A great deal

12. Sustainability NB: These questions apply to all 3 Focus areas (RH, PD and GE)

Q12.a. Are programme results sustainable in short-term perspective (Five years or less)?

Q12.b. Are programme results sustainable in long-term perspective (Greater than five years)?

Q12.c.i Did UNFPA ensure sustainability of its programme interventions? Yes or No.

Q12C.ii If yes, How UNFPA Uzbekistan did ensure sustainability of its programme interventions?

13. Gender NB: These questions apply to all 3 Focus areas (RH, PD and GE)

13a. To what extent have UNFPA's programs integrated gender as a cross-cutting theme and promoted gender equity and gender sensitivity?

Circle one: a) Fully b) Partially c) Not at all

Gender Continuum:

Circle one: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative.

Explanation of the gender continuum: "This evaluation is required to explicitly assess to what extent the project has integrated gender as a cross-cutting theme. Please consider a continuum of approaches for the integration of gender into public health programs: a) Gender Exploitative, b) Gender Accommodating, or C) Gender Transformative." NB: If this is not clear, and it probably will not be, refer to the following concrete examples:

Figure 1
Continuum of Approaches for Gender Integration

Gender Exploitative	Gender Accommodating	Gender Transformative
Programs that …exploit gender inequities and stereotypes in pursuit of project outcome. Often harmful in long-term and can undermine program objectives.	….accommodate gender differences to achieve project objectives. May make fulfilling gender roles easier but does not attempt to reduce gender inequality.	….seek to transform gender relations to promote equity and achieve program objectives by encouraging critical awareness of gender roles and promoting improved women's status.
Example: Condom social marketing campaigns that use aggressive or violent imagery to reinforce male decision-making power and control.	Example: Projects that take services to women who have limited social mobility; doorstep distribution of oral contraceptives (OCs) in Muslim society where women are in seclusion.	Example: Programs that work with young men and young women to challenge rigid gender roles.

Adapted from USAID IGWG Presentation, 2005.

Evaluation Component II: ANALYSIS OF THE CP's STRATEGIC POSITIONING
NB: These questions should only be posed to senior level staff that are familiar with national level donor development policy level matters.

14. Alignment

Q14.a. To what extent has the UNFPA country office contributed to the functioning of UNCT coordination mechanisms?
Little Moderate A great deal.
Q14.b To what extent has the UNFPA country office contributed to the consolidation of UNCT coordination mechanisms?
Little Moderate A great deal.
Q14.c To what extent does the UNDAF reflect the interests, priorities and mandate of UNFPA in the country?
Little Moderate A great deal.

15. Responsiveness

Question 15a. To what extent did UNFPA anticipate and respond to significant changes in the national development context within its 3 core focus areas? Fully/Partially/Not at all
Question 15b. What were the missed opportunities in UNFPA programming?

16. Added Value

Q16.a. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? NB: Q16a. will focus primarily on other UN agencies, but should make comparison to any and all pertinent agencies in the country.
Q16b. To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?
Q16c. What is the main UNFPA added value in the country context as perceived by national stakeholders? NB: Interpret, "in the country context" to mean the context in Uzbekistan during the time period 2010 to the present.

Training Follow-up Questionnaire Draft 0.2 - Preliminary – Not for Distribution 10 April 2014

Introduction: Explain purpose of interview as part of evaluation of the UNFPA Country Program. Explain that the interview is voluntary and confidential; no data will be linked to their name.

1. Date: dd/mm/yr **2. Name of interviewer:**	**3. Location of Interview** (Name Office and Town)
4. Name of person interviewed: 5. Normal place of residence: 6. Normal place of employment:	**7. Telephone: 8. E-mail:** **9. Sex: Male/Female** **10. Age:**

11. Category of trainee: (Indicate background, for example, Peer Educator, Police, Ministry official, Other _____

12. If nurse or doctor: Level of Medical training completed_____

13. For Peer Educator or other: Educational level completed:
Secondary, secondary, college, post graduate.

14. What type of training did you receive? (NB: Probe to be sure it was funded through the UNFPA Program)
Circle one from the following list of trainings:
U41 PLHIV Peer education
U41 HIV Obstetricians and Specialists for PLHIV
P51 Pop/Demog/Research
G21 GBV and CEDAW for Decision Makers/Law Enforcement
G21 TOT GBV for Makhalla leaders and advisers
G21 GBV for Makhalla Leaders and advisers (NB: This list is just an example to be expanded)

15. What did you find most useful from this training? _____
16. Do you think you gained: a. New information? Yes No (please explain)_____

b. New skills? Yes No (please explain) _____

17. What did you find the least useful from this training? _____

18. Did the training have any relevance for your daily work? If yes how?

19. When you returned to work from your training, were you able to apply the knowledge and skills from your training on a regular basis? Yes or No. Explain your answer._____

20. Did the training program encourage you to take actions when back to work? Yes/No
If so, what action taken._____

21. Was there any post-training support by the UNFPA program? If Yes, Explain. _____
If no, do you think that is important? _____

22. Did you find the training improved the quality of your performance on the job? Yes/No.
Explain_____

23. Would you want to have additional training? Yes or No.

24. If yes, what kind of training would be most beneficial for you now? _____

25. If no, why not? _____ **Please Turn Over!**

26. Did this training promote gender equality? Yes or No.

Please explain your answer:

27. For peer educators:
Do you currently provide peer educator services? Yes/No.

If yes, how many days in the last month? ____

On average, how many hours do you provide these services per day? ____

On average, how many youth do you work with on a given day? ____

28. For General Practitioners (GPs):
Do you currently provide FP and other RH services? Yes/No.

If yes, how many days in the last month? ____

On average, how many hours do you provide these services per day? ____

On average, how many clients do you work with on a given day? ____

Thank you for your assistance!

Annex 6

Detailed Evaluation Mission Schedule Draft 0.6 as of 6-May-2014 NB: SSI=Semi-Structured Interview

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday Pg. 1/3
Day 1. May 12 Tashkent In-Brief w UNFPA Rep 9:00 – 9:45h UNFPA Staff Brief by Eval Team 10-11:00 Feruza Fazilova, Albina Sadullaeva 11:00-12:00 R11, R21,R31 Gulchekhra Zakirova 12:00-13:00 P31 Team Lunch 13-14:00 UNFPA Finance Bobir Djuraev, Fuad Aliev 14:00-15:00 Ulugbek Zaribbaev, Ulugbek Hakimov, Daur Isaev, 15:00-16:00 R51,G21,G22 UNFPA HIV Dilyafruz Hudaykulova 16:00-17:00 U41	Day 2 May 13 Tashkent UNDP SSIs w S. Priesner, RC, J. Cilliers Dep RC 9:00-9:45 UN RC SSIs w Hurshid Rustamov, Saila Tokka, Dilfuza Nabieva 9:45-10:45 In Brief ERG 11:00-11:45 UNICEF 12:00-13:00h SSIs w 47,48+ M&E R11,R21,R31 Team Lunch 13-14:00 Natl Perinatl Center SSIs w 44,45 14:30-15:30 R21 MOH SSIs w 31,32,33,49 16:00-17:00 R11, R31	Day 3 May 14 Tashkent Women's Committee SSIs w 8,9,35 9:00-10:00 R11,G21 Civil Initiatives Support Centre SSI w 11 10:15-11:15 G21 R51 CSSPE SSIs w 62,63,64 11:30-12:30 R51 Team Lunch 13-14:00 State Comm on Stats SSI w 26 14:00-15:00 P31 Russian Ec. U. SSI w 30 15:00-16:00 P31 Min of Economy SSI w 25 16:00-17:00 P31	Day 4 May 15 Tashkent am Uzbek Association on Reproductive Health (UARH) 12,13,14 9:00-10:00 R51,G22 SSIs w Makhalla Dir Makhalla Advisors (MAs) Urban Makhalla 10:15-12:00 GBV/CEDAW Training F-up SSIs GBV Clients SSI/FGD R11, G22 Team Lunch 13-14:00 SSI w 27 Inst Soc Research 14:00-15:30 SC, IT TFSSIs P31 SSIs w 36,37,38 Tashkent Inst for Adv Med Education 16:-15:00 SC, IT R11 SSI w 42 Tashkent STI Clinic 14:00-15:30 RA SRH TFSSIs R11 SSI w 43 Women's Wellness Center 15:30-17:00 RA R11 17:00 Dep for Airport Travel to Fergana HY1415 19:35 - 20:30	Day 5 May 16 Fergana SSI w Brnch Director WC Branch Office 9:00-10:00 R11,G21 SSI w Dir of Ob/Gyn Urban District PHC TFSSIs w GPs FP Client SSIs 10:15-11:30 R11, R31, R51 SSIs w Dir &MAs Urban Makhalla 11:45-13:00 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13-14:00 SSI w Branch Dir. 16 UARH Branch 14:00-15:00 SC,IT TFSSIs w UARH staff G22, R51 SSIs w RH Ed Focal Points/Teachers Dist. College/Lyceum 15:15-17:00 SC,IT TF SSIs R51SSIs w RH Centre Dirs. 54,55, Regional SRH Centre 14:00-15:00 RA Training F-up SSIs R11, R31 SSI w Dir of Ob/Gyn Reg Mat Hosp, Perii 15:15-16:30 RA	Day 6 May 17 Fergana SSI w Dir of Ob/Gyn Rural District PHC 9:00-10:30 TFSSIs w GPs FP Client SSIs R11, R31, R51 SSIs w Makhalla Dir Makhalla Advisors Rural Makhalla 10:45-12:00 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13:00-14:00 SSI w Dir. of Special Resource Centre 14:00-15:00 R51 Youth Clients SSIs and or FGD 15:00-16:30 R51/G22	Day 7 May 18 Fergana am Rest and data Synthesis PLHIV Trainees 12:00-13:00 RA Training F-up SSI U41 SSI w CISC Branch Dir. 12:00-13:00 SC, IT G21 Team Lunch 13:00-14:00 Depart for Airport 21:00 18 May

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday Pg. 2/3
Day 8. May 19 Fergana Depart for Airport 21:00 18 May Travel to Tashkent HY1418 1:25-2:20 SSI w Dir of Ob/Gyn Urban District PHC TFSSIs w GPs FP Client SSIs 10:30-12:30 R11, R31, R51 Team Lunch 13-14:00 Other appointments as needed	Day 9 May 20 Tashkent SSI w WHO 46 9:00-10:00 SC,IT R11,R21,R31 SSI w UNWomen 10 10:15-11:15 SC, IT R51 SSI w GIZ 68 11:30-12:30 SC, IT R51 SSI w 73 Republican AIDS Center 9:00-10:00 RA R41 SSIs w 75,76 NGO"Ishonch va Hayot", NGO "Anticancer Society of Uzbekistan" 10:30-11:30 RA PLHIV TFSSIs U41 SSI w 74 Tashkent City AIDS Center 12:00-13:00 R41 RA HIV in Preg TFSSIs Team Lunch 13-14:00 National RH Center 50,51,52,53 14:30-17:00 R31 Stakeholders SSI Training F-up SSI FP Client SS	Day 10 May 21 Tashkent SSI w 24 at UARH Regional Branch 9:00-10:00 RHR/Peer T0T TFSSIs Youth Peer Client SSIs G22 SSI w 29 Aral Sea GPP Fund 10:30-11:30 P31 SSI w 28 Center Endocrinology 11:30-12:30 P31 Team Lunch 13-14:00 SSI w ? re WC Diligent Youth 14:00-15:00 SC,IT R51 Other appointments as needed for RA for R11,R21,R31 or U41 16:00 Depart for Airport Travel to Karakalpakstan HY1007 17:30-19:15	Day 11 May 22 Karakalpakstan SSI w ? Brnch Dir WC Branch 09:10:00 R11,G21 SSI w Dir of Ob/Gyn Urban District PHC 10:15-11:30 TFSSIs w GPs FP Client SSIs R11, R31, R5 SSIs w Makhalla Dir Makhalla Advisors Urban Makhalla 11:45-13:00 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13-14:00 SSI w ? Regional Govt Statistics Office 14:00-15:00 SC,IT P31 SSIs w ? Reg Univ. Stat Dept. Min of Ec, Labor, MoH & Pub Ed (all in one venue) TF SSIs 15:00-17:00 SC, ITP31 SSI w ? Reg GP Train Centre 14:00-15:00 RA TF SSIs w GPsR11 SSI w ? Reg Mat Hosp and Perinatal Care (R21) 15:15-16:30 RA Training F-up SSIs	Day 12 May 23 Karakalpakstan SSI w Dir of Ob/Gyn Rural District PHC 9:00-10:30 TF SSIs w GPs FP Client SSIs R11, R31, R51 SSIs w Makhalla Dir Makhalla Advisors Rural Makhalla 11:00-12:45 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13-14:00 SSI w 18 Branch Dir. UARH Branch 14:00-15:00 SC,IT TF SSIs w UARH staff G22, R51 SSIs w RH Ed Focal Points/Teachers NB: Need just 1 venue Dist. College/Lyceum 15:15-17:00 SC,IT Teacher TF-up SSIs R51 Regional SRH Centre 14:00-15:00 RA Training F-up SSI FP Client SSIs R11, R31 Resource Centre for Training GPs 15:00-16:00 RA GP Training F-up SSI R51	Day 13 May 24 Karakalpakstan PLHIV Trainees (U41) 9:00-10:00 RA Training F-up SSI SSI w ? CISC 9:00-10:00 SC, IT G21 SSIs w 65,66,67 UNDP Aral Sea 10-11:00 P31,R11 Team Lunch 13-14:00 Youth Clients SSI/FGD (G22) 14:00-15:30 Travel to Urgench 16:00 by car	Day 14 May 25 Khorezm Rest Data Synthesis

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday Pg. 3/3
Day 15. May 26 Khorezm SSI w ? Brnch Dir WC Branch 09:10:00 R11,G21 SSI w Dir of Ob/Gyn Urban District PHC 10:15-11:30 TFSSIs w GPs FP Client SSIs R11, R31, R51 SSIs w Makhalla Dir Makhalla Advisors Urban Makhalla 11:45-13:00 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13-14:00 SSI w ? Regional Govt Statistics Office 14:00-15:00 SC,IT P31 SSIs w ? Reg Univ. Stat Dept. Min of Ec, Labor, MOH & Pub Ed. (all in one venue) 15:00-17:00 SC, IT TF SSIs P31 SSI w ? Reg GP Train Centre 14:00-15:00 RA TF SSIs w GPs R11 SSI w ? Reg Mat Hosp and Perinatal Care 15:15-16:30 RA R21 Training F-up SSIs	Day 16. May 27 Khorezm SSI w Dir of Ob/Gyn Rural District PHC 9:00-10:30 TFSSIs w GPs FP Client SSIs R11, R31, R51 SSIs w Makhalla Dir Makhalla Advisors Rural Makhalla 11:00-12:45 MA TFSSIs FP Client SSIs R11, G22 Team Lunch 13-14:00 SSI w 19 Branch Dir. UARH Branch 14:00-15:00 SC,IT TFSSIs w UARH staff G22, R51 SSIs w RH Ed Focal Points/Teachers NB: To do at 1 venue Dist. College/Lyceum 15:15-17:00 SC,IT Teacher TF SSIs R51 SSI w ? Regional SRH Centre 14:00-16:00 RA Training F-up SSIs FP Client SSIs R11, R31	Day 17. May 28 Khorezm PLHIV Trainees 9:00-10:00 RA Training F-up SSI U41 SSI w ? CISC 9:00-10:00 SC, IT G21 Resource Centre for Training GPs 10:15-11:30 SC,IT GP Train F-up SSIs R51 Youth Clients SSI/FGD 11:45-13:00 G22 Team Lunch 13-14:00 14:00 Depart for Airport Travel to Tashkent H1054 16:10-18:15	Day 18. May 29 Tashkent SSI w ? Prof. Assoc .of Ob/Gyns 9:00-10:30 RA Training F-up SSI R11 SSI w ? Tashkent Regional GP Training Center 10:45-11:45 RA R11 SSI w ? Tashkent District Maternity Hospital 12:00-13:00 RA EMOC TF SSIs R21 UNFPA Communication Staff 9:00-10:00 SC,IT UNFPA Finance 10:00-11:00 SC,I Team Lunch 13:00-14:00 4-6 Peer Youth SSIs and or FGD 14:00-15:45 R51 Other appointments in PM to be scheduled Preparation of out-briefing	Day 19. May 30 Tashkent Other appointments to be scheduled Preparation of out-briefing Evaluation Out-Briefing to ERG and UNFPA (All members of ERG Invited) 15:00 – 16:00h Location? Out-briefing to UNFPA Rep and/or other UNFPA Team members? 16:00-17:00h	Day 20. May 31 Sam Clark Departure for Geneva	Day 21 June 1

Annex 7. Simplified Logic Models and Current Uzbek CPE Output Outcome Framework

Annex 7A: Simplified Logic Models for the Four Focus Areas

Figure 1. Simplified Logic Model for Reproductive Health and Rights Focus Area Part 1. R11 and R21

National priority or goals: Nationalized MDGs a) Reduce by two-thirds the under-5 mortality rate by 2015 b) Reduce maternal mortality by one-third by 2015 c) Have halted and begun to reverse the spread of HIV/AIDS by 2015 d) Have halted and begun to reverse the incidence of tuberculosis and malaria by 2015)

UNDAF Outcome: Enhanced access to and utilization of quality essential social services

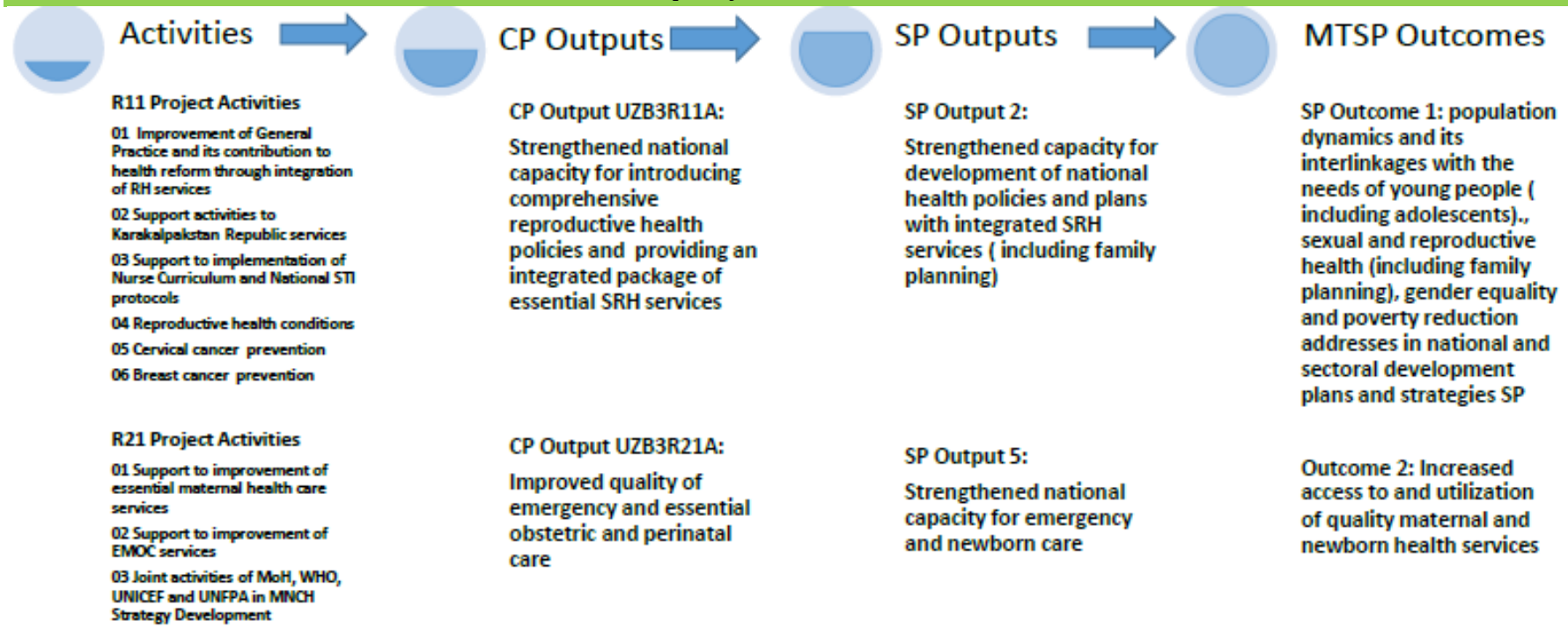


Figure 2. Simplified Logic Model for Reproductive Health and Rights Focus Area Part 2. R31 and U41

National priority or goals: Nationalized MDGs a) Reduce by two-thirds the under-5 mortality rate by 2015 b) Reduce maternal mortality by one-third by 2015 c) Have halted and begun to reverse the spread of HIV/AIDS by 2015 d) Have halted and begun to reverse the incidence of tuberculosis and malaria by 2015)

UNDAF Outcome: Enhanced access to and utilization of quality essential social services

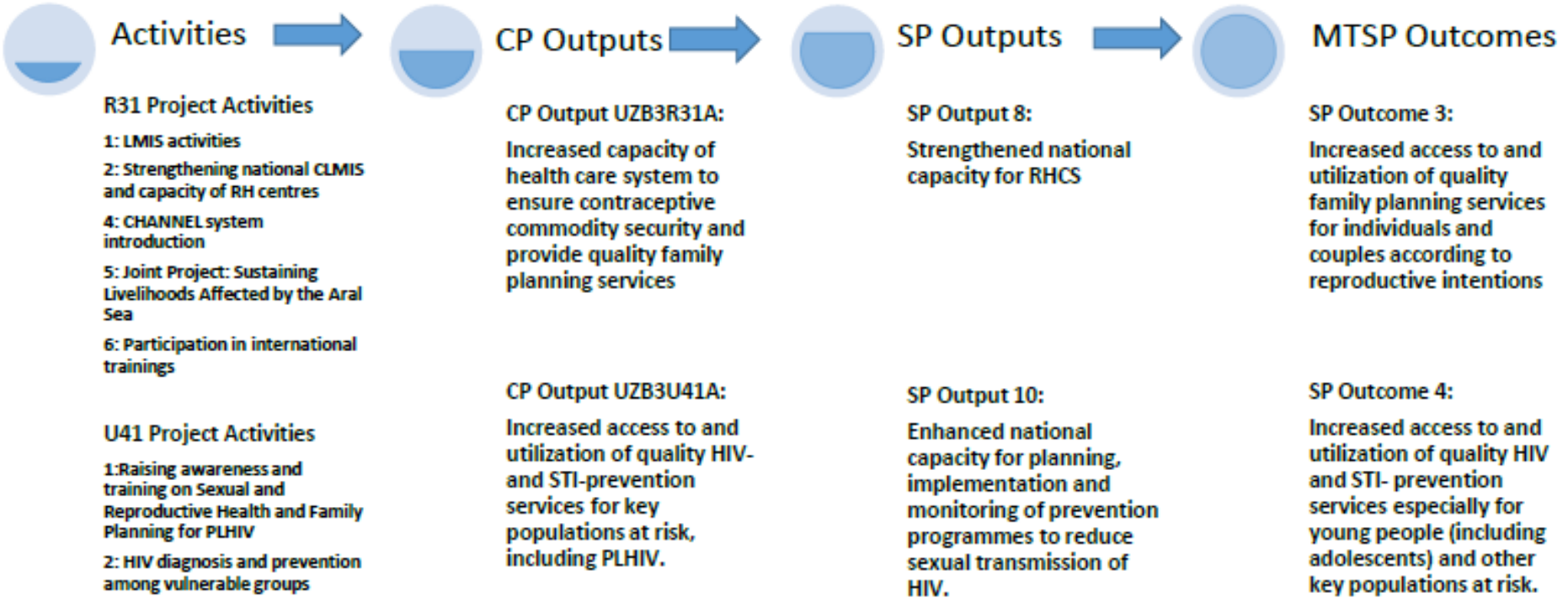


Figure 3. Simplified Logic Model for Youth Focus Area (Project Activity UZB3R51A) R51

National priority or goals: Nationalized MDGs a) Reduce by two-thirds the under-5 mortality rate by 2015 b) Reduce maternal mortality by one-third by 2015 c) Have halted and begun to reverse the spread of HIV/AIDS by 2015 d) Have halted and begun to reverse the incidence of tuberculosis and malaria by 2015)

UNDAF Outcome: Enhanced access to and utilization of quality essential social services

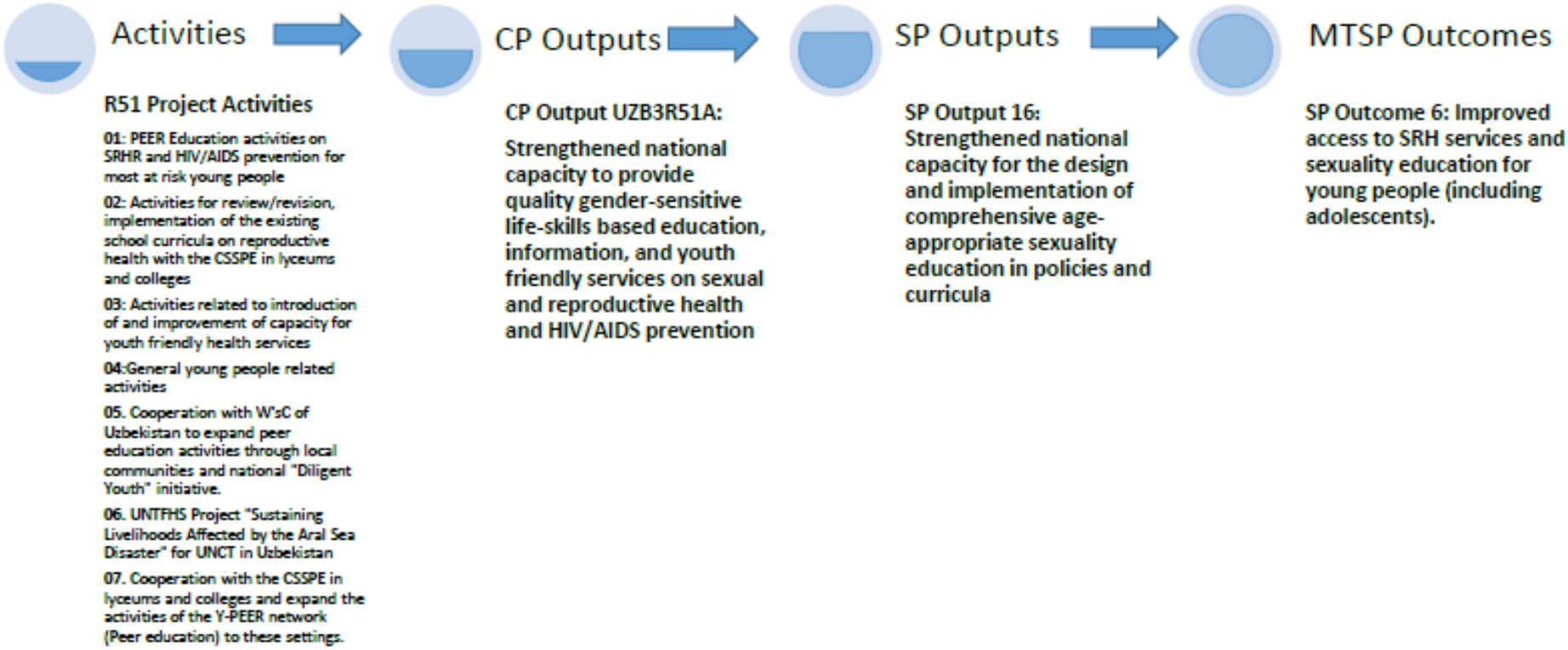


Figure 4. Simplified Logic Model for Population and Development Focus Area P31

National priority or goals: Nationalized MDG Target 1 - Reduce poverty by half by 2015:
UNDAF Outcome: Economic well-being of vulnerable groups is improved

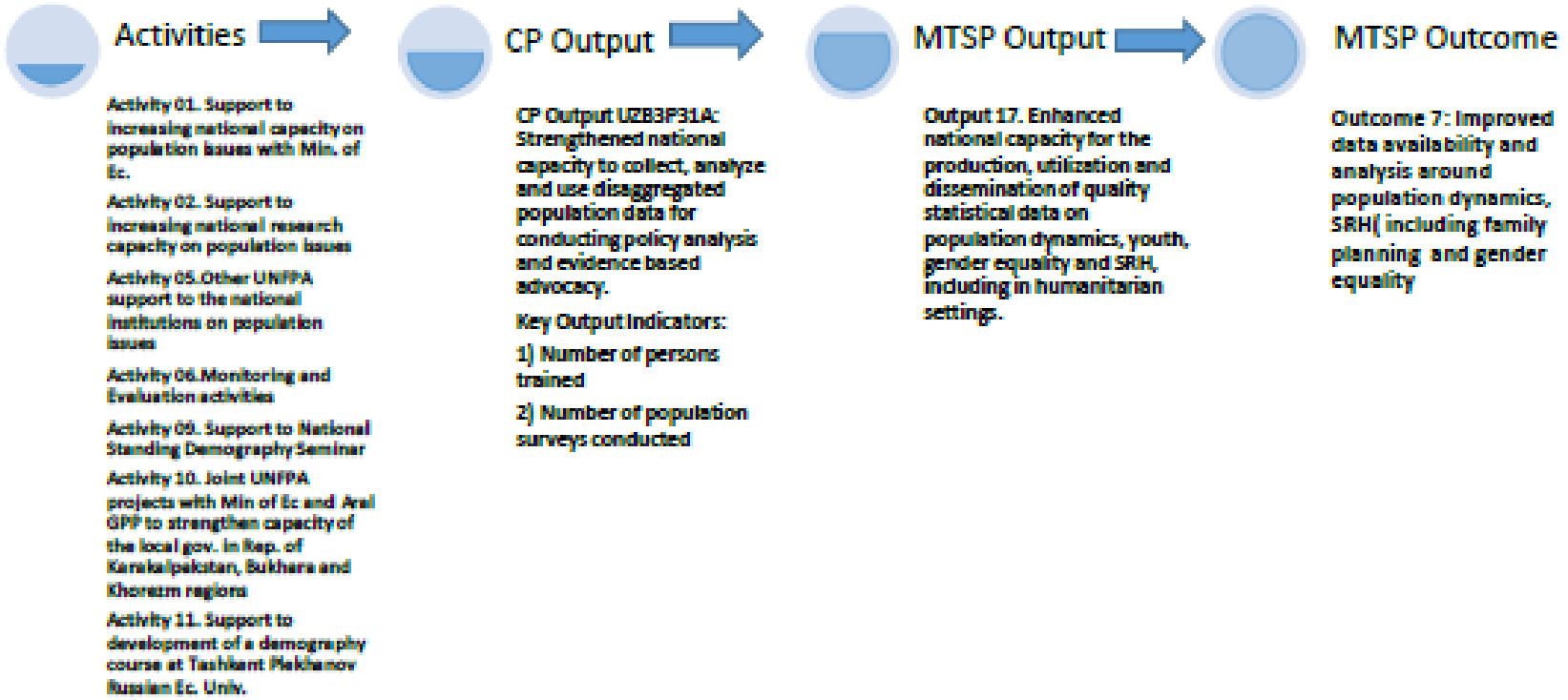
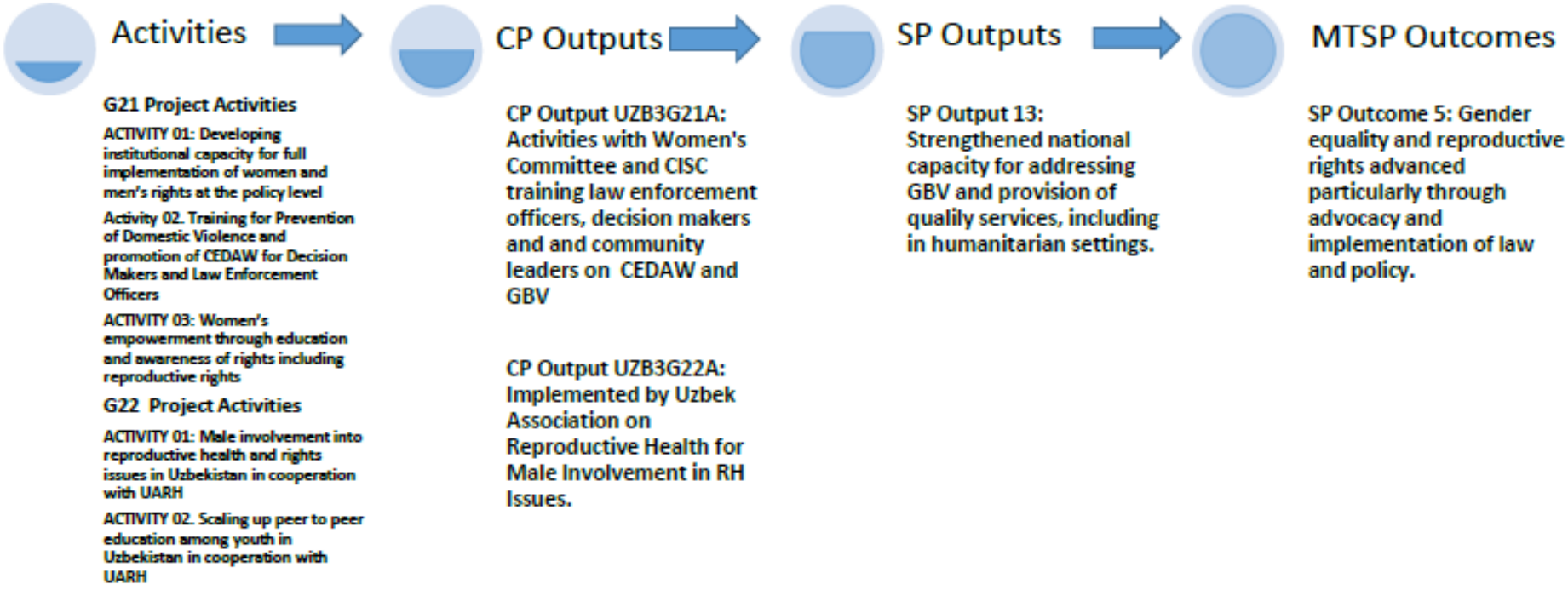


Figure 5. Simplified Logic Model for Gender Equality Focus Area G21

National priority: Welfare Improvement Strategy 2008-2010 targets improving living standards including through better governance **UNDAF Outcome:** Effectiveness, inclusiveness, accountability of governance at the central and local levels enhanced and/or Harmonization of national legislation and practices with the UN Treaties, standards and norms increased.



Annex 7-B: Current UNFPA Uzbekistan CP3 Output Outcome Framework

Reproductive Health and Rights			
National priority or goals: Nationalized MDGs a) Reduce by two-thirds the under-5 mortality rate by 2015 b) Reduce maternal mortality by one-third by 2015 c) Have halted and begun to reverse the spread of HIV/AIDS by 2015 d) Have halted and begun to reverse the incidence of tuberculosis and malaria by 2015) **UNDAF Outcome:** Enhanced access to and utilization of quality essential social services			
Before UNFPA programme component Now –Strategic Plan Outcome	**UNFPA MTSP 2012-2013 Output**	**UNFPA Country Programme REVISED output/project**	**Output targets and indicators**
MTSP 2012-2013 Outcome 1: population dynamics and its interlinkages with the needs of young people (including adolescents)., sexual and reproductive health (including family planning), gender equality and poverty reduction addresses in national and sectoral development plans and strategies	**MTSP Output 2: Strengthened capacity for development of national health policies and plans with integrated SRH services (including family planning)**	**CP Output UZB3R11A** Project type U11 **Strengthened national capacity for introducing comprehensive reproductive health policies and providing an integrated package of essential SRH services**	**Output Indicators:** (1) Number of UNFPA supported health policies contributing to improvement of an integrated SRH package of services (2) Number of primary health care physicians trained on providing services as part of the integrated SRH package Target: (1) at least 2 per year (2)at least 300 per year
MTSP 2012-2013 Outcome 2: Increased access to and utilization of quality maternal and newborn health services	**MTSP Output 5: Strengthened national capacity for emergency and newborn care (EmONC)**	**CP Output UZB3R21A** Project type U21 **Improved quality of emergency and essential obstetric and perinatal car**e	**Indicators:** (1) Caesarean section as proportion of all births. (2) Number of maternal health facilities adopted near miss case review methodology. **Target:** (1)Between 5% and 15% (2)at least 20 per year
MTSP 2012-2013 Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	**MTSP Output 8. Strengthened national capacity for RHCS**	**CP Output UZB3R31A** Project type U31 **Increased capacity of health care system to ensure contraceptive commodity security and provide quality family**	**Indicators: (1)** Percentage of primary health care facilities whose stock levels ensure near term contraceptive products availability. (2) Proportion of national contraceptive needs covered from the national budget **Target:** (1)100% (2)75%

		planning services	

NB: Output UZB3U41A is shown below within RHR Focus Area, but is treated as a separate focus area in UNFPA Uzbekistan AWPs and financial reporting.

"MTSP 2012-2013 Outcome 4: Increased access to and utilization of quality HIV and STI- prevention services especially for young people (including adolescents) and other key populations at risk.	**MTSP Output 10: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV.**	**Output UZB3U41A**: Increased access to and utilization of quality HIV- and STI-prevention services for key populations at risk, including PLHIV.	**"Output indicators: 1. Number of PLHIV trained on SRH and family planning. 2. Number of health personnel, working with key population, trained on STI/HIV diagnosis and prevention. Target: 1. At least 100 per year. 2. At least 40 per year.**
MTSP 2012-2013 Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)	**MTSP Output 16. Strengthened national capacity for the design and implementation of comprehensive age-appropriate sexuality education in policies and curricula**	**CP Output UZB3R51A** Project type U61 **Strengthened national capacity to provide quality gender-sensitive life-skills based education, information, and youth friendly services on sexual and reproductive health and HIV/AIDS prevention**	**Indicators: (1)** Proportion of young people aged 15-24 having comprehensive knowledge on HIV prevention. (2) Proportion of schools teaching a comprehensive course covering essential aspects of sexual and reproductive health and HIV/AIDS prevention **Target:** (1) 90% (2) (2)100%

Population and Development Focus Area			
National priority or goals: Nationalized MDG Target 1 - Reduce poverty by half by 2015: **UNDAF Outcome:** Economic well-being of vulnerable groups is improved			
Before UNFPA programme component Now –Strategic Plan Outcome	**UNFPA MTSP 2012-2013 Output**	**UNFPA Country Programme REVISED output/project**	**Output targets and indicators**
MTSP 2012-2013 Outcome 7: Improved data availability and analysis around population dynamics, SRH(including family planning) and gender equality	MTSP Output 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings.	CP Output UZB3P31A Project type U71 **Strengthened national capacity to collect, analyze and use disaggregated population data for conducting policy analysis and evidence based advocacy.**	**Output indicators**: (1) Number of persons trained in the production, analysis, dissemination of quality gender disaggregated population data (2) Number of population-related studies and surveys conducted with UNFPA support. **Targets:** (1) at least 100 per year (2)at least 2 per year

Gender Equality

National priority: Welfare Improvement Strategy 2008-2010 targets improving living standards including through better governance
UNDAF Outcome: Effectiveness, inclusiveness, accountability of governance at the central and local levels enhanced and/or Harmonization of national legislation and practices with the UN Treaties, standards and norms increased.

Before UNFPA programme component Now –Strategic Plan Outcome	UNFPA MTSP 2012-2013 Output	UNFPA Country Programme REVISED output/project	Output targets and indicators
Gender Equality **MTSP 2012-2013 Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy**	**MTSP Output 13. Strengthened national capacity for addressing GBV and provision of quality services, including in humanitarian settings**	**CP Output UZB3G21A** Project type U51 **National mechanisms to implement the CEDAW strengthened through increased awareness of policy and decision makers, improved policies, protection systems, and legal enforcement**	**Indicators: (1)** Number of decision makers trained on prevention of domestic violence per year (2) Number of relevant law enforcement personnel trained in identifying and managing cases of domestic violence per year **Target:** (1) at least 200 (2) at least 200
"MTSP 2012-2013 Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy	**MTSP Output 13. Strengthened national capacity for addressing GBV and provision of quality services, including in humanitarian settings**	**New CP Output UZB3G22A** (Project type U51): **National mechanisms to implement the CEDAW strengthened through increased awareness of policy and decision makers, improved policies, protection systems, and legal enforcement**	**Output indicators:** (1) Number of makhallya male advisers, posbons and leaders trained in selected regions received comprehensive knowledge on male involvement into SRHR including family planning, STIs and HIV/AIDS prevention and gender issues. target: at least 500 (2) Number of men in selected regions recieved knowledge on SRHR including family planning, STIs and HIV/AIDS prevention and gender issues through info sessions. target: at least 10,000 men (3) Number of young people reached on reproductive health and rights, HIV/AIDS, STI prevention on peer to peer bases. target: at least 5,000 young people.