



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

**Final Evaluation Report – 28 December 2019**

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## Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive Health
AWP	Annual Work Plans
BELMED	Project supporting the modernization of the health system in Belarus
BELSTAT	National Statistical Committee of Belarus
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
DEX	Directly Executed interventions
EECARO	Eastern Europe and Central Asia Regional Office (UNFPA)
ERG	Evaluation Reference Group
EU	European Union
FACE	Funding Authorization and Certificate of Expenditure form
FGD	Focus Group Discussion
FP	Family Planning
GE	Gender Equality
GBV	Gender Based Violence
G	Generations
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immuno-deficiency virus
HPV	Human Papillomavirus
ICPD	International Conference on Population and Development
LGBTI	Lesbian, Gay, Bi-sexual, Trans-sexual, and intersexual
MDG	Millennium Development Goal
MH	Maternal Health
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOST	Mobility Scheme for Targeted People-to-People Contacts
MSM	Men Who Have Sex with Men
NCDs	Non-communicable disease
NCLLR	National Center of Legislation and Legal Research of Belarus
NEX	Nationally executed interventions
NHRI	National Human Rights Institutions
NSC	National Statistical Committee (Belarus)
OECD-DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
PHC	Primary Health Care
P&D	Population and Development
PNC	Post Natal Care
PPH	Post-Partum Haemorrhaging
PSU	Psychoactive Substance User
QA	Quality Assurance
RC	UN Resident Coordinator
RH	Reproductive Health
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SPR	Standard Progress Report
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections

TA	Technical Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
TOC	Theory of Change
TOR	Terms of Reference
TOT	Training of Trainers
UNBRAAF	Unified Budget, Results and Accountability Framework
UNDESA	United Nations Department of Economic and Social Affairs
UNDAF	United Nations Development Assistance Framework
UNECE	United Nations Economic Commission for Europe
UNEG	United Nations Evaluation Group
UNOPS	United Nations Office for Project Services
UNPF	United Nations Programmatic Framework
VAW	Violence Against Women
VET	Vocational Education and Training
WHO	World Health Organization

**Table 1: Belarus: Key facts and figures**

Key Facts and Figures		Source
<p>The <b>Republic of Belarus</b> borders on five countries: north-west with Lithuania; north with Latvia and the Russian Federation; north-east and east - with the Russian Federation, south - with Ukraine; and the west - with Poland. The state languages are Belarusian and Russian. Belarus is divided into six administrative regions (oblasts), each centred around a major city: Minsk (the capital), Brest, Gomel, Grodno, Mogilev, and Vitebsk. Agriculture production includes grain, potatoes, vegetables, sugar beet, flax, meat and dairy industry. Although a landlocked state, the location has made Belarus an important trade route between Europe and the Commonwealth of Independent States.</p>		
<p><b>Surface area:</b> The Republic of Belarus is located in Central Europe (28-32° east longitude, 51-55° north latitude) with the territory of 207,600 square km.</p>	<p>Geography of Republic of Belarus</p>	
<p><b>Population</b></p>		
<p>Population (inhabitants): 9,475,200 (2019)</p>	<p>National Statistical Committee of the Republic of Belarus</p>	
<p>Urban population: 7,429,200 The urbanization rate is 78.4% (2019)</p>		
<p>Population growth rate: -0.18% (2019)</p>		
<p><b>Government</b></p>		
<p>Type of government: Unitary, democratic, social state based on the rule of law</p>	<p>Constitution of Republic of Belarus 1994</p>	
<p><b>Key political events/dates:</b> (1990) The Supreme Council of the Belarusian SSR adopted the Declaration of State Sovereignty of the Belarusian Soviet Socialist Republic; (1994) Belarus' new Constitution was adopted by the Supreme Council of the Republic of Belarus, with presidency introduced; (1999) The treaty to set up the Union State of Belarus and Russia was signed; (2000) Belarus, Kazakhstan, Kyrgyzstan, Russia, and Tajikistan signed the treaty on establishing the Eurasian Economic Community (EurAsEC); (2009) The heads of state of Belarus, Kazakhstan, and Russia signed documents to create the Customs Union as from 1 January 2010. In 2011, The declaration on the Eurasian economic integration was adopted.</p>		
<p>Seats held by women in the national parliament</p>	<p>35%</p>	<p>World Bank, 2019</p>
<p><b>Economy</b></p>		
<p>The Republic of Belarus is an export-oriented state with well-developed industrial, services and agricultural sectors. The annual level of economic growth in the country after 2000 ranged from 5.8% to 11.4%.</p>		
<p>GDP per capita (US\$)</p>	<p>\$5,726,03</p>	<p>World Bank, 2017</p>
<p>GDP growth rate</p>	<p>1.8%</p>	<p>World Bank, 2019</p>
<p><b>Main industries:</b> Metallurgical; mechanical engineering; metal working; chemical and petrochemical; light industry; and food industry. Many Belarusian enterprises are currently at the stage of modernization</p>		

aimed at reducing the energy consumption and installation of modern equipment for the period until 2020. The largest holding structures are created on the basis of joint-stock companies, in which 100% of the authorized capital is owned by the state.

### Social indicators

Human Development Index Rank	50 out of 189 countries	Human Development Report. UNDP, 2018
Gender Development Index, Gender Inequality index	GDI Group 1 GII: 31/160 countries	Human Development Report. UNDP, 2018
Unemployment	0.3%	Ministry of Labour and Social Protection Republic of Belarus, 2019
Life expectancy at birth	73.1	Human Development Report. UNDP, 2018
Under-5 mortality (per 1000 live births)	3.7	UNICEF, 2018
Maternal mortality (deaths of women per 100,000 live births)	2	World Health Organization, 2019
Health expenditure (% of GDP)	6.07	World Bank, 2015
Births attended by skilled health personnel, percentage	100	UNFPA, State of the World Population, 2019
Adolescent fertility rate (births per 1,000 women aged 15-19)	17	World Bank, 2017
Ranking index of countries tracking national policies information provision, supplies and counselling on contraceptive methods	44.3	EU Contraception Atlas 2019
Contraceptive prevalence rate, women aged 15-49, any method	73	UNFPA, State of the World Population, 2019
Contraceptive prevalence rate, women aged 15-49, modern methods	60	UNFPA, State of the World Population, 2019
Unmet need for family planning aged 15-49	7	UNFPA, State of the World Population, 2019
Proportion of demand satisfied women, aged 15-49	91	UNFPA, State of the World Population, 2019
Proportion of demand satisfied women, aged 15-49, modern methods	75	UNFPA, State of the World Population, 2019
People living with HIV, 15-49 years old, percentage	0.4	World Bank, 2017

Adult literacy (% aged 15 and above)	100	World Bank, 2009
Total net enrolment ratio in primary education, both sexes	95.26	UNESCO, 2017
<p align="center"><b>Sustainable Development Goals (SDGs, most to be achieved by 2030): Relevant to UNFPA Country Programmes</b></p> <p>UNFPA is working with governments, partners and other UN agencies to directly tackle many of these goals – in particular Goal 3 on health, Goal 4 on education and Goal 5 on gender equality – and contributes in a variety of ways to achieving many of the rest.<sup>1</sup> In addition, Goals 10, 16, and 17 are relevant.</p>		
<p><b><i>SDG 3. Ensure healthy lives and promote well-being for all at all ages</i></b></p> <p>The SDG Dashboard indicates that SDG 3 requires more progress to achieve the goals.<sup>2</sup></p>		
<p><b><i>SDG 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</i></b></p> <p>The SDG Dashboard indicates that SDG 4 for Belarus is on track to be achieved.</p>		
<p><b><i>SDG 5. Achieve gender equality and empower all women and girls</i></b></p> <p>The SDG Dashboard indicates that SDG 5 for Belarus is on track to being achieved.</p>		

<sup>1</sup> Source: <https://www.unfpa.org/sdg>

<sup>2</sup> <https://dashboards.sdgindex.org/#/BLR>

**Figure 1: Map of Belarus - Source United Nations 2004**



Map No. 3776 Rev. 3 UNITED NATIONS  
January 2004

Department of Peacekeeping Operations  
Cartographic Section

## **Acknowledgements**

The independent evaluation team wishes to acknowledge the support and contributions of stakeholders specifically, the representatives of the Government of Belarus, in the Ministries and Oblasts; UN partner agencies; donors; NGOs and CSOs; and all the implementing partners and persons who participated in interviews and in focus group discussions, providing their valuable input. Special recognition is extended to the entire UNFPA Belarus Country Office staff, in particular Ms. Olga Atroshchanka (Assistant Representative) and Mr. Aliaksandr Davidzenka (Programme Analyst), who acted as Evaluation Manager, and all programme, administration, and communications staff for providing technical guidance and logistical support to the evaluation team throughout the evaluation process. Special thanks are extended to the Evaluation Reference Group (ERG) members who provided their input. Finally, we wish to thank Mr. Mahbub Alam, Eastern Europe and Central Asia Regional Office (EECARO) M and E Advisor, for his guidance and constructive feedback during the data collection and reporting phases.

## **Structure of the Belarus Country Programme Evaluation (CPE) Report**

This report is comprised of an executive summary, five chapters, and annexes (found in a separate document) and follows the structure recommended in the UNFPA Evaluation Handbook, 2019.

Chapter One, the Introduction, provides the background to the evaluation including the objectives, scope and users, the evaluation phases, the approach and methodology and evaluation questions, the limitations encountered, and the sampling strategy. Chapter Two describes the Belarus country context including the development challenges faced in the UNFPA mandated areas, as well as the role of external assistance. Chapter Three refers to the response of the UN system and the UNFPA programmatic response in sexual and reproductive health, population and development and in gender equality with cross cutting youth issues and the financial structure of the programme. Chapter Four presents the findings and answers to each of the evaluation questions using indicators as specified in the evaluation matrix (found in the annexes). Chapter Five discusses strategic and programmatic conclusions and presents the related recommendations.

Annexes 1-6 contain the required documents for CPE, including the Terms of Reference; Persons Consulted; Documents Consulted; Theories of Change for both the Belarus 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes; the Stakeholder Map; and the consolidated Evaluation Matrix.

## Executive Summary

UNFPA in Belarus works in three programmatic areas: sexual and reproductive health and rights; gender equality; and, population and development, with adolescents and youth as a cross cutting theme. The 1<sup>st</sup> country programme, 2011 - 2015 had an approved budget of US\$ 3.7 million and was aligned with the United Nations Development Assistance Framework (UNDAF) 2011-2015. The 2<sup>nd</sup> country programme 2016-2020 had an approved budget of US\$ 3.7 million and is aligned with the UNDAF 2016-2020. The country programmes are designed to respond to the priorities of the Government of the Republic of Belarus toward the overarching goal: “Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda”.

The 1<sup>st</sup> and 2<sup>nd</sup> UNFPA Belarus Country Programme Evaluation was undertaken by an independent team and implemented in cooperation with the national and international partners. The **overall objectives** of the evaluation are: a) to enhance accountability of UNFPA Belarus to its donors, partners and other stakeholders for the relevance and performance of the country programmes; and, b) to broaden the evidence base, including lessons learned and practical recommendations, for input to the third programme cycle (2021-2025) and informing the next UNDAF.

The **evaluation scope** included the 1st country programme (2010-2015) and first half of the 2nd country programme (2016-2018), vis-à-vis the expected outputs and outcomes set forth in the programme results framework. The **primary users** of the evaluation are the UNFPA Country Office in Belarus, national partners of UNFPA (including government agencies, civil society organizations, private sector, and academic institutions), the UN Country Team, donors operating in Belarus, the UNFPA Regional Office for Eastern Europe and Central Asia (EECARO), and UNFPA Headquarters divisions, branches and offices.

The evaluation **approach and methodology** featured adherence to the standards and guidelines set out in the UNFPA Evaluation Handbook (2019) and an Evaluation Reference Group was formed. The OECD-DAC criteria of Relevance, Effectiveness, Efficiency and Sustainability as well as additional criteria of Coordination and Added Value were used. The evaluation employed a multiple-method approach to data collection with systematic triangulation and validation of data sources. Quantitative and qualitative data were collected through review of documentation, key informant interviews and focus group discussions. Site visits were carried out in Minsk, Brest, Gomel and Mogilev oblasts, following a structured sampling strategy.

### Main conclusions

**Relevance.** Within the UNFPA business model for assistance in the Middle Income Countries, the 1<sup>st</sup> and 2<sup>nd</sup> Country Programme objectives have been adapted to the requests of the Government of Belarus in view of national development strategies. UNFPA has consulted consistently with government, donors, and other partners as well as with the targeted groups, however, UNFPA in its planning has not fully ascertained who the groups “most left behind” are in Belarus, in order to ensure their inclusion. UNFPA and other stakeholders are consulting on sensitive issues such as domestic violence, risky sexual behaviors, and the sexual and reproductive rights of people with disabilities; consultations need to be widened and sustained.

Among the three UNFPA **global transformative goals**, “end maternal mortality” is nearly completely attained in Belarus while “ending unmet need for contraception” is partially met, and significant progress is needed to attain “ending gender based violence”. While extremely relevant for the needs of the vulnerable groups, the comprehensive law on prevention of domestic violence, the sexual and reproductive health strategy, and the family planning model have not reached acceptance, posing dilemmas regarding progress on the ICPD@25 agenda. Some agreed outputs for UNFPA’s contribution to the UNDAF (2016-2020) are still to be validated.

Objectives to support **sexual and reproductive health and rights** of adolescents and youth through youth friendly health services, comprehensive sexuality education and peer to peer counselling are relevant but not sufficiently focused for results. Given rising rates of sexually transmitted infections, greater attention is needed on addressing risky sexual behaviors; the incidence of HIV is not included

in the programme indicators. Declining women's health and non-communicable diseases are particularly of concern and male involvement in sexual and reproductive health and rights was identified as a gap. UNFPA has programmed relevant support to address **rights of women affected by violence** and promoted a replicable model for multi-sector response. The issues surrounding the cycles of violence in families, dealing with perpetrators and finding long term solutions require considerably more resolution.

The UNFPA contribution to collection and dissemination of **high quality population data** is highly relevant to track the changing demographics and progress on the SDGs. UNFPA has provided support and advocacy for older people and has contributed to the Roadmap on Mainstreaming Ageing (2019) as a basis for development of the National Strategy on Ageing and the relevant Action Plan.

## **Effectiveness**

**Sexual and Reproductive Health and Rights.** Throughout the two country programmes, UNFPA has effectively contributed to strengthening the capacity of health specialists through training, study tours and collaboration toward the acceptance of international standards, including national protocols on obstetrics and gynecology. Two key national plans upholding sexual and reproductive rights, the national strategy on reproductive health and the family planning model have not been approved despite strong consultative efforts of UNFPA, due to lack of consensus on sensitive issues related to sexual health as well as the slow process of modernization of the health delivery system. Regional sharing of expertise has contributed to stronger theory and practice by the Ministry of Health and related academic institutions, including strengthening the health system response to gender based violence.

The maternal mortality surveillance system, including the near miss case review, has been institutionalized and piloted in selected facilities; and there is evidence that monitoring of antenatal visits has improved in the oblasts. Preventive measures regarding the general health of women require greater focus particularly for non-communicable diseases as a contributing factor to maternal mortality. There is evidence that NGO/CSO partner interventions have resulted in increased utilization of sexual and reproductive health services targeted for key populations who still face discrimination. Strong collaboration with the Ministry of Health indicates continuing work toward the transformative goals, prevention of sexually transmitted infections, and focus on messages to the male population.

UNFPA has engaged with private partners in order to realize gains in SRHR, some replicated from UNFPA pilot projects with partners. These included the global FLO Health application for surveys and data analysis, and multi-agency outputs for supporting services for persons with disabilities. UNFPA support to adolescents and youth has contributed to strengthening peer to peer counselling through training and regional experience sharing, as well as Comprehensive Sexuality Education in schools, both with limited recorded outcomes. The youth friendly health services, supported by UNICEF with UNFPA advocacy outputs, is limited in usage and scope and there is little evidence of reaching key populations.

**Gender Equality.** To address Gender Based Violence (GBV), UNFPA has successfully supported multi-sector mechanisms of coordination in pilot locations and effectively supported compliance of national policies with international commitments including the development of the concept of the law on Prevention of Domestic Violence, which despite sustained support by UNFPA and partners and did not result in acceptance by the government. UNFPA has contributed to ensuring compliance of national policies with international commitments through supporting the national response to the Universal Periodic Review, articulating the issue of male involvement into reducing gender inequalities, and integrating gender equality proposals to the drafts of the National Action Plan on Gender Equality and the Action Plan on Human Rights.

UNFPA with partners have helped to build capacity for a multi-sector response to gender based and domestic violence through piloting multi-sector efforts in three locations in Brest Oblast with positive outcomes in terms of coordination of law enforcement, health and social services. There is evidence that this approach has led to reduction in incidences of violence in pilot locations and ministry partners are replicating the model throughout the country. The outputs including strong communications have resulted in sustained practices in pilot locations, however, there is still inadequate support by local law enforcement for directing affected women to sources of assistance, ensuring confidentiality, and dealing with the perpetrators. Support for long term solutions requires considerably more attention in order to

help families deal with the psychological issues and to help women find viable employment and accommodation options. Activities to raise public awareness on gender based violence have been largely effective, however, a wider range of actors and key message transfer mechanisms could enhance the communications strategy.

**Population Dynamics.** Through activities supported by UNFPA and partners, evidence based analysis has been effectively delivered to national policy makers and international stakeholders, through collection and dissemination of high quality statistical data and user friendly publications. Through activities supported by UNFPA and partners, the capacity of the national statistical system has been effectively strengthened to produce and analyse gender relevant population information, such as through the Time Budget and Generations and Gender surveys. The number of public-accessible data bases were increased and the methodology for evaluation of focus areas of the National Programme of Demographic Security was developed to monitor the changing demographics and the economic implications.

The academic basis for demography was strengthened through international consultations, publications and inclusion in higher learning. However, the variability in the practical usage of the data to achieve outcomes and results is of concern, as is limited utility to serve the vulnerable populations, including the elderly and persons with disabilities, particularly in the oblasts. State and non-state sector need more awareness raising and capacity building to learn how to use statistical data for better advocacy and project/program planning, in particular, how the gender based approach can improve effectiveness and sustainability of the programs. Both state and non-state scientific institutions have limited resources and lack sufficient support for independent research and analytics.

**Emergency Preparedness.** UNFPA has contributed to improved emergency preparedness through supporting training on the Minimum Initial Services Package for health service managers who will act as trainers, as well as health service providers, with a limited coverage of the need. UNFPA has achieved UN Minimum Operating Security Standards compliance through voluntary self-assessment including testing of the emergency communication systems, and overall interagency cooperation on security has improved but needs further strengthening.

**Efficiency.** Disbursements of core funds from 2014-2019 were at a high rate while disbursements from other resources were somewhat less efficient largely due to delays in implementation. UNFPA demonstrates cost efficiency through participation in the UN common system, through helping partners to negotiate better rates for training, and collecting stakeholder support to strengthen proposals and plans. The Country Office has successfully implemented the recommendations from a 2016 audit with related capacity development, but does not have adequate human resources to address the increasing operational demands. UNFPA has refined the country office fund mobilization approach, and leveraged significantly more funds from other sources compared to core funds; opportunities for joint funding need to be more effectively negotiated.

Periodic regional office monitoring visits have produced strong recommendations but more frequent interactions by the regional office with national stakeholders would have been helpful especially to face sexual and reproductive health and gender equality challenges. Follow-up by the Country Office on use of the prescribed regional tools and key messages is not clear. UNFPA has sought and strengthened strategic partnerships, although civil society organizations require more support in order to optimize their contributions to ICPD strategic goals.

The Country Office has not consistently programmed mid-term reviews and end-term evaluations needed for steering the programmes, and output monitoring documentation requires better organization, including the UNFPA contribution to the UNDAF. Communications have effectively conveyed messages in relation to ICPD issues. Communications challenges include need to adopt more creative means of transmitting key messages, and to be more active in promoting the messages and monitoring the feedback in the oblasts.

**Sustainability.** UNFPA has made good progress in building the basis for long term sustainability through use of national resources promoting reproductive rights and gender equality such as youth groups and NGO/CSO networks. Government ownership of the means to achieve the UNFPA transformative results for ending GBV and unmet family planning needs is challenged in the current context, hampering the short term prospects. The challenges include need to widen the dialog on sexual

and reproductive health and rights in view of demographic security concerns, continuing to seek an approved comprehensive law on prevention of domestic violence, and addressing the narrow spectrum of support for women affected by violence by local law enforcement. The UNFPA country office reporting lacks documented analysis of the progress and challenges from a perspective of national ownership. The capacities of the civil society and non-governmental organizations are challenged by their restricted operational status in the country and their limited options for securing funding, yet they offer strong possibilities for pursuing both short and long term sustainability.

**Coordination.** UNFPA is a fully functioning member of UN family in Belarus, actively working with the other UN agencies to promote advocacy on joint objectives and involved in the Resident Coordinator system support via chairing the Gender Equality Thematic Group and participating in other thematic groups. UNFPA together with the UN Country Team supports the Belarusian government in ensuring the implementation of the Universal Periodic Review recommendations. UNFPA and UNICEF have successfully cooperated on several initiatives. However, the BELMED programme involving four UN agencies met with interagency management issues, producing a number of lessons learned.

**Added Value.** UNFPA added value and strong contribution to development in Belarus is well recognized and UNFPA can further broaden its influence and more effectively communicate key messages, particularly in the more remote areas of the oblasts. UNFPA is seen as active in advocacy and communications on sensitive gender equality and reproductive health issues and working toward upholding the rights of vulnerable groups. In regard to professionalism and influence, UNFPA offers access to high quality information and international and regional expertise. UNFPA receives high marks in cooperation with partners and promotion of joint initiatives and planning. To add more value in Belarus, UNFPA can further promote relationships between state and non-state actors, identifying funding opportunities for CSOs, supporting advocacy to tackle the issues of aging, and working with partners to develop strategies targeting those most left behind in the oblasts.

### **Strategic Recommendations**

1. With national and international partners, UNFPA should assess the relative vulnerability of groups and people who are left behind in Belarus and create a strong rationale for the placement of UNFPA human and funding resources.
2. In order to attain the UNFPA transformational goals relative to their distance to achievement in Belarus and in view of the goals of the Government of Belarus, UNFPA should advocate for and allocate core and other resources and use innovative means.
3. UNFPA should direct more UNFPA resources to oblasts and rural areas in order to use UNFPA comparative strengths to augment outcomes and results in all programmatic areas.
4. UNFPA should focus on securing with partners the long term sustainability of the outputs and outcomes that have been achieved and in promoting national ownership of the outcomes and results through clear identification of sustainability objectives and use of sustainability indicators.

### **Programmatic recommendations**

5. More focus is needed in the SRHR programmatic areas on protection against cervical cancer, unintended pregnancies, STI's and HIV, this focus may be used as an entry point for stronger communications/key messages with adolescents and youth and key populations and integration of family planning and contraceptive use policy into national development plans.
6. Increase the effectiveness of interventions to support those affected by gender based violence and violence in the home to move closer to reaching the transformative goal, through broadening communications and consultations with stakeholders, revisiting the comprehensive law on prevention of domestic violence and exchange of regional experience.
7. Increase the effectiveness of Population Dynamics interventions to move to a more results based approach and broaden the use of demographic and statistical data to address issues of the aging population.

8. Synergize the Population Dynamics development and research interventions by intensification of communication, cooperation and coordination of stakeholders of research and development sectors.

**Operations and management recommendations**

9. UNFPA should further support the efficient management of the Country Office in addressing administrative burdens, reporting requirements, communications, and fundraising.
10. The Country Office should build upon its demonstrated added value and enhance its visibility by mainstreaming regional and international expertise and exchange of country-based experience.

## Chapter 1 Introduction

The 1<sup>st</sup> and 2<sup>nd</sup> UNFPA Belarus Country Programme Evaluation is implemented in cooperation with the national and local partners, and consists of three strategic outcome areas: Sexual and Reproductive Health and Rights (SRHR); Gender Equality (GE); and Population Dynamics (PD), with adolescents and youth as cross cutting themes. The 1<sup>st</sup> country programme, 2011 - 2015 had an approved budget of 3.7 million US dollars and was aligned with the United Nations Development Assistance Framework (UNDAF) 2011-2015. The 2<sup>nd</sup> country programme 2016-2020 had an approved budget of 3.7 million US dollars and is aligned with the UNDAF 2016-2020.

### 1.1 Purpose and Objectives of the 1<sup>st</sup> and 2<sup>nd</sup> Country Programme Evaluation

In accordance with the UNFPA 2013 evaluation policy and in view of the guidance found in the UNFPA Evaluation Handbook (2019), the Belarus country programme evaluation (CPE) was undertaken by an independent evaluation team. The evaluation supports UNFPA accountability and seeks to improve strategic positioning of the Country Office in Belarus during the remainder of the second programme implementation, as well as facilitate organizational learning and support evidence-based programming.

The CPE has assessed the contribution of the first and second country programmes to achieving development results at the country level, providing evidence as to constraining and facilitating factors of programme design and performance. The evaluation has also assessed the effective incorporation of cross cutting issues of equity, vulnerability, gender equality and human rights. The evaluation was based on the guiding principles, norms and standards for evaluations adopted by UNFPA, and will use specific evaluation criteria and evaluation questions. The **overall objectives** of the evaluation are:

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

The CPE results are intended to inform and improve the ongoing programme as well as inform the design of the 3<sup>rd</sup> Country Programme for 2021-2025, and will help UNFPA to become a more effective fit-for-purpose organization. Towards the achievement of the overall objectives, the evaluation had the following **specific objectives**:

- To provide the UNFPA national stakeholders, UNFPA Country Office in Belarus, UNFPA East Europe and Central Asia Regional Office (EECARO), UNFPA Headquarters, as well as a wider audience, with an independent assessment of the relevance and performance of the 1<sup>st</sup> country programme (2010-2015) and first half of the 2<sup>nd</sup> country programme (2016-2020), vis-à-vis the expected outputs and outcomes set forth in the programme results framework;
- To provide an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability to respond to national needs while adding value to the country's development;
- To draw key lessons from past and current cooperation and provide a set of clear, specific and action-oriented strategic recommendations for the next programming cycle.

### 1.2 Scope of the evaluation and users

The evaluation covered the activities undertaken by UNFPA Belarus in three programmatic areas: (i) sexual and reproductive health and rights; (ii) gender equality; and (iii) population and development, with adolescents and youth as a cross cutting theme. The evaluation analysed the relevance and performance (effectiveness, efficiency), sustainability, coordination and added value of the UNFPA 1<sup>st</sup> Country Programme for Belarus (2011-2015) as well as the years 2016-2018 of the 2<sup>nd</sup> programme cycle (2016-2020). The evaluation considered UNFPA achievements against intended results and examined the unintended effects of UNFPA intervention and compliance with the UNFPA Strategic Plans (2013-2017) and (2018-2021), as well as its relevance to national priorities and those of the United Nations Development Assistance Framework (2016-2020).

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

### 1.3 Evaluation management and workplan

The independent evaluation team is comprised of three evaluators, a team leader and two senior experts. The evaluation covers five phases (from May to December, 2019):

**1. Preparation phase.** This phase, managed by the UNFPA Country Office (CO) in Belarus, included: Drafting of country programme evaluation (CPE) terms of reference (ToR); Establishing an Evaluation Reference Group (ERG); Receiving approval of the CPE ToR from the UNFPA Regional Office (EECARO); Establishing an Evaluation Team; and, Preparing the initial set of documentation for the CPEs.

**2. Design phase. (May to August, 2019)** The Evaluation Manager in the Country Office mapped the stakeholders relevant to the CPEs; assisting with the sampling plan, and guided the scoping mission of the evaluation Team Leader to Minsk, June 2-5, 2019, for team building with the other evaluators, and preliminary meetings with the ERG and a select group of stakeholders.

The Evaluation Team performed the following tasks: Documentary review; Reconstruction of the intervention logic of the programmes; Finalization of the list of evaluation questions and preparation of the *evaluation matrix*; Development of a data collection and analysis strategy and a concrete workplan for the field phase; Produced an evaluation design report with final evaluation questions and indicators/criteria, evaluation methods to be used, information sources, approach to and tools for data collection and analysis.

**3. Field data collection. (26 August to 6 September, 2019)** The Evaluation Team undertook a two-week mission in Belarus and provided the CO and Regional M&E Advisor on the last day of the data collection with a debriefing presentation on the preliminary results of the evaluation, with a view to validating these preliminary findings. The Team collected data in four oblasts, Brest, Gomel and Mogilev, and Minsk.

**4. Reporting. (October to December, 2019)** The Evaluation Team continued the analytical work and prepared a first draft of the final evaluation report, taking into account comments made by the CO and RO at the debriefing meeting. The *final report* was reviewed by the CO and was revised taking into account comments made by the programme stakeholders. A formal evaluation quality assessment (EQA) will take place during the reporting phase.

**5. Dissemination and Follow-Up. (January 2020)** The CO and RO, as well as relevant divisions at UNFPA headquarters will be informed of the CPE results and communicated to all relevant units within UNFPA forming the *management response* to the evaluation. The UNFPA Country Office in Belarus will provide the management response within six weeks of receipt of the final evaluation report. The evaluation report, along with the CPE ToR and management response, will be published in the UNFPA evaluation database within eight weeks after their finalization. The evaluation report will also be made available to the UNFPA Executive Board and will be widely distributed within and outside the organization.

### 1.4 Methodology and process

The evaluation approach featured adherence to the evaluation standards and guidelines set out in the UNFPA Evaluation Handbook (2019) as well as others recommended by the Handbook. These included:

- The United Nations Evaluation Group (UNEG) Code of Conduct in the UN system
- The UNEG Ethical Guidelines
- The UNEG Norms and Standards for Evaluation

- The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation

The Country Programme Evaluation (CPE) addressed six evaluation criteria and from the analysis of the findings formed conclusions as stipulated in the UNFPA 2019 evaluation handbook (page 122) at the strategic and the programmatic levels. The CPE used the OECD-DAC criteria of Relevance, Effectiveness, Efficiency and Sustainability to assess the programmatic areas of Sexual and Reproductive Health and Rights (SRHR), Gender Equality (GE), and Population Dynamics (PD). Cross cutting themes include adolescents and youth and human rights. Additional criteria of Coordination and Added Value were used to assess UNFPA strategic positioning with a focus on the UNCT coordination and UNFPA's added value in the development agenda within the development community and with national partners in responding to national needs.

Table 2. Final Evaluation Questions

Evaluation Questions
EQ1. To what extent are the objectives of the 1 <sup>st</sup> (2010-2015) and 2 <sup>nd</sup> (2016-2020 up to and including 2018) country programmes (CPs) adapted to the needs of women, adolescents and youth, people at risk of HIV infection, and older persons?
EQ2. To what extent are the objectives of the programmes, aligned with the national priorities and policies and the UNDAF?
EQ3. To what extent are the objectives of the programmes aligned with the UNFPA strategic plans (2012-17 & 2018-21) in particular goals, principles, and programme mode of engagement?
EQ4. To what extent have the intended programme outputs been achieved? To what extent did the outputs contribute to the achievement of the planned outcomes (i) increased utilization of integrated SRH Services by those furthest behind, (ii) increased the access of young people to quality SRH services and sexuality education, (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence-based national population policies
(EQ5. (Incorporated into EQ4) To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?)
EQ5. To what extent has UNFPA contributed to an improved emergency preparedness in the area of maternal health/sexual and reproductive health, prevention of gender based violence including MISP?
EQ6. To what extent the country office made good use of its human, financial and technical resources and has used an appropriate combination of tools and approaches to pursue the achievements of programme outputs?
EQ7. Are programme and cross-cutting results sustainable in short and long-term perspectives? To what extent partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies?
EQ8. To what extent did UNFPA contribute to coordination mechanisms in the UN system (UNCT)?
EQ9. To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Belarus?
EQ10. What are the main UNFPA comparative strengths and added value in the Belarusian context as perceived by UNCT and key national stakeholders?

The evaluation questions proposed in the ToR were broken down into sub-questions and compiled in an evaluation matrix (Annex 6) which included the questions, assumptions, indicators, data sources, and data collection methods. Sub-questions under the six criteria included more than 30 questions consolidated under 10 main questions. The EQ 5 (*To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?*) was incorporated into the EQ 4 on Effectiveness as the answer to this question is found in the Effectiveness section and elaborated in the sections on SRHR, GE and PD.

**Data sources, collection and analysis.** The evaluation used a multiple-method approach to data collection, including documentary review, group and individual interviews, focus groups and field visits to programme sites as appropriate. Besides a systematic triangulation of data sources and data

collection methods and tools, the **validation of data** was sought through regular exchanges with the UNFPA programme staff and the Evaluation Reference Group. Counterfactual analysis was applied wherever possible to explore the cause-to-effect relationships within the programme being evaluated.

The data collection tools were designed around the assumptions and indicators found in the evaluation matrix. They included:

- **Desk review and analysis.** A review of relevant documents including government and UNFPA policy and strategy documents, the UNDAF Country Programme design and implementation plans (2013-2017), the UNFPA 1<sup>st</sup> Country Programme and the 2<sup>nd</sup> Country Programme (2016-2020 – period to be evaluated 2016-2018), the Annual Work Plans, Atlas data, the Country Office Annual reports (COARs) and documents related to donor supported projects and data collected by stakeholders. (Please see the Documents Consulted list in the annexes; 124 documents were consulted.)
- **Evaluation matrix.** All relevant data collected was presented in the matrix for CO review and the matrix was consolidated.
- **Key informant interviews, interview guides and interview logs.** Separate semi-structured interviews were designed using interview guides for key informants in Minsk and selected sites to be visited in Belarus. (See details below and Persons Consulted list in the annexes.)
- **Focus group discussion (FGD), interview guides and interview logs.** A total of three structured Focus Group Discussions were held (women using crisis center services in Kobrin, Brest oblast; Youth Friendly Health Services Staff, Kobrin; and women in the sex business, Minsk) using the interview guides developed in the design phase.

The most serious **limitations and risks** facing the evaluation include the following. The evaluators have also employed responses to these risks, also included.

- **Limitations of available documentation.** The Annual Work Plans may not list the “soft interventions” such as advocacy, policy dialogue, national consultations, and institutional mediation. The evaluation team relied on the country office annual reports (COARS) to note the actual progress on the indicators, the achievements and challenges. The annual planning indicators have been tracked using end data and milestones. The Theories of Change have been reconstructed.
- **Data collection is limited on final beneficiaries** due to a) time constraints relative to the implementation sites and the large numbers of potential key informants and interviewees, (total of 2 weeks allocated for the in-country data collection) and b) budgetary constraints on travel. These constraints were mitigated by use of secondary data.
- **Data collection on programmes will be limited.** There is a broad scope of interventions over the years of the 1<sup>st</sup> and 2<sup>nd</sup> CP and diversity of interventions and stakeholders and beneficiaries. Interviews were conducted with partners to the degree possible and supplemented with secondary data collected through documentation.
- **Risk of limited institutional memory and recall for the 1<sup>st</sup> Country Programme.** Since significant time has passed since the beginning of the 1<sup>st</sup> Country Programme, the CPE relied on documentation of the inputs, outputs and outcomes if the stakeholders have changed and there is limited memory.
- **Changes in institutional structure and policies.** The team was made aware of changes that may have affected the planning and implementation of the Country Programmes.
- **Language constraints.** In order to facilitate communications among English and Russian speakers, translation was provided.

Table 3: **Evaluation Limitations and Mitigation Measures**

Limitations / Challenges	Mitigation Measures
Limitations of documentation on the 1 <sup>st</sup> CP and and limited listing of soft interventions	The intervention logic on the CPs were reconstructed, the Country Office Annual Reports were used to validate the AWP's and evidence supplemented with as much evaluative data as possible
Data collection limited on final beneficiaries due to time constraints and budget constraints to travel	Use of secondary data; Key informant interviews with groups directly involved in the projects; Purposive sampling; Focus group meetings

<b>Data collection on programmes may be limited</b> due to broad scope of interventions	Interviews mainly with partners and reference to secondary data such as monitoring reports and surveys
<b>Risk of limited institutional memory and recall for the 1<sup>st</sup> Country Programme</b>	Reliance on documentation of the inputs, outputs and outcomes
<b>Changes in institutional structure and policies</b>	Advice from the CO as to changes that affect the programme planning and implementation
<b>Language constraints</b>	Translation to be provided in English and Russian

**Selection of the sample.** The evaluation manager prepared a stakeholder map (please see the annexes) which was used in identifying the sources for interviews, discussions, and feedback and notes country programme outcomes and outputs, the Atlas codes, the donors, the implementing partners and beneficiaries. The sampling strategy followed guidance found in the UNFPA Evaluation Handbook (2019, page 75) and the set of specific criteria for selecting stakeholders to be interviewed.

**Table 4. Stakeholder selection criteria with Belarus sampling<sup>3</sup>**

The stakeholder sample includes: <i>(Belarus sampling)</i>	
X	<b>Stakeholders involved in seemingly good performing and poor performing interventions of the country programme.</b> <i>The Gomel oblast has been included as a more challenging area affected by Chernobyl fallout and having a higher incidence of breast and cervical cancers. The Brest Oblast was included as Kobrin is the location of the high performing response to GBV.</i>
X	<b>All type of stakeholders for each given output / outcome - i.e., implementing partners, execution agencies, other partners, direct and indirect beneficiaries, and donors.</b> <i>The stakeholders were selected from the major output and outcome areas.</i>
X	<b>For each output/outcome, stakeholders associated to on-going interventions as well as with interventions (AWPs) that have already been completed.</b> <i>The stakeholders associated with both the first CP and the second CP have been included.</i>
X	<b>The sample should include both stakeholders related to parts of the programme implemented in the country's capital and other parts implemented in other regions/ provinces/ districts.</b> <i>Three oblast centers and their surrounds were visited in addition to Minsk and surrounds.</i>
X	<b>The sample should include both stakeholders associated with financially large and financially modest AWP.</b> <i>The sample includes the support for the larger PD and GE projects as well as support for advocacy from various legal and minority and marginal group advocates.</i>
X	<b>The sample should include both stakeholders associated to regular actions and pilot interventions.</b> <i>Each type of intervention has been covered.</i>
X	<b>Stakeholders involved with the national execution modality and with the direct execution modality.</b> <i>Both government partners in NEX and UNFPA staff involved in DEX are included.</i>
X	<b>Stakeholders associated with soft-aid interventions carried out by the country office.</b> <i>A number of stakeholders are included who are advocates for women affected by gender based violence, and women in the sex business, and men who have sex with men, persons with disabilities, and the elderly.</i>
X	<b>Stakeholders associated to regional interventions.</b> <i>Regional monitoring was performed by the EECARO M&amp;E and HIV and SRH advisors; in addition to key informants who participated in regional capacity building and dialog.</i>
X	<b>Whenever relevant, stakeholders that have been involved with interagency projects.</b> <i>The interagency projects include the BELMED involving UNICEF, WHO and UNDP and all are included in key informant interviews.</i>

<sup>3</sup> Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA, UNFPA Independent Evaluation Office, October 2013.

Data collection occurred in Minsk and its surrounds and selected areas in Brest, Gomel, and Mogilev oblasts. Mogilev on the route to Gomel was selected as it was the implementation site of the 1<sup>st</sup> Country Programme SRH programme in Slavgorod (located in Mogilev oblast), “Enhancing Human Security in the Chernobyl Affected Areas of Belarus” (2010-2012). This included breast cancer prevention and early diagnosis. Site visits were undertaken to Brest and Kobrin (west), Gomel and Slavgorod (Mogilev oblast) (east) to effectively visit regional and local RH and community based Primary Care facilities and allow interface with Gender Equality stakeholders (e.g. crisis shelters, social centres) and meet regional and local state and non-state stakeholders (e.g. departments of internal affairs and local authorities). Areas selected reflect different economic and development conditions.

**Key informants** interviewed included the following. A total of 107 persons were consulted. Key informants represented the following.

- **UNFPA Belarus and EECARO**
- **Government partners:** Ministry of Health; Ministry of Labour and Social Protection; Ministry of Foreign Affairs; Ministry of Internal Affairs; Belarusian Statistics Committee; Medical State University; Regional and local authorities: Departments of Health, Departments of Internal Affairs, Labour and Social protection in Brest, Mogilev, and Gomel oblasts.
- **UN partners:** the office of the United Nations Resident Coordinator (UNRCO), UNDP, WHO, and UNICEF
- **Donors:** Representatives of the Government of Sweden, the Government of Great Britain, and the European Union
- **Academic, Non-governmental, Civil society organisations and partners from business sector:** Belset AntiAIDS; Association of UNESCO clubs; Belarus Association of wheelchair users; Office on the Rights of People with Disabilities; FLO Health; Dobra Foundation; Ulej Crowdfunding Platform; Her Rights; Belarusian National Youth Council RADA; Y-PEER Minsk and Gomel; Office for European Expertise and Communications; Marshiruj, Detka Campaign; Center of Active Longevity; IMENA crowdfunding platform; YWCA Belarus; MTS Belarus; Gender Perspectives, National Centre of Legislation and Legal Research; Club of Business Women BONA Kobryn; Belarussian Orthodox Church; Belarussian Catholic Church; Charity Sisterhoods Union; Belarusian State University.
- **Others:** Woman affected by domestic violence who sought assistance from the crisis Center in Gomel.

The evaluation team held three **focus group discussions** (FGD).

1. Women in the sex business who received health and counselling services through the UNESCO clubs (seven women).
2. The Youth Friendly Health Services staff in Kobrin (seven staff, two men and five women)
3. Women affected by domestic violence who had received or were receiving assistance from the crisis center in Kobrin (six women).

**Ethics.** The three evaluators for the UNFPA Belarus Country Programmes were dedicated to observing the ethical guidelines for evaluations. The evaluation team pledged confidentiality to key informants and focus group participants at the start of interviews and consultations to ensure respect for their privacy and that they will not be identified in connection with their personal opinions. Throughout the in-country visits, the evaluation team used the most reliable and appropriate sources of information, respected the rights of individuals to provide information in confidence, respected the right to self-determination, fair representation, compliance with codes for vulnerable groups, and avoidance of harm, and were sensitive to the beliefs and customs of local social and cultural environments.

The evaluation team asserts that the findings are credible, independent and impartial, accountable, based on reliable data and observations, a comprehensive and balanced presentation of strengths and weaknesses of the policy, program, project or organizational unit being evaluated and taking due account of the views of a diverse cross-section of stakeholders. Triangulation of data ensured that personal opinions of stakeholders have been merged with others in the evaluation findings. The team has consistently vowed confidentiality by respecting UNFPA’s guidance and forms to that effect.

## Chapter 2 Belarus Country Context

### 2.1 Development challenges and national strategies

#### 2.1.1 Economic, social and political context of Belarus

The Republic of Belarus is a landlocked country, bordered by Poland, Latvia, Lithuania, Ukraine and the Russian Federation. Belarus has made significant progress in its sustainable development. Belarus' HDI value for 2018 is 0.817— which put the country in the very high human development category— positioning it at 50 out of 189 countries and territories.<sup>4</sup> There are six administrative regions (oblasts) in Belarus – Brest, Vitebsk, Gomel, Grodno, Minsk, and Mogilev, and the city of Minsk. The oblast is an optimal unit of the social and economic organization and oblast administration bodies resolve economic, social and other issues taking into account the regional specifics.<sup>5</sup>

The country has joined the ranks of the upper-middle income countries in 2015.<sup>6</sup> The share of the population below the national poverty line fell from 41.9% in 2000 to 5.7% in 2016. Moreover, Belarus managed to reduce the poverty rate faster than all other countries in the Europe and Central Asia region. Belarus has achieved universal primary education, attained progress in expanding women's participation in decision-making and promoting gender equality, and reduced the infant, under-five and maternal mortality rate. It has also reduced the tuberculosis incidence rate and the prevalence of active forms of tuberculosis, decreased carbon dioxide emissions, expanded the area of land protected to maintain biological diversity and forested land, national parks and nature reserves, and improved the availability and conditions of housing.<sup>7</sup>

Belarus has a highly educated and skilled labour force. Nevertheless, Belarus still has a number of population groups that remain vulnerable to poverty. According to World Bank data (2107) the population in the lower 40% income level have a larger share of young dependents, lower tertiary educational attainment, are more concentrated in rural areas, and have lower access to core public services.<sup>8</sup> Hit by a recession in 2014-2016, the poverty increased by 3 percent in Belarus overall with 6 percent in rural areas. The Chernobyl nuclear disaster (1986) had an enormous impact on Belarus as 70 percent of the total radioactive fallout descended on nearly one-fourth of the country. Despite the assistance provided, the affected region still suffers from the consequences of Chernobyl today.<sup>9</sup>

Belarus had achieved most of the Millennium Development Goals (MDGs), and for the Sustainable Development Goals (SDGs) can use the “accelerators” approach which focuses on the green transition for inclusive and sustainable growth; planning for future generations; digital transformation, and social innovation and gender equality.<sup>10</sup> The proportion of Belarusians going online everyday has continued to rise, reaching about 90 percent; the figure is even higher for those under the age of 30.<sup>11</sup>

Belarus faces challenges with national and transnational health and safety issues. Belarus is currently experiencing an epidemic of noncommunicable diseases (NCDs). The Council of Ministers approved the “People's health and demographic security of the Republic of Belarus for 2016-2020”, March 2016, which envisages the creation of conditions for the improvement of people's health, development and promotion of family values, raising the prestige of parenthood, better population replacement, death rate reduction, higher life expectancy, provision of high-quality and affordable healthcare services, and optimization of migration processes.<sup>12</sup> In addition, the government has taken steps to reduce human

<sup>4</sup> The 2019 Human Development Report presents the 2018 HDI (values and ranks) [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/BLR.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BLR.pdf)

<sup>5</sup> [http://president.gov.by/en/regions\\_en/](http://president.gov.by/en/regions_en/)

<sup>6</sup> <https://www.worldbank.org/en/news/speech/2015/11/13/belarus-the-path-to-high-income-passes-through-the-market>

<sup>7</sup> <https://www.worldbank.org/en/news/feature/2017/10/17/poverty-reduction-in-belarus> (entire paragraph)

<sup>8</sup> Poverty And Shared Prosperity In Belarus Over The Past Decade Trends, Drivers And Challenges; by Alexandru Cojocaru, Mikhail Matytsin Poverty And Equity Global Practice, The World Bank, 2017, page 5

<sup>9</sup> <https://www.un.org/ha/chernobyl/belarus.html>

<sup>10</sup> <http://un.by/en/un-news/in-belarus/4346-1st-sdg-impact-investment-forum-in-belarus>

<sup>11</sup> Telecommunication Union, <http://www.itu.int/en/ITU-D/Statistics/Pages/stat/default.aspx>; “Statistical Yearbook of the Republic of Belarus, 2017”

<sup>12</sup> [https://www.belarus.by/en/press-center/news/lukashenko-holds-session-to-discuss-demographic-situation-support-of-families-with-children\\_i\\_0000093246.html](https://www.belarus.by/en/press-center/news/lukashenko-holds-session-to-discuss-demographic-situation-support-of-families-with-children_i_0000093246.html)

trafficking but has not yet met the minimum standards.<sup>13</sup> In October 2016, Belarus adopted the **National Human Rights Action Plan and Interagency Action Plan**, approved by the Council of Ministers, which underpins the process of domestic reforms and legislative amendments in respect of human rights and fundamental values.<sup>14</sup>

## 2.1.2 Situation with regard to Sexual and Reproductive Health and Rights

Belarus has achieved relatively high and equitable health coverage with strong financial protection for the general population. However, the country has not yet addressed quality of care as a domain of universal health coverage in a systematic way. National health authorities recognize the need to address quality of care and are in the process of review of the healthcare quality and facilitating the development and implementation of the national health strategy.<sup>15</sup>

Non-communicable diseases (NCDs) represent a significant challenge for the quality of life of Belarusians. According to official statistics data, the mortality rate was 1,256, 1 per 100,000 in 2017, with 907,7 deaths (75 percent) caused by NCDs. Of this, the proportional mortality (percentage of total deaths) for cancer amounted to 16 per cent.<sup>16</sup> From 2005-2015, the number of breast cancer cases increased by 35 per cent. Approximately 979 new cases of cervical cancer are detected each year (2018 data) with a crude incidence rate of 19.4 per 100,000 women.<sup>17</sup> The main cause of high mortality due to breast and cervical cancers is the lack of comprehensive screening programmes for early detection. Pilot projects of screening programmes are currently being undertaken only in Minsk.<sup>18</sup>

Belarus has one of the lowest maternal mortality rates in the world (2 deaths per 100,000 births, 2019).<sup>19</sup> The rate of births attended by certified health personnel is 100%<sup>20</sup> and antenatal care coverage for at least four visits is also 100%.<sup>21</sup> Improved access to and quality of family planning services contributed to a reduction in the abortion rate, from 46 abortions per 1,000 women aged 15 to 49 years in 2000 to 12.2 per 1,000 women in 2016. However, there is no regularized data collection of the contraceptive prevalence rate by women and accurate abortion rate data is often difficult to obtain. The Ministry of Health is developing a national strategy on reproductive health, and is willing to revise facility-based protocols to ensure their alignment with international standards and World Health Organization (WHO) recommendations. A key concern is the number of sexually transmitted infections (STIs) which are increasing and their potential impact on fertility.<sup>22</sup>

In 2019, the total fertility rate was 1.720 children per woman, a slight increase from 2018.<sup>23</sup> Belarus provides incentives for families with children, such as paid parental leave until the child reaches the age of 3; families with more than two children are offered a special queue to get an apartment from the public housing; special mortgage rates; discount rates for electricity and water; council contributions; an extra day off during the working week; free food for kids in school cafes and 50% discount off fees for kindergartens, among others. For the birth of the third and subsequent children parents are paid \$10,000 cash into a special fund.<sup>24</sup>

Belarus demonstrates good practice by increasing national spending to fund programs to fight HIV and tuberculosis (TB). The country now finances 95 percent of its antiretroviral drugs and 100 percent of drugs to treat multidrug-resistant tuberculosis (TB). Between 2008 and 2013, 33 percent fewer people died from TB. HIV prevalence is low, but is highly concentrated among key populations. People who inject drugs are particularly affected, as well as female sex workers and men who have sex with men. One of the goals of the sub-program of the “Peoples’ Health and Demographic Security of the Republic of Belarus 2016-2020” is to address stigma, discrimination and legal barriers to achieving universal

<sup>13</sup> US State Department Report on Human Trafficking 2019

<sup>14</sup> [http://mfa.gov.by/en/organizations/human\\_rights/](http://mfa.gov.by/en/organizations/human_rights/)

<sup>15</sup> <http://www.euro.who.int/en/countries/belarus/news/news/2019/03/supporting-the-development-of-a-national-strategy-for-improving-quality-of-care-in-belarus>

<sup>16</sup> <http://www.belstat.gov.by/upload/iblock/3ed/3ed3a0c5c76d6fffcadf7f2e62ee4ad7.pdf>

<sup>17</sup> <https://hpvcentre.net/statistics/reports/BLR.pdf>

<sup>18</sup> UNFPA Belarus, June 2019

<sup>19</sup> 2019 WHO Data

<sup>20</sup> UNFPA State of the World Population, 2019, page 152

<sup>21</sup> <https://data.unicef.org/country/blr/>

<sup>22</sup> Key informant interview, Ministry of Health Belarus, June 2019

<sup>23</sup> Macrotrends <https://www.macrotrends.net/countries/BLR/belarus/fertility-rate>

<sup>24</sup> Key informant interview, Ministry of Labor Belarus, June 2019; <https://blogs.eenasmodels.com/en/belarus-parents/>

access to HIV, treatment and care services.<sup>25</sup> Since 2010 cumulatively, new HIV infections have increased by 65% and AIDS-related deaths have increased by 13%.<sup>26</sup> The Belarus government upholds traditional family values and placed 42nd out of 49 European countries for LGBT friendliness.<sup>27</sup>

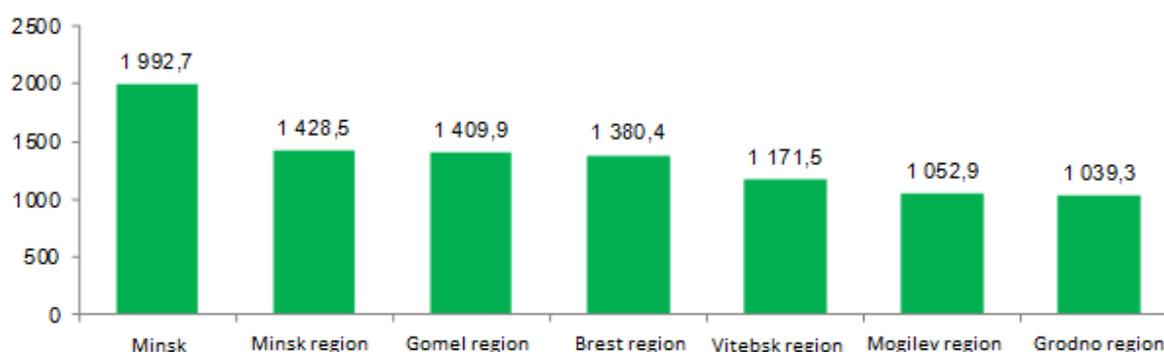
## 2.13 Situation with regard to Population and Development

Belarus has a population of 9.5 million<sup>28</sup> (46.5% male and 53.5% female) and is facing a population decline in the longer term despite positive trends in fertility and longevity. The decrease is a result of demographic trends observed since World War II, and is also due to the people's reaction to the economic crisis and deterioration of living conditions in the 1990s. In 1994, the highest population of Belarus was recorded - 10,243,500 people. Subsequently, the population decreased annually until 2013, having reached the figure of 9,463,800 people. The urban population is growing steadily every year, accounting for 78.1% for 2018 versus rural - 21.9%. Currently, there is a flow of the population from all oblasts towards the Minsk and Minsk region, mainly to seek better economic opportunities and living conditions.<sup>29</sup>

The population of Belarus is composed of Belarusians (84%), Russians (8.3%), Poles (3.1%), and Ukrainians (1.7%).<sup>30</sup> In 2017, life expectancy at birth was 69.3 years for men and 79.2 years for women.<sup>31</sup> The difference in life expectancy between men and women in rural areas is higher with men having a much lower life expectancy than women. The average life expectancy of a rural dweller is 65.6 for males, 77.2 for females, both lower than in urban areas. The much earlier demise of men has a socio-economic impact particularly for families.<sup>32</sup>

Belarus is among the 55 countries where in 30 years the population will decrease by at least 1 percent. According to some forecasts, immigration will compensate. According to the UN report, there may either be an increase or decrease in the population, which will have implications for demographic security.<sup>33</sup> A population census will take place in October 2019.

Figure 2: Population of Belarus by oblasts (regions)<sup>34</sup>



The population of Belarus is also aging. The age structure of the population - people of working age (from 15 to 65 years old) make up 71.7%, up to 15 years old - 14.2%, over 65 years old - 14.1%. The population of youth is more concentrated in the southern oblasts of the country and gradually decreases to the north. Conversely, the proportion of older population increases to the north.<sup>35</sup> It is calculated that 23.31 percent of the population will be above working age in 2018. Until 2017, the working-age population includes men aged 16–59 years and women aged 16–54 years. Since the beginning of 2018,

<sup>25</sup><http://sdgs.by/upload/files/filecdf0f8a76b95e004.PDF> [http://sdgs.by/en/documents/strategicheskie\\_i\\_programmie\\_documenti/](http://sdgs.by/en/documents/strategicheskie_i_programmie_documenti/) ; <http://sdgs.by/upload/files/filecdf0f8a76b95e004.PDF>

<sup>26</sup> <https://www.unaids.org/en/regionscountries/countries/belarus>

<sup>27</sup> Survey by ILGA Europe, <https://rainbow-europe.org/country-ranking>

<sup>28</sup> In January 2015, National Statistical Committee of the Republic of Belarus (Belstat)

<sup>29</sup> In January 2015, National Statistical Committee of the Republic of Belarus (Belstat)

<sup>30</sup> <http://belarus21.by/Articles/1458134839>

<sup>31</sup> Human Development Report: <http://hdr.undp.org/en/69206>.

<sup>32</sup> <https://belarusdigest.com/story/exploring-belarus-massive-gender-longevity-gap/>

<sup>33</sup> World Population Prospects 2019, UN <https://population.un.org/wpp/Download/Standard/Population/>

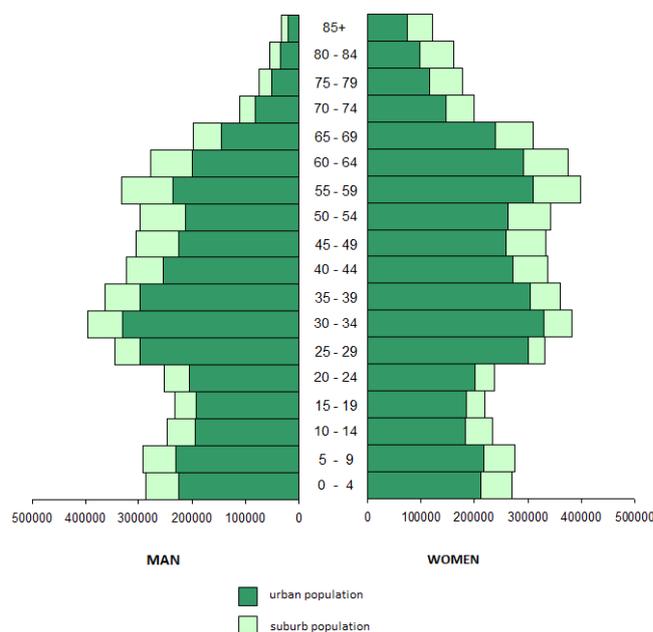
<sup>34</sup> National Statistical Committee of the Republic of Belarus <http://www.belstat.gov.by/en/>

<sup>35</sup> <https://countrymeters.info/ru/Belarus#religion>

the working-age population includes men and women aged 16 years and up to the generally established retirement age.

The law on demographic security was adopted in 2002 and is being implemented through the national programmes for demographic security. However, Belarus needs to develop a coherent policy framework for the elderly in line with the Madrid International Plan of Action<sup>36</sup> to strengthen national capacity in that area. With UNFPA support, the UN Economic Commission for Europe (UNECE) has developed a Road Map for Mainstreaming ageing in Belarus. Using the Road map, Belarus is finalizing development of the National Strategy of Active Aging and the relevant Action Plan.<sup>37</sup>

Figure 3: Gender and age pyramid by January 1, 2019 of the population of Belarus<sup>38</sup>



## 2.1 Situation with regard to Adolescents and Youth

Youth aged 15-24 years constituted 10 percent of the population in 2017.<sup>39</sup> They remain the most vulnerable group in the area of sexual and reproductive health. In 2016, 20% of medical abortions in the country took place among young females under 15- 24 years. The HIV epidemic in Belarus has a low prevalence among the general population (0.2 per cent in 2017) and higher rates among key affected populations (e.g. sex workers, people who inject drugs, and men who have sex with men). Sexual contact remains the main means by which people contract the illness, at 62 per cent in 2017. The state's response to HIV is regulated by the sub program of the Health of the Nation and Demographic

Security Programme. Enhanced education for young people about safe sexual behaviour is important in preventing unintended pregnancies, especially among adolescents, and the sexual transmission of HIV and other sexually transmitted diseases.<sup>40</sup>

### 2.1.4 Situation with regard to Gender Equality

Belarus has a Gender Inequality Index (GII) value of 0.130, ranking it 31 out of 160 countries in 2017. In Belarus, 35 percent of parliamentary seats are held by women, and 87.0 percent of adult women have reached at least a secondary level of education compared to 92.2 percent of their male counterparts. Female participation in the labour market is 58.4 percent compared to 70.7 for men.<sup>41</sup> Belarusian women also demonstrate a high level of ownership of businesses. Belarusian legislation does not discriminate against women and Belarus has established a Gender Committee as a coordinating and advisory agency. Belarus has approved the National Plan on Gender Equality for 2017-2020.<sup>42</sup>

<sup>36</sup> Madrid International Plan of Action <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

<sup>37</sup> Roadmap for Mainstreaming Aging, UNECE, December 2019.

<sup>38</sup> National Statistical Committee of the Republic of Belarus. Source: <http://www.belstat.gov.by/en/>, Russian version: <http://www.belstat.gov.by/ofitsialnaya-statistika/solialnaya-sfera/naselenie-i-migratsiya/naselenie/graficheskiy-material-grafiki-diagrammy/polovozrastnaya-piramida-naseleniya/>

<sup>39</sup> National report "About Youth in the Republic of Belarus", Ministry of education of the Republic of Belarus, Minsk, 2018 (in Russian)

<sup>40</sup> Ibid.

<sup>41</sup> Human Development Indices and Indicators: 2018 Statistical Update [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/BLR.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BLR.pdf)

<sup>42</sup> <https://eng.belta.by/society/view/belarus-approves-national-action-plan-on-gender-equality-for-2017-2020-98881-2017/>

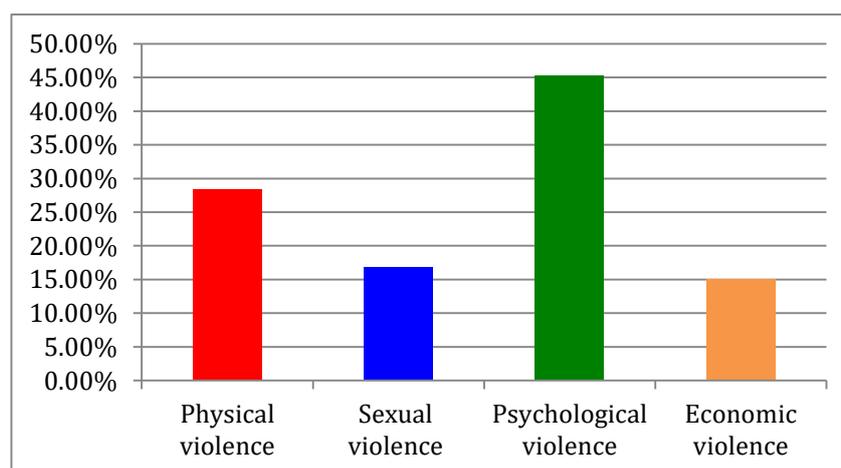
Belarus has made progress in complying with international human rights treaty obligations, including the Convention on Elimination of All Forms of Discrimination against Women (CEDAW). However, gender inequalities still persist. Women experience an up to 25 per cent wage gap compared to men; women are underrepresented in decision-making and men's engagement in parenthood and domestic duties is limited. Existing gender stereotypes significantly contribute to gender-based discrimination, including domestic violence. Belarus is a source, destination, and transit country for women, men, and children subjected to trafficking in persons, specifically forced sex work and forced labour. The Government of Belarus is making significant efforts to address the trafficking.<sup>43</sup>

Success of gender related policies depends on data availability used both for identification of gender issues and monitoring the success of the implementation of gender policies. The National Statistical Committee (Belstat) is responsible to ensure the availability of relevant, gender disaggregated and regularly updated statistics in Belarus.<sup>44</sup>

Despite progress, domestic violence is still widespread and underreported, with almost every third surveyed woman and every fourth surveyed man experiencing physical violence. Women, the elderly and migrants are especially vulnerable to domestic violence. The recent tendency is domination of gender-based violence and increase of cases reporting domestic violence against elderly people.<sup>45</sup>

According to UNFPA study on prevalence of violence against women in the Republic of Belarus, held by the Institute of Sociology of the National Academy of Science of the Republic of Belarus<sup>46</sup>, every second woman (52.4%) throughout her life at least once was subjected to any type of violence. The prevalence of various types of violence against women is: physical violence - 28.4%; sexual abuse - 16.9%; psychological abuse - 45.2%; economic violence - 15.0%. All four types of violence are present in the life of 11.6% of women. The overall prevalence of physical and / or sexual abuse over a lifetime of women is 33.4%.<sup>47</sup>

Figure 4. Violence against women (UNFPA research, 2018)<sup>48</sup>



Annually, Belarusian law enforcement authorities receive about 150,000 calls reporting domestic violence. Out of these, 50,000 result in civil cases. As a punishment, the abuser often has to pay fines, which places a financial burden on the family as well, thus discouraging women to report these crimes. The remaining 100,000 known cases of abuse go unpunished, not to mention the unreported violence. Prosecuted crimes usually amount merely to 2,000 cases per year, making up about 3 per cent of all

<sup>43</sup> <https://www.refworld.org/docid/5b3e0ba54.html>

<sup>44</sup> Belarus - Country gender profile. WorldBank. <http://documents.worldbank.org/curated/en/518041468201598756/Belarus-Country-gender-profile>

<sup>45</sup> <https://news.un.org/en/audio/2015/10/605852>

<sup>46</sup> The results of the study of the prevalence of violence against women in the Republic of Belarus - <https://belarus.unfpa.org/ru/publications/результаты-исследования-по-распространённости-насилия-в-отношении-женщин-проведённого>

<sup>47</sup> Ibid.

<sup>48</sup> Op cit.

crimes. For instance, in 2017, in 2,264 criminal cases, most of the perpetrators were male, while the victims tended to be females or children.<sup>49</sup>

The effective intersectoral response mechanism to prevent and counteract domestic violence throughout the country is not yet in place. The capacity of key service providers to respond to gender-based violence is not strong enough to address the problem and a separate law on domestic violence does not exist. The problem of violence in the lives of children and adolescents is particularly acute.<sup>50</sup>

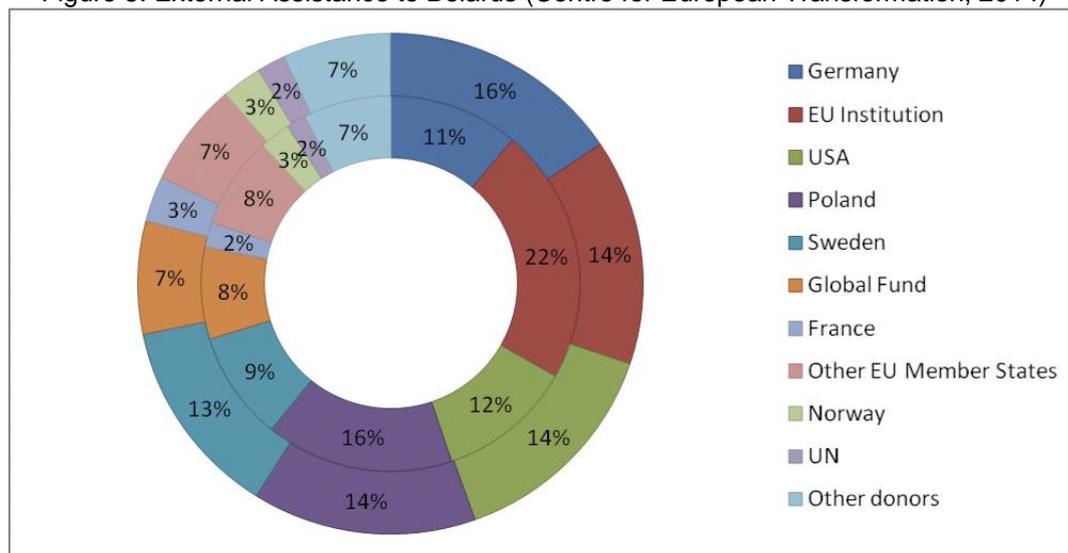
To address the elimination of violence in all forms of its manifestation, a number of programs have been adopted at the state level.<sup>51</sup> The National Plan on Gender Equality on 2017-2020<sup>52</sup> plays a key role. The major goals of the National Plan is to develop an institutional mechanism of securing gender equality; to expand economic opportunities of women and men; ensure the gender-oriented healthcare; secure gender equality in family relations; combat domestic violence and trafficking in persons; gender education. Responsible for the implementation of the national plan are national government bodies, local executive and administrative bodies, scientific and religious organizations, public associations with the help of the financial and technical potential of international organizations.<sup>53</sup>

Belarus has a network of international organizations aimed at promotion of de-facto gender equality and protection from all forms of gender discrimination via social programmes on prevention of gender-based violence, including trafficking in persons, family violence, discrimination at the working place, and sexual harassment.<sup>54</sup> In addition, there is a growing interest in gender equality in civil society. New public associations are being created aimed at solving existing problems in this area.<sup>55</sup>

## 2.2 The role of external assistance

From 2006 to 2014, the total amount of donor assistance to Belarus was more than 1 billion USD (1037 million). Belarus receives development aid from more than 30 donors from all over the world (states, multilateral structures and organisations). However, six donors shaped 80% of total aid amount during the analyzed years: Germany, Poland, Sweden, USA, EU Institutions and The Global Fund to Fight AIDS, Tuberculosis and Malaria (see Diagram 1, outside circle). More than half of aid to Belarus was allocated by the EU (Member States and Institutions).<sup>56</sup>

Figure 5: External Assistance to Belarus (Centre for European Transformation, 2014)



<sup>49</sup> <https://belarusdigest.com/story/authorities-breaking-silence-on-harassment-and-gender-based-violence-in-belarus/>

<sup>50</sup> UNICEF Report <https://www.unicef.by/uploads/models/2018/04/unicef-belarus-vac-report-2018.pdf>

<sup>51</sup> Ministry of Foreign Affairs of the Republic of Belarus <http://mfa.gov.by/multilateral/organization/list/d0a49b697e3ae50e.html>

<sup>52</sup> <http://www.mintrud.gov.by/system/extensions/spaw/uploads/files/Nats-plan.pdf>

<sup>53</sup> <https://eng.belta.by/society/view/belarus-approves-national-action-plan-on-gender-equality-for-2017-2020-98881-2017>

<sup>54</sup> International Public Association "Gender Perspectives". Report. [www.genderperspectives.by/images/reports/gp\\_2014\\_ru.pdf](http://www.genderperspectives.by/images/reports/gp_2014_ru.pdf)

<sup>55</sup> Centre for European Transformation, non-government organization. Report.

[https://cet.eurobelarus.info/files/userfiles/5/DOC/1/2018\\_Civil-Society-Belarus\\_RU.pdf](https://cet.eurobelarus.info/files/userfiles/5/DOC/1/2018_Civil-Society-Belarus_RU.pdf)

<sup>56</sup> Centre for European Transformation; Civil society's role and place in the system of donor assistance to Belarus (2006-2014); Working paper (summary and diagram)

In recent years the **Global Fund to Fight AIDS, Tuberculosis and Malaria** has supported a number of healthcare projects. The Global Fund's grants have contributed to the continuation of efforts to prevent and treat HIV/AIDS in Belarus and to make improvements to the system for effective diagnosis and treatment of tuberculosis. According to the Global Fund website, 11,200 HIV/AIDS people were receiving antiretroviral therapy in 2017 and investments to date are US\$119,492,000.<sup>57</sup>

Belarus benefits from considerable international technical assistance provided by the **European Union**. EU assistance to Belarus aims at improving the quality of life of Belarusian citizens in a tangible and visible manner. EU support is funded through the European Neighbourhood Instrument (ENI) for the period 2014-2020. It replaces the European Neighbourhood and Partnership Instrument (ENPI) of 2007-2013. Other funding sources are the thematic programmes, focused on human rights and civil society.<sup>58</sup>

Improving prospects for youth is at the heart of the European Union's cooperation with its Eastern Partners. Together with Belarus, the EU aims to create opportunities for young people to study, work, participate fully in society and fulfil their potential. Across the Eastern Partnership, the European Union is providing €340 million of support to youth. Erasmus+ gave the possibility to almost 1,000 students and academic staff from Belarus to study or teach in the EU countries between 2015 and 2017. Over 2,100 Belarusians have benefitted from mobility exchanges through the Mobility Scheme for Targeted People-to-People-Contacts (MOST) programme offering short-term cultural exchange for professionals. Over 2,300 young people and youth workers from Belarus have been involved in joint exchanges, volunteering and capacity-building projects.<sup>59</sup>

The **United Nations Development Assistance Framework** (UNDAF) for the Republic of Belarus for 2016-2020 is the second joint strategy of the UN agencies working in Belarus. The UNDAF focuses on four strategic areas of response, which are in line with the mandate of the UN, its comparative advantages and key national priorities outlined in the National Strategy for Sustainable Socio-Economic Development in the Republic of Belarus until 2030 (NSSSED-2030), which will be extended to 2035. The UNDAF has been prepared by the United Nations Country Team in Belarus in consultation with the Government of the Republic of Belarus, civil society, the private sector, vulnerable groups, and national and international partners, with the aim of promoting and protecting human rights and improving the lives of the people of Belarus. The total financial resources required by the United Nations system in Belarus to achieve eight UNDAF outcomes within four strategic areas are estimated at US\$111,328,000 for the period 2016-2020.<sup>60</sup> For the previous UNDAF (2011-2015) the total grant resources to be mobilized amounted to over US\$ 490 million (including World Bank loans) for the period 2011-2015.<sup>61</sup> The total required for the period 2016-2020 is US\$ 111,328,000.<sup>62</sup>

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<sup>57</sup> <https://www.theglobalfund.org/en/portfolio/country/?loc=BLR&k=8f5db665-828c-4560-b959-155d0e156a30>

<sup>58</sup> [https://ec.europa.eu/neighbourhood-enlargement/neighbourhood/countries/belarus\\_en](https://ec.europa.eu/neighbourhood-enlargement/neighbourhood/countries/belarus_en)

<sup>59</sup> [https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/eu\\_support\\_to\\_youth-by.pdf](https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/eu_support_to_youth-by.pdf)

<sup>60</sup> <http://un.by/en/documents/assistance-frameworks>

<sup>61</sup> UNDAF for Belarus 2011-2015, page 45

<sup>62</sup> <https://un.by/en/documents/assistance-frameworks/2869-united-nations-development-assistance-framework-undaf-for-the-republic-of-belarus-for-2016-2020>

## Chapter 3 The United Nations and UNFPA response and programme strategies

### 3.1 United Nations and UNFPA response

The UNFPA Belarus 1<sup>st</sup> (2011-2015) and 2<sup>nd</sup> Country Programmes (CPs) (2016-2020) interface with three UNFPA global strategic plans, 2008-2013, 2014-2017 and 2018-2020. The 1<sup>st</sup> Country Programme was developed in line with the UNFPA Strategic Plan 2008-2013, and afterwards aligned with the revised UNFPA Strategic Plan 2014-2017.<sup>63</sup> Along with this alignment, the Results Framework was modified.<sup>64</sup> This report uses the aligned CP Outcomes which vary somewhat from the original CP Outcomes.

The 1<sup>st</sup> CP is aligned with the UN Development Assistance Framework (UNDAF) covering the same years (2011-2015). (There is no evidence of a Common Country Assessment – CCA.) The 1<sup>st</sup> country programme contributes to three of the five UNDAF outcomes: (a) sustainability of social and economic development; (b) protection from risks detrimental to health; and (c) effectiveness of the governance system. The outcomes and outputs of the UNFPA country programme are linked to the UNDAF.

The 2<sup>nd</sup> CP is aligned with the UNDAF covering the same years (2016-2020). There is no evidence of a CCA. The 2<sup>nd</sup> Country Programme contributes to two priority areas of the United Nations Development Assistance Framework in Belarus (2016-2020): (a) Inclusive, Responsive and Accountable Governance; (b) Sustainable Human Capital Development: Health, Education, Social Inclusion and Protection, Comprehensive post-Chernobyl development.

#### 3.2.1 UNFPA previous cycles of assistance, goals and achievements

The 1st five year UNFPA Country Programme (CP) for Belarus (2011-2015)<sup>65</sup> was planned based on lessons learned from individual projects supported by UNFPA from 1994 to 2009. Since 1994, UNFPA provided over \$3.7 million in regular resources through stand-alone projects and contraceptive supplies. The principal programme areas were: (a) improving the quality of reproductive health services, especially for young people; (b) promoting safe sexual and reproductive health behaviour among adolescents; and (c) improving the quality of demographic data.

The 2<sup>nd</sup> CPD, revised April 28, 2015, has highlighted the lessons learned from the 1<sup>st</sup> Country Programme. The first UNFPA country programme 2010-2015 provided \$3.7 million and contributed to: (a) development and improvement of national and subnational social and population policies and programmes; (b) establishment of prevention and protection systems to reduce gender-based violence, including domestic violence; (c) integration of reproductive health needs of the population in national and sectoral policies and programmes.

#### 3.2.2 UNFPA Belarus 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes

According to the 1<sup>st</sup> Country Programme Document (20 July 2010), the CP was aligned with: (a) the social and economic development plan of Belarus, 2005-2015; (b) the national strategy for sustainable social and economic development for the period up to 2020; (c) the UNFPA strategic plan, 2008-2013; and (d) the United Nations Development Assistance Framework (UNDAF 2011-2015).

The approved budget was a total of US\$3.7 million composed of US\$2.3 million regular resources and US\$1.4 million other resources. Regular resources and other resources combined for each component make up following in the programme: \$0.9 million for sexual and reproductive health and rights component, \$1 million for gender equality component and \$1.5 million for population and development. The first programme and its budget allocations per programmatic area was approved by the UNDP/UNFPA/UNOPS Executive Board at its second regular session in 2010.

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<sup>63</sup> UNFPA Strategic Plan 2014-2017

<sup>64</sup> Belarus CPD (2011-2015) aligned with the UNFPA Strategic Plan (2014-2017) results framework

<sup>65</sup> UNFPA Final country programme document for Belarus 2011-2015, July 2010

The 2<sup>nd</sup> Country Programme was approved by UNDP/UNFPA/UNOPS Executive Board at its second regular session in September 2015 and approved by the council of ministers of the Republic of Belarus in 23 of March 2016. The programme covers the period 2016-2020. The UNFPA financial commitment over the 5 years towards the programme is approved at \$3.7 million: \$1.5 million from regular resources and \$2.2 million through co-financing modalities and/or other resources, including regular resources. Regular resources and other resources combined for each component are the following: \$0.9 million for sexual and reproductive health and rights component, \$1.1 million for gender equality component and \$1.5 million for population and development.

The 2<sup>nd</sup> country programme aims to contribute to the post 2015 development agenda; is aligned with the UNFPA Strategic Plan 2014-2017; the United Nations Development Assistance Framework 2016-2020; as well as the priorities identified in national strategic documents and during stakeholder consultations.

The rationale behind the 1<sup>st</sup> and 2<sup>nd</sup> country programmes can be described in terms of its intervention logic. The logic of intervention describes, by means of hypothetical cause-effect linkages, how the programme is expected to attain its objectives. The structure suggested by the 2019 evaluation handbook, has been used to reconstruct the Theory of Change (ToC) for each of the programmatic areas. (See Annex 4.)

### 3.2.3 Financial structures of the programmes

The total budget of the **UNFPA Country Programme of Assistance to Belarus (2011-2015)**, as per the Country Programme Document (2010) is \$3.7 million: \$2.3 million from regular resources and \$1.4 million through co-financing modalities and/or other resources, including regular resources. Estimated core resources (2011-2015) are allocated among programmatic areas approximately as follows: Reproductive Health - 24%; Population and Development (P&D) – 41%; Gender Equality – 27%; and Program Coordination – 8%. The Population and Development programmatic area has the largest portion of total (core plus donor resources) resources through 2015, followed by Gender Equality and Reproductive Health.

Resource mobilization has yielded approximately \$1.4 million and does not include extra resources obtained from other sources such as UN DESA, Global Programme on Reproductive Health Commodity Security (GP RHCS), Unified Budget, Results and Accountability Framework (UBRAF), the UNFPA Innovation Fund, and EECARO. The donors to UNFPA Belarus are the Russian Federation (PD), the Swedish Embassy - Sida (GE), the British Embassy, the EU and partnership with the Goethe Institute.

The total budget of the **UNFPA Country Programme (2016-2020)** as per the Country Programme Document (September, 2015) is \$3.7 million, including \$1.5 million from regular resources and \$2.2 million through co-financing modalities or other resources, including regular resources. Estimated core resources (2015-2020) are allocated among programmatic areas approximately as follows: Reproductive Health - 24%; Population and Development (P&D) – 40%; Gender Equality – 29%; and Program Coordination – 5%. The P&D programmatic area has the largest portion of total (core plus donor resources) resources through 2016, followed by Gender Equality and Reproductive Health. (Please see discussion of the rate of disbursement in the Efficiency section.)

Resource mobilization has yielded approximately \$2.2 million and does not include extra resources obtained from other sources such as UN DESA, Global Programme on Reproductive Health Commodity Security (GP RHCS), Unified Budget, Results and Accountability Framework (UBRAF), the UNFPA Innovation Fund, and EECARO. The donors to UNFPA Belarus are the Russian Federation (PD), the Swedish Embassy - Sida (GE), the British Embassy (PD), the EU, and partnership with the Goethe Institute.

#### Figure 13. Country Programme Funding Sources (2011-2015) and (2016-2020)

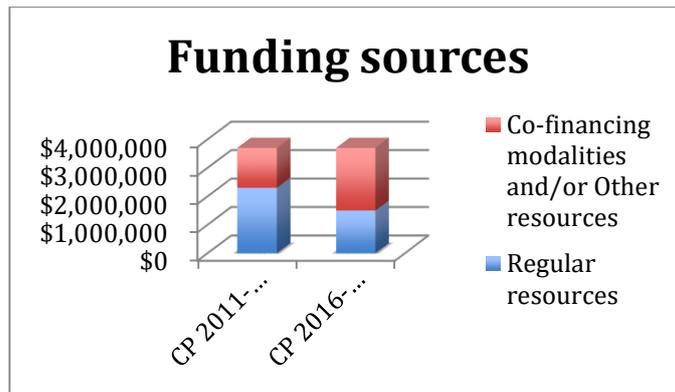


Figure 14. Fund Allocation by Country Programme 2011-2015 Outcomes

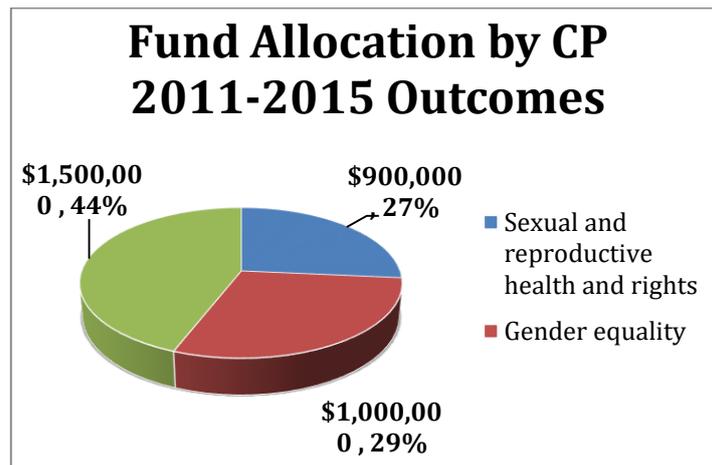
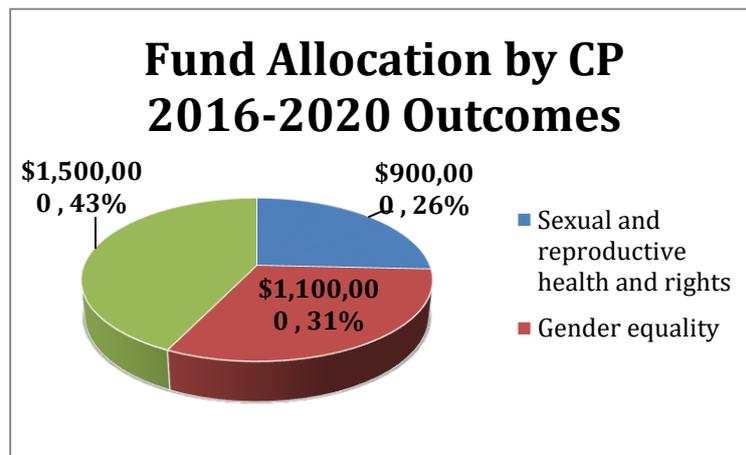


Figure 15. Fund Allocation by Country Programme 2016-2020 Outcomes



## Chapter 4 Findings and answers to the evaluation questions

### 4.1 Relevance

**Summary of Relevance.** UNFPA Belarus has planned the 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes using lessons from previous programmes, as well as a number of studies and surveys. Within the UNFPA business model for assistance in the Middle Income Countries, the 1<sup>st</sup> and 2<sup>nd</sup> Country Programme objectives have been adapted to the requests of the Belarus government, in view of the national development agenda. UNFPA consulted effectively with government, donors, partners, and targeted people, however, UNFPA has not fully ascertained who the groups “most left behind” are in Belarus in order to ensure their inclusion. UNFPA and partners are consulting on sensitive issues such as domestic violence, risky sexual behaviors, and the sexual and reproductive rights of people with disabilities; consultations need to be widened and sustained.

Among the UNFPA transformative goals, “end maternal mortality” is nearly completely attained in Belarus while “ending unmet need for contraception” is partially met, and “ending gender based violence” has a significant way to go toward attainment of the goal. While extremely relevant for the needs of the vulnerable groups, the comprehensive law on prevention of domestic violence, the sexual and reproductive health strategy, and the family planning model have not reached acceptance, posing dilemmas regarding progress on the ICPD@25 agenda. Some agreed outputs for UNFPA’s contribution to the UNDAF (2016-2020) are still to be validated.

Objectives to support **sexual and reproductive health and rights** of adolescents and youth through youth friendly health services, comprehensive sexuality education and peer to peer counselling are relevant but not sufficiently focused for results. Given rising rates of sexually transmitted infections, greater attention is needed on addressing risky sexual behaviors; the incidence of HIV is not included in the programme indicators. Declining women’s health and non-communicable diseases are particularly of concern and male involvement in sexual and reproductive health and rights was identified as a gap. UNFPA has programmed relevant support to address **rights of women affected by violence** and promoted a replicable model for multi-sector response. The issues surrounding the cycles of violence in families, dealing with perpetrators and finding long term solutions require considerably more resolution.

The UNFPA contribution to collection and dissemination of **high quality population data** is highly relevant to track the changing demographics and progress on the SDGs. UNFPA has provided support and advocacy for older people and has contributed to the Roadmap on Mainstreaming Ageing (2019) as a basis for development of the National Strategy on Ageing and the relevant Action Plan.

**EQ1. To what extent are the objectives of the 1<sup>st</sup> (2010-2015) and 2<sup>nd</sup> (2016-2020 - up to and including 2018) country programmes (CPs) adapted to the needs of women, adolescents and youth, people at risk of HIV infection, and older persons?**

#### **Evaluation Indicators:**

1. Evidence of consultation through assessments, studies, and evaluations, that identify needs and lessons learned prior to programming and during the CPs
2. Extent to which the interventions supported by UNFPA were targeted to women, adolescents and youth, people at risk of HIV infection, and older persons
3. Extent of targeting the most vulnerable, disadvantaged, marginalised and excluded population groups
4. Separate programmatic areas are integrated in planning with cross cutting aspects such as human rights, gender equality and adolescents and youth
5. Extent to which the partner organizations and targeted people were consulted in relation to programme design and interventions throughout the programme.

**Evidence of consultation through assessments and lessons learned.** The 1<sup>st</sup> Country Programme was built upon lessons learned from individual projects supported by UNFPA from 1994 to 2009. Through these past projects, as reported in the 1<sup>st</sup> Country Programme Document (CPD), UNFPA helped to build the capacity of service providers to deliver medical and psychological services for youth; introduced a youth reproductive health counselling curriculum in medical universities and colleges; and

initiated a joint project with the United Nations Children's Fund (UNICEF) to incorporate peer education in school curricula. These projects reportedly resulted in: increased knowledge of sexual and reproductive health among surveyed youth; improved communication between youth and health-service providers; an increased number of visits related to sexual and reproductive health services; and an increased contraceptive prevalence rate. UNFPA provided support for both the 1999 and 2009 censuses. It assisted in developing the technical capacity of the National Statistical Committee to collect, process and analyse census data in accordance with international standards.

**Lessons learned** from the previous projects indicate the need for: (a) a systematic approach to programming and to allocating funds to support national priorities and programmes; (b) a shift in focus from pilot initiatives and projects to more strategic and policy-oriented programming; (c) the introduction of innovative ways to mobilize resources to support the implementation of projects in high-priority, thematic areas; (d) increased technical support in the area of population and development, including assistance to high-quality population data collection, analysis and distribution for policymaking; (e) building the technical capacity of policymakers and scientists to use population data for developing, implementing and monitoring demographic, social and population policies; (f) addressing gender issues through joint programming with other United Nations organizations and donors, with a focus on preventing domestic violence; and (g) strengthening HIV/AIDS prevention efforts and their integration into reproductive health services.<sup>66</sup>

**A study was conducted for UNFPA using secondary sources** to assess evaluative evidence on the 1<sup>st</sup> Country Programme in 2015.<sup>67</sup> A number of key achievements were highlighted: (a) high relevance of the programme to needs, evolving priorities and international commitments of Belarus; (b) sustainability of results; (c) successful leveraging of funds; (d) solid foundation for institutionalisation of intersectoral referral system for domestic violence victims; (e) national commitment to develop comprehensive legislation to counteract domestic violence; (f) improved availability of population-related disaggregated data and population projections for policy makers and general public.

The 2<sup>nd</sup> CPD, revised April 28, 2015, has highlighted the **lessons learned** from the 1<sup>st</sup> Country Programme. Lessons learned along with recommendations for the next country programme identify the need to: (a) renew the focus on sexual and reproductive health; (b) strengthen institutional and organizational capacity building of non-state and state actors in prevention of domestic violence; (c) ensure intersectoral referral system for domestic violence victims is in place all over the country; (d) apply wider approach to gender equality, including women empowerment and men's engagement to overcome existing gender stereotypes; (e) strengthen partnerships for policy advocacy and resource mobilizations; (f) advocate for comprehensive evidence-informed policy development and implementation, coordinated between all relevant stakeholders and in accordance with the provisions of international human rights treaties. According to the 2<sup>nd</sup> Country Programme Document (2015), these lessons and recommendations were fully reflected in the proposed 2<sup>nd</sup> programme.

UNFPA with government and other partners has supported a number of studies which have contributed to steering the CPs. These included: a UNFPA-supported situation report on sexual and reproductive health in Belarus in 2014; a Time Budget survey (2015) and a Gender and Generations survey (2017), and a national sociological survey "Belarus: family structure, family relations and birthrate in the changing social and economic context" was conducted in May-November 2017 with the use of the Generations and Gender program methodology <sup>68</sup>, and a study on the prevalence of violence against women in Belarus (2019)<sup>69</sup>.

**Extent to which the partner organizations and targeted people were consulted.** There is sufficient evidence from **key informants and focus group discussions** that vulnerable and targeted people were consulted throughout the programmes. Women affected by gender based violence were met by donor representatives, including the Swedish Embassy - Sida, and the British Embassy on monitoring visits particularly to Kobrin crisis center. They were also included in focus group discussions in monitoring and programming visits by UNFPA and the partner Ministry of Labor and Social Protection.

<sup>66</sup> UNFPA Country Programme Document (2010) for the 2011-2015 CP

<sup>67</sup> Evaluative Review Of The UNFPA Country Programme Belarus (2011-2015), Sergei Gotin, 2015

<sup>68</sup> <https://belarus.unfpa.org/en/news/launch-survey-%E2%80%9Cfamily-formation-stability-family-relations-and-fertility-changing-socio>

<sup>69</sup> <https://belarus.unfpa.org/en/node/41465>

Women in the sex business and other key populations as well as people living with HIV were also consulted through the partner NGOs such as UNESCO and Women's Business by UNFPA staff to find out their needs and during monitoring visits. Youth peer-to-peer communicators have been involved in the duration of the programmes and the Youth Friendly Health Services (YFHS) initiated and through them the needs of youth for SRHR have been voiced. While UNICEF has largely assumed partnership with the Ministry of Health to support YFHS, UNFPA advice and advocacy remains very important.

In both country programmes, UNFPA has aligned programme objectives to needs identified by the Government of Belarus and where UNFPA's support was requested in the mandated areas. The programme designs have been integrated in planning with cross cutting aspects such as human rights, gender equality and adolescents and youth. The process of planning the country programme logically involves negotiation and consultation as to the activities that will be conducted and their costs. According to government partners interviewed UNFPA has been extremely consultative before during and after the country programmes.

**Extent of targeting the most vulnerable.** Neither the 1<sup>st</sup> nor the 2<sup>nd</sup> country programme documents (CPDs) mentions a specific targeting strategy for assisting the vulnerable groups. **There is no agreed definition on who constitutes "those most left behind" in Belarus.** Without this explicit definition and numbers of the most left behind in each category, their locations and the details of their vulnerabilities, UNFPA and others may randomly select target groups based on available entry points, and opportunities for engagement, which may be more easily accessible, such as in Minsk, but are not necessarily addressing the strategic need for those most left behind. UNFPA did not prioritize the vulnerable groups in terms of their numbers, their relative vulnerability and coverage of their needs by the government and other assistance groups.<sup>70</sup> However, UNFPA collaborated on other sources of vulnerability analysis such as the UNDAF.

To substantiate both the UN joint strategy as well as the UNFPA targeting of vulnerable groups in the 1<sup>st</sup> CP, the UNDAF (2011-2015) notes a number of population groups which have remained most vulnerable to poverty, e.g., large families with three or more children, single parent households, workers with a low level of education, persons with disabilities, and inhabitants of rural areas. The UNFPA 1<sup>st</sup> CPD mentions young people aged 15 to 24 as the most vulnerable group in SRHR, as the young women account for 33% of all abortions and youth as a group accounted for 43% of registered HIV cases while demand for SRH services was low. Those affected by rapidly rising morbidity rates, particularly among men, due to chronic diseases, are at risk.

The 2<sup>nd</sup> UNDAF (2016-2020) notes that the focus of the UN programme support and advocacy is on the most vulnerable population groups, such as: people with disabilities; children deprived of parental care; children and women survivors and witnesses of violence; adolescents practicing risky behaviour; and people living with HIV/AIDS. To reduce stigma and persistent negative perceptions in society towards people with disabilities, people living with HIV/AIDS, and people practicing risky behaviour, the UN along with other partners will provide support to facilitate behavioural and social change, as well as to transform social norms that stigmatize vulnerable population groups. "Risky behaviour", although mentioned numerous times, is not well defined in the UNDAF but is variously referred to as the lack of timely medical examination, together with unhealthy, addictive and risky male behaviour, lead to much higher mortality rates from cardio-vascular diseases, injuries, suicides, drug overdoses and intentional self-harm.

UNFPA has targeted **older persons** in several interventions. These included collaboration in 2013 between MTS, a mobile network operator, and the Belarusian Association of Social Workers and UNFPA with the project "Network for all generations", which included training for older people, which was then followed in 2015 by another project "I-Pad for beginners". The activities took place not only in Minsk but also in regional cities such as Bobruisk and Gomel. About 70 thousand older people were reached, and the initiative continues today through the MTS corporate social responsibility project, albeit at a smaller scale. UNFPA also supported training for gerontologists in incorporating international standards of health care. UNFPA has contributed to the **Roadmap for Mainstreaming Ageing** (UNECE, December 2019) which has made a number of recommendations for stronger social

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<sup>70</sup> Validated at the de-briefing for the Country Office on September 6, 2019 in the UNFPA office

protection of older persons, lifelong learning and health, among others. This analysis is expected to contribute to the National Strategy on Active Ageing and its action plan, currently under development.

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

Pre-mature mortality from non-communicable diseases (NCDs), including breast and cervical cancers is high. According to the UNDAF, despite the large overall numbers of health professionals, they are very unevenly distributed across the country and across health specialties and there are recruitment challenges for health workers in rural areas and in primary health care, contrasted with over-capacity in the cities and hospitals.

From the 1<sup>st</sup> CP through the 2<sup>nd</sup> CP UNFPA has supported the development of SRH strategies and plans, and family planning models, however, these have not gained acceptance, despite extensive vetting and use of international expertise according to the planned outputs by the CO. (Please see the Effectiveness section for further discussion.) Most 2<sup>nd</sup> programme indicators focus on guidelines and strategies for strengthening the overall health system delivery standards and maternal mortality surveillance in cooperation with WHO. Health system responses to gender based violence was included in capacity development for health practitioners. According to **key informants**, women who experience risky pregnancies and deliveries are likely to be suffering from extra-genital issues, such as diabetes, high blood pressure, and obesity, which may be countered through better long term health care and advice. Although an entry point for UNFPA, the focusing of UNFPA resources on the national health system has not made strong connections with those left furthest behind. The use of YFHS for sexual and reproductive health advice is still low and the key populations face stigmas in accessing the national health services. (See further discussion in the SRHR section.)

While the **reproductive rights of people with disabilities** (PWD) have received support through various UNFPA and other advocacy interventions considerably more attention is required to meet their needs. According to **key informants**, adolescents with disabilities suffer when their families cannot find SRHR services appropriate for them, and this topic is very difficult to launch with the healthcare system or academia. There is clear need to uphold the rights of PWD in respect to potentially serious situations of violence toward them, particularly those with mental disabilities, and potential sexual abuse. Since there is a great deal of sensitivity, the relevant entry points need to be determined, and the coordinated consultative efforts of bodies such as the UN are needed to promote political inclusion of the PWD, along with a toolkit for practitioners for their support.

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

**Population Dynamics relevance.** The changing demographics in Belarus are of major concern to the government policy makers as there are indications of impending economic implications. Through capacity development outputs for the data collection and analysis stakeholders, UNFPA contributes to national and international interests for collection and dissemination of high quality data. The Roadmap for SDG Implementation (2018) reviews critical instruments that support SDG achievement through the national development institutions, processes and systems particularly: The role of the National Statistical Committee and whole of government approach in data collection to monitor SDG progress and the importance of an effective national review process that would entail inclusive national policy dialogue, and mutual accountability among the various stakeholders. According to some **key informants**, PD is an entry point for UNFPA which can serve to inform decision makers while strengthening databases and accessible data analysis. The most vulnerable groups identified through studies, such as the elderly and PWD can thus be highlighted for further attention and support. The rapid ageing of the population and the expected dynamics are described in the Road Map on Mainstreaming Ageing (UNECE, 2019) which offers recommendations that may be supportive in the design and implementation of the Action Plan for the National Strategy for Active Ageing.

**EQ2. To what extent are the objectives of the programmes, aligned with the national priorities and policies and the UNDAF?**

**Indicators:**

1. Extent to which objectives and strategies of each programmatic area were adjusted and are consistent with relevant national and sectorial policies
2. The objectives and strategies of the CP and the Annual Work Plans are in line with the goals and priorities set in the UNDAF
3. The CP sets out relevant goals, objectives and interventions to develop national capacities
4. Extent to which Regional exchange of expertise has been mainstreamed
5. Extent to which gender equality and women's empowerment have been mainstreamed

**Consistency with relevant national and sectorial policies.** According to the Belarus Country Office (CO), all UN projects and programmes in partnership with the government of Belarus, are conducted based on request of the government agencies. As an Upper Middle Income Country, Belarus has access to substantial resources and generally seeks strategic, policy development, and technical assistance. Partners are mainly the Ministry of Health, Ministry of Labor and Social Protection (MoLSP), the National Statistical Organization (BELSTAT), and the Ministry of Internal Affairs (MIA, i.e. law enforcement). Other ministries such as the Ministry of Economy and the Ministry of Foreign Affairs are also involved in securing approval for programmes and projects.

For the Country Programmes, challenges in alignment with national priorities included the following identified by **key informants**, highlighting difficulties in negotiating a pathway to meet the needs expressed by various government partners. In this case, the government reticence to support the sexual and reproductive health strategy, the family planning model, and the law on Domestic Violence represent a set-back for promoting the ICPD @25 and the Minsk declaration (a life course approach, WHO, 2015) and for the image of UNFPA in Belarus.

1. The stated government strategy is to increase the fertility rate for enhancing demographic security while the requested MoH objectives for UNFPA support include developing a family planning strategy that highlights women's rights to choose the number of children they will have and when.
2. The government highlighted supporting family values which aims to secure the family unit, while the MIA and the MoLSP are working to enforce the rights of women, children and men to speak out and to find solutions to situations of domestic and gender based violence which includes sexual violence.

The UN supported **Roadmap for Achievement of the SDGs (2018)** is a result of a Mainstreaming Acceleration and Policy Support (MAPS) and included UNFPA mission members among others from the UN. Given the successes of Belarus in developing improved outcomes in the first decade of life (e.g. reduction of infant and under five mortalities and maternal mortality), "*a key issue for the country to tackle now are the trends putting those successes at risk during adolescence and youth*". This aligns well with the identification by the UNDAF and UNFPA Country Programmes of adolescents and youth as among the most vulnerable groups. The Roadmap outlines four accelerator platforms which, if

implemented, can help drive progress in or remove bottlenecks to development results in order to deliver transformative benefits across multiple SDGs. These platforms are: 1. Green transition for inclusive and sustainable growth; 2. Future generation orientation; 3. Digital transformation and social innovation; and, 4. Gender equitable society.

**In terms of UNDAF alignment,** the development of the UNDAF is the result of a consultative process led by the UN Resident Coordinator. The UNDAF (2016-2020) is currently undergoing evaluation. UNFPA was meant to contribute to UNDAF (2016-2020) results according to the result framework, in terms of funding allocated. The outcomes have been aligned with the UNFPA objectives in the 1<sup>st</sup> and 2<sup>nd</sup> CP. Expected contributions to the 2016-2020 UNDAF are based on the original UNDAF document, (2015) and actual contributions would depend on the degree of success in obtaining funding and any changes that were made in implementation plans.

To avoid lack of clarity between the UNDAF and UNFPA outputs and outcomes, in the future a running tally of contributions, as well as any alterations in planning from the UNDAF expected inputs and outputs should be kept on record. UNFPA is expected to bring in lessons from the UNDAF evaluation that are considered in the next CP design, as well as to share UNFPA lessons with the UNDAF planning process. The reporting on the joint progress toward the UNDAF results should be kept in an accessible database. The UNDAF Annual progress reports are not available on the internet and evidence of the monitoring of the UNDAF is not found in reports provided to the evaluation team. As per the UNDAF monitoring schedule shown on the matrix below, UNFPA was not able to achieve a number of planned activities, while documentation to provide evidence for others is not available.

**Table 5. UNDAF (2016-2020) Monitoring and Evaluation Calendar**

Year	UNFPA Expected Contribution	Actual; Comments
2016	Time Budget Survey (UNFPA and UNICEF)	Achieved (see PD section)
2016	Market Segment Survey	Not achieved, due to lack of government support, see SRHR section
2016	Family formation, stability of family relationships of Belarusians and fertility in changing socio-economic living conditions' (Joint project of UNICEF and UNFPA)	There were no projects or reports
2016	Survey on reproductive health and family planning (UNFPA and UNICEF)	This survey was not completed
2016	UNFPA-UNICEF work on capacity development of the National Statistical Committee	Extensive contributions; See PD section
2016	UNFPA work on capacity development in the areas of Reproductive health, Gender-based violence/domestic violence, demography, gender equality	Extensive contributions; See relevant sections of this report
2017	Images survey (UNFPA)	Not carried out
2017	UNFPA work on capacity development in the areas of Reproductive health, Gender-based violence/domestic violence, demography, gender equality	See relevant sections of this report
2018	Gender and generation survey (UNFPA)	See PD Section for complete description
2018	UNFPA work on capacity development in the areas of Reproductive health, Gender-based violence/domestic violence, demography, gender equality	See relevant sections of this report

2019	Final Evaluation CP Evaluation (UNFPA)	In process
2019	CENSUS (National Statistical Committee and UNFPA)	In process

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

The examples of **South-South or triangular cooperation** (as per the COARs) are as follows:

- (2014) The experience of the COs in neighboring countries has been taken into serious consideration. A programme aiming at supporting the implementation of the National programme of Demographic security of the Republic of Belarus has been developed and financial agreement was signed between the Russian Federation and the UNFPA in 2014. As a result of that planned cooperation Belarus and Russia will pursue national capacity of government and academia development through exchange of knowledge, skills, technical know-how.
- (2018) Participated in UNECE Regional Conference on IPCD@25 in Geneva, 1-2 October. Minister of LSP of Republic of Belarus was a Chairperson at the Conference. Ensured integrated participation of PWD as a speaker at global level.

In addition to the three EECARO advisors visits described elsewhere (HIV, SRH and M&E), the Regional Office contributed as follows:

- (2014) RO assisted the CO in negotiations for resource mobilization with Russian Federation. The CO staff participated in a number of regional meetings which increased their knowledge and capacity.
- (2016) Number of civil society organisations who jointed EECARO MENENGAGE Network (5)

**EQ3. To what extent are the objectives of the programmes aligned with the UNFPA strategic plans (2012-17 & 2018-21) in particular goals, principles, and programme mode of engagement?**

**Indicators:**

1. ICPD goals are reflected in the CPs and programmatic area interventions
2. Alignment of the UNFPA Belarus Country Programme to the goals, principles, and mode of engagement of the UNFPA Strategic Plans (2012-2017) and (2018-2021)

Alignment with the UNFPA strategic plan has the following five **dimensions**. According to the EECA Regional Office, all country program documents were internally assessed and confirmed before submission, however, the evaluation examined how these dimensions were applied during program implementation.

- 1. National Needs & Priorities (program identifies and addresses national development needs, challenges and priorities).** Please see discussion for EQ 2 above.
- 2. Agenda 2030 and Leaving no one Behind (program identifies and addresses inequalities and discrimination of access to SRHR information and services and of gender) and contributes to the achievement of the SDGs.**

The United Nations approach to “leaving no one behind” not only entails reaching the poorest of the poor, but also seeks to combat discrimination and rising inequalities within and amongst countries, and their root causes. This is grounded in the UN’s normative standards, including the principles of equality

and non-discrimination that are foundational principles of the Charter of the United Nations, international human rights law and national legal systems across the world.<sup>71</sup>

In 2016 following the 'UN 70 Belarus Express for SDGs' initiative held in October 2015 and 'Inclusive Belarus' campaign held in November-December 2015 in Minsk, the United Nations in Belarus launched a nationwide 'Inclusive Belarus: Leaving No One Behind in Reaching Sustainable Development Goals' regional advocacy campaign focused on SDG 10: Reduced Inequalities. The campaign was launched from October 24 (UN Day) until December 10, 2016 (International Migrants Day) by the UN, the Government, NGOs, business and the international community.

The **Inclusive Belarus Advocacy Campaign** promotes the continuation of the ambitious Sustainable Development Goals (SDGs) journey as well as United Nations Development Framework (UNDAF) implementation in Belarus. The UNDAF 2016-2020 revolves around a number of thematic fields that closely correlate with the new Agenda for Sustainable Development: good governance, economic development, environment, and sustainable human capital. These areas have also been aligned to the priorities included in the National Strategy for Sustainable Socio-Economic Development of Belarus until 2030.<sup>72</sup>

Positive steps have been taken in Belarus to improve inclusion and quality of life of people with disabilities. The UN Convention on the Rights of Persons with Disabilities was ratified in 2016 and in June 2017, the Belarusian government adopted the National Plan on implementation of the Convention of the Rights of People with Disabilities.<sup>73</sup> In 2018, the first national report on the Convention implementation was developed by the Supreme Court, the National Statistics Committee, the Central Election Commission, public associations of persons with disabilities, and the human rights educational institution "Office on the Rights of People with Disabilities".<sup>74</sup>

### **3. UN System-wide Results: Consistent with the common chapter approach of the Strategic Plan, 2018-2021, especially demonstrating UN system-wide coherence and the ability to plan, deliver and achieve quality programs and results together.**

System-wide coherence of the UN system in Belarus has been demonstrated through the collaborative development of the two UNDAFs relevant to the UNFPA CPs. Under the direction of the Resident Coordinator, the UN agencies strive to deliver common messages and put energy toward joint advocacy. The major joint programme, the BELMED (2014-2019), involving UNFPA, which was a minor actor compared to WHO, UNICEF and UNDP, receiving approximately 5% of funding from the EU (Euro 4 million), was a demonstration of joint planning. However, delivery and quality was strained by the varying approaches and mandates and ways of doing business among the involved agencies, indicating that system-wide coherence requires more effort. (See further discussion below under EQ 4.1 in SRHR section.)

### **4. UNFPA Transformative Results: Given UNFPA commitment to transformative results, the evaluation considers how the programmes align to advance these results in a national context and assess program contributions to achieving, at least, one of the three results.**

The UNFPA Strategic Plan (2018-2021) is the first of three UNFPA strategic plans which aims to reach the SDGs by 2030. The plan focuses on achievement of three main transformative results to address the ICPD priorities: 1) to end preventable maternal mortality; 2) to end gender based violence and harmful practices; and, 3) to end the unmet need for family planning. In Belarus, UNFPA has contributed through the 1<sup>st</sup> Country Programme, in addition to efforts since 1999, to nearly achieving one of the three results - to end maternal mortality - which for Belarus was 2/100,000 in 2019, and one of the lowest in the world.

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<sup>71</sup>[https://sustainabledevelopment.un.org/content/documents/2754713\\_July\\_PM\\_2\\_Leaving\\_no\\_one\\_behind\\_Summary\\_from\\_UN\\_Committee\\_for\\_Development\\_Policy.pdf](https://sustainabledevelopment.un.org/content/documents/2754713_July_PM_2_Leaving_no_one_behind_Summary_from_UN_Committee_for_Development_Policy.pdf) <https://undg.org/wp-content/uploads/2019/04/Interim-Draft-Operational-Guide-on-LNOB-for-UNCTs.pdf>

<sup>72</sup><http://www.by.undp.org/content/belarus/en/home/presscenter/Events/2016/12/01/InclusiveBelaruscampaign.html>

<sup>73</sup> <http://www.mintrud.gov.by/system/extensions/spaw/uploads/files/Post.-SM-RB-natsplan-dejstvuj-po-invalidam.pdf>

<sup>74</sup> [https://www.belarus.by/en/press-center/speeches-and-interviews/progress-in-implementing-convention-on-rights-of-persons-with-disabilities-in-belarus\\_i\\_88590.html](https://www.belarus.by/en/press-center/speeches-and-interviews/progress-in-implementing-convention-on-rights-of-persons-with-disabilities-in-belarus_i_88590.html)

Overall, Belarus is making significant progress toward achievement of the SDGs. Belarus has developed a road map to achievement of the SDGs in 2017.<sup>75</sup> The country has achieved a ranking of 23 out of 162 in progress toward achievement of the SDGs.<sup>76</sup> The most relevant to the ICPD goals are SDGs 3, 4, and 5.<sup>77</sup>

**SDG 3 – Good Health and Well Being – overall achievement score 81.7.** Maternal mortality Indicator: 2/100,000. This was achieved in 2019. Between 1996 and 2015, maternal mortality ratio of Belarus was declining at a moderate rate from 32 deaths per 100,000 live births in 1996 to 4 deaths per 100,000 live births in 2015.<sup>78</sup>

**SDG 4 – Quality Education – overall achievement score 96.8.** There is no data available for all of the relevant subgoals to the areas of key concern to UNFPA, particularly gender disaggregated data.

**SDG 5 - Gender Equality – overall achievement score – 78.0.** Demand for family planning satisfied by modern methods (% women married or in unions, ages 15-49) Indicator: 74.2 - The satisfied demand for family planning is 74 in 2012 and Belarus is on track to meet this goal. Unfortunately, the progress in ending gender based violence is unclear but far from being achieved. As discussed below, data is lacking on the SDG goal set by Belarus.

**SDG 5 Subgoal 2 – Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.** The Belarusian government identified 2 main indicators:<sup>79</sup>

Table 2: SDG 5 Subgoal 2 Indicators for Belarus

Global indicator (baseline)	National indicator
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	5.2.1.1 Proportion of women subjected by their husbands/partners to domestic violence in any form (physical, psychological, economic or sexual) (percent)
5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence -	5.2.2.1 Proportion of women and girls aged 15 years and older subjected to sexual violence in the previous 12 months (percent)

According to Our World In Data, the proportion of women who experienced physical or sexual violence by an intimate partner in Belarus decreased from 20,36% in 2010 to 18,56 in 2016.<sup>80</sup> The national SDG platform lacks official data on SDG 5 Subgoal 2 Indicator 5.2.1 since 2011. Data on Indicator 5.2.2 shows an increase of proportion of women and girls aged 15 years and older subjected to sexual violence from 0,004 in 2010 to 0,008 in 2018.<sup>81</sup>

**5. Business Model: UNFPA engagements in middle-income countries (MICs) require a more strategic approach to working, particularly deploying appropriate modes of engagement, taking advantage of partnerships and other opportunities, to advance the program agenda.**

According to the Country Programme Document (2015) and in line with the UNFPA business model, the programme in Belarus, an upper middle-income country, has shifted to advocacy and upstream policy support. The programme will work on a transformative development agenda that is universal, inclusive, human rights based, integrated and anchored in the principles of equality. Key programming

<sup>75</sup> [https://www.impactinvestment.by/doc/Roadmap\\_inBelarus\\_ENG.pdf](https://www.impactinvestment.by/doc/Roadmap_inBelarus_ENG.pdf)

<sup>76</sup> <https://dashboards.sdginde.org/#/BLR>

<sup>77</sup> [https://www.unfpa.org/sites/default/files/event](https://www.unfpa.org/sites/default/files/event%20pdf/UNFPA_Strategic_Plan_and_Change_Management_29_August.pdf) pdf/UNFPA\_Strategic\_Plan\_and\_Change\_Management\_29\_August.pdf

<sup>78</sup> Index Mundi

<sup>79</sup> [http://www.belstat.gov.by/ofitsialnaya-statistika/SDG/Naz\\_perechen\\_pokas\\_SDG/tsel-5/](http://www.belstat.gov.by/ofitsialnaya-statistika/SDG/Naz_perechen_pokas_SDG/tsel-5/)

<sup>80</sup> <https://ourworldindata.org/grapher/women-violence-by-an-intimate-partner?tab=chart&time=1990..2016&country=BLR>

<sup>81</sup> <http://sdgplatform.belstat.gov.by/sites/belstatfront/target.html>

strategies include advocacy; policy dialogue and advice; generating evidence for policy development. As per the business model, the Belarus country program should include knowledge management, advocacy and partnership as mode of engagement and should not have any service delivery interventions.

While it is noted that the UNFPA Strategic Plan does not offer detailed guidance on its operations in the MICs, there are clear indications that coordination and triangular cooperation; and positioning the organization as a thought-leader are critical for the MICs, to lend support to other countries to find solutions and achieve results.<sup>82</sup> As a “pink” country, Belarus, will receive a smaller share of core resources, while having a relatively large population of concern.

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<sup>82</sup> [https://www.unfpa.org/sites/default/files/admin-resource/UNFPA\\_strategic\\_plan\\_2018-2021.\\_Annex\\_4\\_-\\_Business\\_model\\_-\\_FINAL\\_-\\_24Jul17.pdf](https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_strategic_plan_2018-2021._Annex_4_-_Business_model_-_FINAL_-_24Jul17.pdf)

## 4.2 Effectiveness

**EQ4. To what extent have the intended programme outputs<sup>83</sup> been achieved? To what extent did the outputs contribute to the achievement of the planned outcomes (i) increased utilization of integrated SRH Services by those furthest behind, (ii) increased the access of young people to quality SRH services and sexuality education, (iii) mainstreaming of provisions to advance gender equality, and (iv) developing of evidence-based national population policies?**

**Sexual and Reproductive Health and Rights Summary.** UNFPA has effectively contributed to strengthening the capacity of health specialists through training, study tours and collaboration toward the acceptance of international standards, including national protocols on obstetrics and gynecology. Two key national plans upholding sexual and reproductive rights, the national strategy on reproductive health and the family planning model have not been approved despite strong consultative efforts of UNFPA over several years. Regional sharing of expertise has contributed to stronger theory and practice by the Ministry of Health and related academic institutions, including strengthening the health system response to gender based violence. Challenges have included resistance from the health practitioners to using international standards in practice and opposition from faith-based organizations to family planning issues.

The maternal mortality surveillance system, including the near miss case review, has been institutionalized and piloted in selected facilities; and there is evidence that monitoring of antenatal visits has improved in the oblasts. Preventive measures regarding the general health of women require greater focus particularly for non-communicable diseases as a contributing factor to maternal mortality. There is evidence that NGO/CSO partner interventions have resulted in increased utilization of sexual and reproductive health services targeted for key populations but they still face discrimination. Strong collaboration with the Ministry of Health indicates continuing work toward the transformative goals, prevention of sexually transmitted infections, and focus on messages to the male population.

UNFPA has engaged with private partners in order to realize gains in SRHR, some replicated from UNFPA pilot projects with partners. These included the global FLO Health application for surveys and data analysis, and multi-agency outputs for supporting services for persons with disabilities. UNFPA support to adolescents and youth has contributed to strengthening peer to peer counselling through training and regional experience sharing, as well as Comprehensive Sexuality Education in schools, both with limited recorded outcomes. The youth friendly health services is limited in usage and scope and there is little evidence of reaching key populations.

**EQ4.1 To what extent did the outputs contribute to the achievement of the planned outcomes – increased utilization of integrated SRH services by those furthest behind?**

The **Sexual and Reproductive Health and Rights programmatic area** in the 1<sup>st</sup> Country Programme (2011-2015) and the 2<sup>nd</sup> Country Programme (2016-2020) was based on the identified needs. These included rapidly rising morbidity rates and spread of chronic diseases; the deficit of general practitioners among the surplus of specialist doctors; deterioration in women's health; lack of reliable data on contraceptive prevalence; low usage of reproductive health services by youth; and no standards for SRHR integrated into the education systems.

In addition to government resources, UNFPA financial contribution to the 1<sup>st</sup> CP SRHR totalled \$900,000 (regular resources: \$700,000; other resources \$200,000). The UNFPA financial contribution to the 2<sup>nd</sup> CP SRHR totalled \$900,000 (Regular resources: \$600,000; Other resources: \$300,000). Other resources were contributed by UNFPA 90, Sida, the EU, and UBRAF.

<sup>83</sup> There is a high likelihood of additional outputs planned and/or achieved by the programme which are not included in the Country Programme Document due to page and word limitations. The evaluation team will assess all outputs delivered by the programme.

The main objective was/is: ***The reproductive health needs of the population are addressed in national and sectoral policies and programmes.*** The overarching impact aimed for: *Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and the MDG 5.* (Please see the Theory of Change diagrams for the 1<sup>st</sup> CP and the 2<sup>nd</sup> CP SRH interventions in the annexes.)

Both the 1<sup>st</sup> CP and the 2<sup>nd</sup> CP shared similar outcome and output areas that are cross cutting to support human rights and leaving no one behind.

**SRHR outcome: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.**

**Output 1:** *Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups*

**Aligned with the UNFPA Strategic Plan: Output 4:** Improved capacity of national and regional health system policy makers to develop evidence based national health policies and plans with integrated SRH services

**Output 6:** Strengthened national capacity to design and implement comprehensive age specific reproductive health education and information programmes.

Table 7. Sexual and Reproductive Health and Rights - Strengthened Policy and National Institutional Capacity: Output Indicators and Milestones

Output Indicators: Target Achievements Sexual and Reproductive Health and Rights			
Output 1: <i>Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups</i>			
Indicator	Baseline	Target	End line data or Milestones
Cost integrated national sexual and reproductive health plan exists	No	Yes	Since 2014 – the draft plan exists but is not adopted 2019 – the costed plan is not yet available
National training curriculum for GPs and doctors assistants includes a component on SRH at international standards	No (2015)	Yes (2016, 2018)	Training module on sexual and reproductive health for GPs was developed and adopted by national institutions – 2018
Number of health specialists with enhanced capacities to develop and integrate policies and plans with SRH services	33 (2015)	63(2016)	In 2014, 33 specialists were trained who could be effective at imparting knowledge, 65 were reached in 2016
Number of health specialists participated in study visit on FP		24 (2017)	12 participated in 2017; Study visit to Estonia and follow up.
National family planning model drafted	No (2016)	Yes (2017)	The model was drafted in 2015 but vetted and improved in 2017; In 2018, approval is delayed due to transitional stage of healthcare model and planned shift to the primary care.
Number of health specialists with knowledge and skills on SRH and maternal health services	0(2016)	125 (2017)	The target was exceeded at 130 in 2017; 50 GPs trained on SRH and safe maternity (2018)
Number of national guidelines and protocols in OB/GYN are compliant with WHO and international standards	1 (2016) 2 (2017)	2 (2018)	One completed 2016; Two chapters of national protocols were revised and aligned with international standards/recommendations - 2018

National strategy on RH is revised and approved	No (2017)	Yes (2018)	National strategy on Reproductive Health is delayed due to lack of consensus on sensitive issues related to sexual health. The MoH planned open discussion of the Strategy in 2019.
Number of health care providers trained on advanced SRH, maternal health and family planning services	0 (2017)	130 (2018)	140 Health care providers, including GPs, OB/GYN, midwives and nurses were trained on SRH, maternal health and FP (2018); Seminar held on SRH care of elderly
Maternal mortality surveillance and response system operational at national and regional levels	No (2017)	No (2018)	Maternal mortality surveillance system has been institutionalized and piloted in selected facilities; Near Miss pilot teams using Near Miss review methodology - in 2018

**Output 1: Strengthened policy and national institutional capacity to deliver integrated sexual reproductive health information and services (including family planning, cervical cancer prevention and HIV), with a focus on vulnerable groups**

**National sexual and reproductive health strategy and family planning model.** The national strategy has been in draft form since 2014 but its adoption has been repeatedly delayed. The Ministry of Health (MoH) has continuously requested and received UNFPA support for international expertise to improve the draft strategy, as well as with further advocacy work for its adoption. However, during the 1<sup>st</sup> Country Programme, the MoH faced continuing challenges to place a priority on increasing the demand for modern contraceptives, and there were limited efforts to improve the quality of family planning services. The challenges included perceptions by decision makers that family planning objectives were partially contradicting the national demographic security strategy which aims to increase the fertility rate.<sup>84</sup>

A number of recommendations to strengthen efforts for a national plan agreed with the MoH emanated from a UNFPA-supported situation report on sexual and reproductive health in Belarus in 2014. However, discussions regarding a possible market segmentation survey and other means to increase demand for modern contraceptives did not make substantial progress. UNFPA strategized to increase its interventions in family planning and use it as an entry point for changing the mentality that family planning measures are in opposition to national demographic security. In 2015, a **family planning model** was drafted by MoH specialists for the review by internal stakeholders. UNFPA expertise was requested in 2017 followed by study visit to Estonia supported by UNFPA together with the EU Delegation in Belarus that aimed at providing experience and best practice sharing. In 2018, the model was still not approved and the scope of responsibility of general practitioners (GPs) and other primary care physicians needed to be defined clearly to align the model, and the discussion was resumed in 2019.<sup>85</sup>

**Key informant interviews** conducted in Minsk, Kobrin, Brest, Gomel, and Slavgorod, indicated that the challenges in securing a rights based family planning model include mixed messages and practices. Interviews indicated that contraceptives are widely available for those who can purchase them, thus respect for the woman’s right to choose when she will have children may be largely a matter of attitude and behavior changes but likely influenced by economic realities. Key informants noted the preferred reliance of couples on abortion to address unwanted pregnancies as opposed to birth control pills which are less preferred. Research cited by a medical doctor interviewed indicated that 40% of abortions in Belarus are determined by the male partner – there is pre-abortion counselling and a three day waiting period which has reportedly had some impact on reduction of abortions.

Government incentives for having children are attractive especially for poor rural residents, who may decide to have children to receive the benefits.<sup>86</sup> Women who are well off may more easily exercise

<sup>84</sup> Country Office Annual Report, 2014.

<sup>85</sup> Country Office Annual Reports, 2015, 2016, 2017, 2018.

<sup>86</sup> Currently, Belarus provides incentives for families with children, such as paid parental leave until the child reaches the age of 3; families with more than two children are offered a special queue to get an apartment from the public housing; special mortgage rates; discount rates for electricity and water; council contributions; an extra day off during the working week; free food for kids in school cafes and 50% discount off fees for kindergartens, among others. For the birth of the third and subsequent children parents are paid \$10,000 cash into a special fund.

their rights to choose and government rewards are likely to be most attractive to the poorest. Infertility is also being addressed by the state with a moderate degree of success.<sup>87</sup>

UNFPA has engaged with a number of **private and public partners** in order to realize incremental gains in SRHR, some based on UNFPA pilot projects with partners. For example, Parent Smart is one spin-off which was based on Swedish methodology to encourage couples to have children through various support mechanisms. While it was initially a training programme, the idea turned into a more holistic approach by the global compact of charity organizations, including 10-15 companies which organized capacity building events, including a tour to Sweden, indicating the value of local implementers in the face of scarce funding for SRHR.

The **FLO Health application**, which tracks data on women's sexual and reproductive health through user interfaces, has been instrumental in sharing and analysing survey data with UNFPA regionally and nationally, in cooperation with the MoH. A private company started in Minsk and now global and regional, FLO products include information campaigns, research on contraceptive behaviour, and supporting public events for awareness raising. FLO has significantly increased its audience and active usage of the website. The UNFPA relationship with FLO has been mutually productive and its potential for reaching more adolescents and youth with SRH information should be tapped. For outputs during the remainder of the CP, FLO requires finalization of the questionnaires for two surveys on contraception and cervical cancer and for agreement with the RO to develop and agree with FLO on the plan for survey timeframes, as well as the sample, data analyses, and dissemination of the survey outcomes at the national, regional and global levels.<sup>88</sup>

UNFPA has supported the **sexual and reproductive rights of persons with disabilities (PWD)**, largely through advocacy and consultations. As per the 2016 COAR, in 2016, UNFPA submitted two project proposals to donors on the access of people with disabilities to SRH services, however funding was not received. According to **key informants** and as mentioned in the relevance section, teenagers and adolescents with disabilities particularly suffer when families cannot find services to address the sexual behavior of their children with disabilities. The needs include consultations for mental health issues, sexual education for PWD and access to appropriate SRHR services. At least three private organizations have been active in securing funding to provide gynecological chairs for women with disabilities, emanating from a pilot by UNFPA and now jointly implemented for scale up by Ulej crowdfunding, FLO Health and the Dobra Foundation. The UNFPA Executive Director also donated a chair on behalf of UNFPA during her visit in December 2019.

**Capacities of health specialists to integrate policies and protocols within SRH services.** According to the Country Office Annual Report (2014), to help address the sensitive issues nationally, MoH staff participated in some regional capacity strengthening activities, such as the "Policy Advocacy for Total Market Approach for Family Planning" (Turkey); and, the WHO/UNFPA Workshop on "Standards and Laboratory Quality Control for RH Products" (Azerbaijan). Subsequently, the MoH staff introduced some internationally accepted standards into their work, and supported the integration of the "Strengthening Health System Responses to Gender-based Violence in EECA Region" resource package to the curriculum of the post-education institutions.

Complexity and unnecessary procedures for normal delivery without pathologies existed in health establishments as well as need to familiarize health specialists with latest international developments in maternal and perinatal care. In 2015, capacities were strengthened by having access to international expertise in SRH including trainings in clinical protocols' revision, a study visit on integration of SRH services into work of general practitioners, and a revision of a protocol on physiological delivery.

In 2016, capacities (including communications and information interventions) were developed and strengthened by means of provision of international support and expertise. Capacity development took place on the methodology of the development and revision of clinical protocols and standards; implementation of WHO methodology for monitoring of perinatal services (i.e. Near-miss case review) in three pilot institutions; development of content and curriculum for formal education of primary care

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<sup>87</sup> Key informant interviews conducted 26 August to 6 September, 2019 Minsk, Brest, Mogilev, and Gomel oblasts

<sup>88</sup> Key informant interviews and Travel Report Summary, Minsk 2019, Tamar Khomasuridze, SRH Advisor, EECARO, April 5, 2019

professionals in sexual and reproductive health and family planning in the Belarusian Medical Academy of Postgraduate Education.

According to the COARs (2013, 2014, 2015) the **key challenges** in reaching those most vulnerable and left behind, identified in the 1<sup>st</sup> CP centered largely on the limited readiness by health specialists all over the country to accept international standards and practices into their working routine. More efforts were needed to follow up the use of international standards in maternal and perinatal care and to strengthen the role of nurses and midwives in planning and assessment of SRH services and Family Planning. The shift from solely qualitative indicators of health care services towards combination of qualitative and quantitative indicators needed to be promoted and strengthened; and an interdisciplinary approach to health care issues was important to strengthen among decision makers. These issues were further addressed in the 2<sup>nd</sup> CP (2016, 2017, 2018). **Key informants** (i.e. health practitioners) in the oblasts indicated that they had participated in training and exercises for adaptation of standards, mainly held in Minsk. Limited discussions with health practitioners in the oblasts noted that greater focus was being placed on staffing for primary health care and monitoring the number of actual prenatal visits of the nine recommended.

**Key informants** note the rise in cervical cancer as a major concern (reportedly 300 deaths/year), with the most vulnerable needing to be sought out for testing sometimes by practitioners themselves walking through the communities (e.g. in Gomel and Mogilev oblasts which are in close proximity to radiation from Chernobyl), which resulted in a large number of women being referred for further testing, partly due to use of older and less precise detection methods. The modern approach would consist of liquid cytology testing for the human papilloma virus (HPV), which would be the most cost effective preventive measure.

In the 2<sup>nd</sup> **Country Programme**, there have been a number of achievements both within the national system of health care, and the NGO and CSO supported network which tends to be targeted to particularly vulnerable groups and key populations. In 2016-2017, in the national health care system, a new approach in monitoring and improving of quality of Obstetrics care was institutionalised, and the Near-Miss Case Review methodology was being implemented on a national level. A National Coordinator for case review was appointed and new teaching and studying techniques approved by WHO/UNFPA were presented and pilot trainings on an effective perinatal care package were conducted for the relevant institutions. In 2018, the **capacity** of the national healthcare system was further increased through knowledge management training interventions and policy improvement. Some important changes in clinical protocols, standards and approaches took place.

**Key informant interviews** indicate that in terms of maternal mortality, the health of the mother is critical, and that many near misses or mortalities are rooted in the “extragenital pathogens” which are basic health issues in Belarus, such as diabetes, cardio-vascular disease, high blood pressure, obesity, poor nutrition, and alcoholism, among others. This would confirm the current focus on the prevention of NCDs and the need to focus on the period of development of the fetus and health of the mother up to delivery rather than only the delivery itself. Medical personnel interviewed described the audit procedure, there is a form for health history and sequence of events which goes to a central committee. The basic issues for pre-natal support are lack of qualified health system staff and case based treatment. There are also many non-medical determinants of a successful pregnancy and delivery such as social behaviour and family support issues. Psychological preparation for the mother is critical, further emphasizing the importance of the pre-natal visits.

The **BELMED** is a joint programme (value Euro 4.1 million) supported by the EU and implemented by UNICEF, UNDP, WHO and UNFPA from 2016-2019. Most of BELMED Project activities are part of the State Programme “People’s health and demographic security of the Republic of Belarus for 2016-2020”, which has been approved by the Council of Ministers of the Republic of Belarus on 14 March 2016. In particular, BELMED contributes to the implementation of its two subprograms “Prevention and control of NCDs” and “Family and Childhood.”

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

- **The program of intensive on job training for national specialists in mammography.** A second national specialist-radiologist who is responsible for quality assurance reviewing of mammography from the Republican Scientific Practical Centre of Oncology and Medical Radiology participated in a two-week observership training at the St. George's Breast Education (London, UK). The training was specifically designed for Belarusian specialists to ensure the quality assurance process for reading mammograms at the pilot sites of a government breast cancer screening project.
- **Capacity of national specialists epidemiologists has been enhanced during a two-day workshop** "Epidemiologic aspects of breast cancer screening" conducted by WHO in collaboration with International Agency for Research on Cancer in Minsk. Forty national participants got acquainted with the methods of analyses for performance and quality assurance of the breast cancer screening and had practical exercises with the datasets on breast cancer screening.
- Based on the results of a sociologic survey and demographic data analysis, **the drafts of the informational materials on breast cancer screening for the target audience (including the leaflets for the patients, posters, invitation letters, letters informing on the results of the breast cancer screening)** has been developed and distributed with technical support of UNFPA. The templates of the informational materials for the patients (informational letters and standard letters on the results of the screening) will be integrated in the electronic register of breast cancer screening.

In the 2<sup>nd</sup> CP, the following challenges (and potential approaches toward solutions) were noted both in the COARs and by the **key informants**.

- **National standards on maternal health are still not fully aligned with international standards** and recommendations. A comprehensive analysis and accurate planning for the collaboration with MoH is crucial. Audit methodologies need to be addressed on systematic level, including a facilities approach.
- **National family planning model approval was postponed** due to lack of clarity of responsibility of healthcare providers in transition for the primary care model. Low capacity of professional associations of the maternal care specialists and other relevant civil society groups is cited as an issue. Collaboration with WHO in work on approach to standardization and education is important.
- **Strong and vocal opposition from religious and faith-based organisations** is noted against the human-rights approach and family planning issues. There is further activation of the pro-life and religious organisations trying to penetrate the health provision system regarding SRH issues, and trying to introduce for example prior to abortion consultations (abortion is legal in Belarus and provided by the state) by the religious organisations rather than medical staff. Negotiations with all stakeholders are needed, including the potential opposition.
- **A high level of bureaucracy in changing and implementing processes** is postponing achieving results, and due partly to centralisation in decision making processes. Closer interagency collaboration in promotion of SRHR could increase effectiveness of programmes and interventions. The role of regional (oblast) institutions and decentralisation of initiatives should be emphasised. Capacity building of professional associations and civil society is needed and their advocacy capacities should be further supported.

The March **2019 visit from the RO SRH advisor** requested by the CO produced many recommendations. Findings from the RO mission indicated that the SRHR programme in Belarus had been strengthened through increased advocacy in the 2<sup>nd</sup> Country Programme. For the long term (i.e. moving toward the 3<sup>rd</sup> Country Programme), the following was agreed regarding SRH support from EECARO to achieve the UNFPA transformative goals.

- **Zero preventable maternal deaths** - if the efforts are accelerated by both national and international players.
- **Zero unmet needs for family planning** – which needs to be strategized in conjunction with national demographic priorities and infertility, prevention of unintended pregnancies and STIs, due to lack of male oriented SRHR services, thus need to strengthen the focus on the male population.

Developments in early 2019 regarding the UNFPA relationship with the MoH included the following<sup>89</sup>:

- Affirmed commitment to accelerate the SRHR agenda in line with UNFPA transformative goals along with the cooperation details. A goal is to make Belarus a UNFPA partner in validating zero preventable maternal mortality, which is bolstered by the currently used maternal mortality surveillance systems and near miss review mechanisms and government willingness

<sup>89</sup> Travel Report Summary, Minsk 2019, Tamar Khomasuridze, SRH Advisor, EECARO, April 5, 2019

- Prevention of unintended pregnancies and STIs, and **focus on the male population**, are folded into zero unmet need for family planning
- A recently signed cooperation framework as a result of UNFPA advocacy
- The CO to incorporate the CPD key interventions and national programme actions to ensure follow-up to ensure that the planned outputs of the CPD are achieved
- Areas for national capacity building and institutionalization of EECARO's SRH trainings with national trainers are identified, and the regional key message products to be introduced to the national counterparts.
- WHO and UNFPA to share evidence and agree on key advocacy messages (see also coordination).

According to the trip report of the RO SRH Advisor (April 2019), the RO SRH team will prioritize the technical assistance (TA) to Belarus in line with CO requests. The synergies and cooperation opportunities have been worked out between the CO and RO, and the joint actions and linkages between the SRH and PD programmes discussed to strengthen UNFPA response to national priorities. The RO recommendations urged persistence in gaining approval for the national strategy and family planning model. Two national strategic draft documents on family planning and cervical cancer prevention were reviewed by the RO for revision of the documents. The recommendations included strengthening efforts in **resource mobilization** for SRHR programme areas as a key priority, including quality, institutional capacity building for Mother Child Health (MCH) and the prevention of cervical cancer.

### *UNFPA Belarus and Key Populations*

From the discussion and outputs matrix above, UNFPA's work with government health systems for SRHR and reports on milestones indicates slow progress in terms of strategies, policies (e.g. national sexual and reproductive strategy, national family planning model, national strategy for youth sexual and reproductive health) and practices in the medical profession due in a large part to the prevailing positions (i.e. on increasing fertility and retaining family values) of the central government. Support by NGOs and CSOs have bolstered the rights of key populations largely through their own fund raising, support by donors and UNFPA, UNICEF and UNAIDS. Some of the networks of the NGO and CSO partners have been established for many years and have grown substantially and they operate through service agreements with the MoH. The challenge is to bridge the gap between the government ministry led goals for developing the national health system and the needs for providing services to key populations who still face discrimination in the health system.

A **visit from a regional HIV advisor in 2016**<sup>90</sup> coincided with a joint UN mission team tracking congenital syphilis. (Note: Subsequent to this mission, the WHO formally approved the validation of Belarus as eliminating the mother to child transmission of HIV and congenital syphilis.) It was noted in the regional mission report that in the past five years (2011-2016), "UNFPA had not engaged in the HIV response in any meaningful way". Through meetings held during the mission, it was agreed between the RO and CO, in addition to the UNDP and the UNAIDS Country Teams, that UNFPA would commence working in the 2<sup>nd</sup> Country Programme on HIV with particular focus areas: 1) women in the sex business; 2) women who use drugs especially those who sell sex; 3) transgender people; 4) men who have sex with men (MSM); and, 5) overall prevention of HIV. Specifically:

- Since 70% of MSM (of the estimated 60,000 MSM in Belarus) are married or have girlfriends, a high nuanced programme is required such that primary health care providers are aware of this socially constructed bi-sexuality.
- UNFPA should partner with Positive Movement, an EHRN member, since there is a 40% HIV prevalence among people who inject drugs (estimated 75,000 in Belarus and only 1,000 on methadone treatment) in parts of Belarus, and women who inject drugs may also sell sex. (Approximately 32,000 are reached with needle, syringe and condom programmes. Only 40% of people who inject drugs, 15-20% of sex workers and 10% of MSM have access to services. Data source: Global Fund team in the MoH.)
- UNFPA should actively work with the Eurasian Coalition on Male Health (ECOM), the MoH, UNDP, UNAIDS and other partners in the implementation of MSMIT and the SWIT, a tool on HIV, STI

<sup>90</sup> Travel report summary by Jennifer Butler, Senior Regional Advisor EECARO, "To assess the need for the UNFPA Belarus Office to engage in the HIV Response", May 2016.

prevention and treatment with input from EECARO. The TRANSIT for transgender people and DUIT for people who inject drugs should all be promoted.

As per the stated desired outcomes of the UNFPA programmes and the expressed priority concerns of the government (e.g. Oblast and Maternal Health) related to the spread of STIs in the oblasts (2019), **support to prevent STIs and HIV and to work with the most at-risk groups, aside from youth, are not well documented** in terms of inputs, outputs, and outcomes, and therefore tracing the intermediate milestones is difficult. The follow-up to the visit of the HIV Advisor and her recommendations is also not documented and coordination with the recommended organizations and use of recommended tools is not noted in the AWP and the COARs.

It is noted that in the 2016-2020 CPD that while the Outcome area gives attention to HIV, there are no output areas and indicators or description of intervention areas (see the matrix above). Rather, the relevant work is being implemented by various advocacy groups, such as those working with the UNESCO umbrella organization, BelAIDS, and others, with some support from UNFPA, mainly in the form of advocacy and dialog. Without a results based system to track progress on milestones, evidence needs to be sought among the data available from the partner organizations.

It is noted in the RO mission of 2019, there were no findings or recommendations that specifically touched on the concern on the increasing incidence of STIs and the key populations. There seemed to be no linkages between the RO HIV mission of 2016 and the RO SRH mission of 2019. Clarification regarding the RO guidance and the targeting of key populations in a results based approach is missing.

**HIV and other STIs. (UNFPA Strategic Plan Impact Indicator 5 and SDG 3.3.1 Indicator:** The number of new HIV infections per 1,000 uninfected population, by sex, age and key populations as defined as the number of new HIV infections per 1,000 person-years among the uninfected population.)

During the design phase (May 2019) of the evaluation, the main Department of Public Health of the Ministry of Health which represents the UZO, departments based in the oblasts, noted a major concern on the rising level of STIs in the oblasts. This concern was validated by the team in the oblast visits in **key informant interviews**. While the incidence of reported HIV in Belarus is among the highest in Eastern Europe (WHO 2017 data indicates that one in five persons with HIV are not aware of their infection) there is evidence that CSO/NGO concentrated efforts are making a difference with the key populations they work with while also facing challenges.

- While the data cannot be confirmed by this evaluation, except the reputable source as per the testimony of other stakeholders, Women's Business NGO in Brest oblast has noted improvements in women in the sex business illnesses decreasing from 80% to 40% during the last 6 years. The NGO has contractual arrangements with clinics and the women who request support to receive vouchers to help cover the payments. There is no HIV reported for the last 5 years among the clients who receive this support. (**Note:** this is regionally based evidence and not country-wide and focuses on a limited key population. It cannot be extrapolated to the entire country.)
- UNFPA's work on NGO social contracting is of great importance to the SRHR of key populations and UNFPA should continue to provide advocacy support.

In terms of the respect for **human rights which are cross cutting sexual and reproductive health**, the following challenges are noted as evidenced through **key informant interviews and focus group discussions**:

- **Women in the sex business** (verified by their support groups) report experiencing regular discrimination from law enforcement and are threatened with arrest if they do not provide services to certain perpetrators. Women also face discrimination by social services who challenge their fitness to be parents, and by the health system if they require ARV therapy as they are then investigated. UNFPA support for advocacy groups is seen to help counter discrimination which can lead to further spread of STIs and HIV/AIDS.

Further, there are contradictions in implementation. Although the services may operate in agreement with the MoH, police may detain sex workers immediately after they have received sexual and reproductive support and it is a problem for trust building with clients but also evidence of different goals and indicators of success with the MIA. Prostitution is criminalized both for sex workers and for clients, so the problem becomes hidden. The conflicting goals of, on one hand, idea of anonymity, trust and

individual approach, on the other hand – norms of legislation regarding obligatory informing state structures in case of HIV cases, sex before 16 years old, have not been resolved.

- **Similarly, for men who have sex with men (MSM)** they face a great deal of discrimination and key informants note that the attention to MSM and transsexual persons to identify their SRHR needs is still not adequate. UNFPA support for MSM appears to be implemented through the NGO and CSO partners. The UNFPA agreement with the MoH mentioned above to extend more focus to SRH services for the male population is not well explained in terms of key populations vis a vis the national health system.
- **The integration of detection and addressing GBV as a part of SRHR interventions** is not fully described in the AWP and the COARs thus there needs to be a national level indicator and intermediate milestone reporting in this regard. There is strong evidence from **key informants** that general practitioners have incorporated awareness of GBV and DV into their practices and examinations, however, the progress to the outcomes (whether the cases are reported and resolved) are not clear. There is concern among medical practitioners interviewed that reporting GBV and DV, may place children in a precarious social situation and result in possible displacement from their families.
- The **mandatory gynecological examinations** for girls below 16 have been introduced in Belarus by the MoI as a means of promoting regular check-ups for preventive reasons. Reportedly, the MoH is not in favor of this programme; mobilization of UNCT (in particular, WHO and UNICEF) and non-UN partners (especially academia, CSOs, and youth organizations) and providing with the evidence/recommendation can help to refrain from such practices. WHO and UNICEF fully agreed with the points proposed by the SRH adviser, in particular, need of the strengthened UN joint advocacy and policy dialogue with the focus on human rights, engagement of the national professionals/experts and CSOs, and providing international evidence, among others.<sup>91</sup> (See also the Coordination section.)

**EQ 4.2 To what extent have the outputs for increasing the access of young people to quality SRH services and sexuality education have contributed to planned outcomes.**

Table 8. Output Indicators – Sexual and Reproductive Health and Rights - Youth

Output Indicators: Target Achievements Sexual and Reproductive Health and Rights - Youth			
Output 6: <i>Strengthened national capacity to design and implement comprehensive age-specific reproductive health education and information programmes</i>			
Indicator	Baseline	Target	End line data or Milestones
Numbers of specialists who organize peer to peer SRH training sessions in educational establishments at local level	0 (2014)	100 (2015)	(achieved) Numbers in 2015 surpassed the target at 156 and training materials were agreed upon
Situational analysis of young people SRH and in curriculum conducted	No (2015)	Yes (2016)	Achieved but report not available.
Number of state representatives sensitized on SRH education issues		10 (2016)	(achieved) 60 reported in 2017
Numbers of young people covered by SRH Activities in educational establishments at local level	0 (2014)	600 (2015); 25 (2018)	Educational sessions greatly surpassed the target at 989 in 2015; 99 in 2017; 37 in 2018
Teaching content on SRH for young people aligned with international standards exists	No (2017)	Yes (2018)	In 2018, new educational module for postgraduate trainings of school teachers was developed and in use. Participation of national experts, including youth-focused

<sup>91</sup> Ibid.

			NGOs, participating in working group on SRH for youth (2018)
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**Output 6: Strengthened national capacity to design and implement comprehensive age specific reproductive health education and information programmes.**

UNFPA continued to build upon its history of support for SRHR for youth. In 2015, the training agenda supported with modules and methodological guidelines was developed and approved by the Ministry of Education and was institutionalized; 156 teachers were engaged in training and counselling for peer volunteers who organise training sessions in secondary schools. Young people benefited from the knowledge obtained in the areas of healthy lifestyle, HIV and STIs prevention, GBV and gender stereotypes in secondary schools.

Although there is a clear and acknowledged need expressed by the government to ensure access of adolescents and youth towards information on SRH and GBV, and despite the in-roads made through the educational system, challenges persisted, including the weak capacity for SRHR and existing stereotypes on the topic within the educational system. There was no comprehensive approach applied in Comprehensive Sexuality Education (CSE) development at the national level.

In 2016, stakeholders acknowledged the CSE components were either lacking or of poor quality in schools and vocational and education training (VET) institutions. A further issue identified in the 1<sup>st</sup> CP was lack of inter-ministerial cooperation and skills for development of effective national policy on CSE which were followed up through the 2<sup>nd</sup> CP which focused on renewed engagement with the Ministry of Health and Ministry of Education on youth SRHR. Meanwhile UNICEF has subsumed most of the implementation of the Youth Friendly Health Services. The progress in the 2<sup>nd</sup> CP through 2018 has included:

- Training content for the teachers on sexual and reproductive health issues was created and in piloting phase.
- A new teaching module for the 9-11 grades was developed and implemented on a voluntary basis.
- A new family planning module was created and discussed with key decision makers and is still under revision.
- The proposal was made to create under the auspices of the Ministry of Education a Working group on sexuality education to progress on the matter, however, the decision was not finalized in 2017.
- A situational analysis on the status quo of SRH among adolescents and youth and SRH component presence in national school/VET curriculum was conducted and presented to the relevant stakeholders.

The RO HIV advisor mentioned observations during her mission in 2016 which was confirmed by the evaluation team key informant interviews and focus group discussions to still be the case in 2019 regarding the impact of the Youth Friendly Health Services (YFHS), now mainly supported by UNICEF in 50 locations. “The YFHS is nicely presented, but does not generally reach key populations.” Further, **group discussions and key informant interviews** indicated that YFHS services for psychological counselling address issues such as shyness and other problems that teenagers face with reportedly some degree of success in addressing problems of depression and isolation. There are no contraceptives provided and key populations are welcomed but there is little evidence as to their participation. There is furthermore an issue noted by key informants in regard to the YFHS, where medical confidentiality may be overruled, and this is not encouraging for youth. The RO HIV Advisor recommended that an assessment of the utilization of youth friendly health services by young people be conducted, a recommendation which would be also supported by the CPE.

In terms of the peer to peer communications on SRHR, **key informants** attested to the support from UNFPA to promote the youth peer to peer communications movement. The Y-PEER network has no legal status in Belarus and the MoE is generally not a pro-active partner. The movement is still very small compared to need. There are less than 50 peer educators who chat online and it is difficult to get new interest, as many youth have jobs, so more volunteers are continuously needed.

The Y-PEER educators facilitate non-formal education and interactive trainings for teenagers using available venues such as theatres for film viewing and utilizing guest experts such as medical students. Most of the topics involve sexual and reproductive health such as HIV and STI prevention, but there is also discussion on issues of gender equality and gender based violence. Many have participated in trainings supported by UNFPA through UNESCO, which may occur a few times a year. For peer educators who are teachers, the gains are much more exponential, and gaining access to students is facilitated by other professionals in the education system, such as opportunities to talk to classes in other schools, summer camps, and through the YFHS. Peer to peer has benefited from exchanges with Kazakhstan on how the network is promoted there.

### 4.3 Effectiveness - Gender Equality

**Gender Equality Summary.** UNFPA has contributed to ensuring compliance of national policies with international commitments through supporting the national response to the Universal Periodic review, articulating the issue of male involvement into reducing gender inequalities and integrating gender equality proposals to the drafts of the National Action Plan on Gender Equality and the Action Plan on Human Rights. UNFPA has effectively supported the development of the Law on Prevention of Domestic Violence, although its acceptance by the government did not occur. UNFPA with partners have helped to build capacity for a multi-sector response to gender based and domestic violence through piloting efforts in three locations with positive outcomes in terms of coordination of law enforcement, health and social services. There is evidence that this approach has led to reduction in incidences of violence in pilot locations and ministry partners are replicating the model throughout the country. However, there is still inadequate support by local law enforcement for directing affected women to sources of assistance, ensuring confidentiality, and dealing with the perpetrators. Support for long term solutions requires considerably more attention in order to help families deal with the psychological issues and to help women find viable employment and accommodation options. Activities to raise public awareness on gender based violence have been largely effective, however, a wider range of actors and key message transfer mechanisms could enhance the communications strategy.

#### EQ 4.3 To what extent have the outputs for mainstreaming of provisions to advance gender equality contributed to planned outcomes?

The Gender Equality component has one outcome area formulated as: ***Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.***

During the 1<sup>st</sup> CP, there were two result areas: BLRU2503 funded by UNFPA core funds, the Trust Fund, and the Swedish government; and BLR2U5A3 funded by the UNFPA core funds and the Swedish government.

**Outcome indicators:** Law on domestic violence is adopted. Domestic violence policies and programmes are developed and costed. Baseline: 0; Target: 1

The outputs mentioned on the matrix below contributed to:

**National priorities:** Safeguarding for citizens, the rights and liberties enshrine in the Constitutions and in laws, and specified by international obligations.

**UNDAF outcome** on enhancing the effectiveness of national governance, and gender equality outcome 4 of the UNFPA strategic plan, 2008-2013.

**Strategic Plan Outcome 5:** (from the adjusted results framework) Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.

In the 2<sup>nd</sup> CP, key funding input to GE component implementation in 2016-2018 – Project BLR02DVL (SEA83, UKBO6)

**Outcome indicator:** Proportion of Universal Periodic Review accepted recommendations on reproductive rights from the previous reporting cycle implemented or action taken. Baseline: 0%; Target: 70%

The 2<sup>nd</sup> CP outputs noted on the matrix below contributed to:

**National priorities:** Development of governance systems for sustainable development; ensuring more inclusive social and political processes, with gender equality as a cross-cutting issue; creating family-friendly environment for combination of work and family duties; enhanced prestige of parenthood.

**UNDAF outcome** by 2020, state institutions ensure responsive, accountable and transparent governance to enable citizens to benefit from all human rights in line with international principles and standards; the system of ensuring life safety of children and adults is significantly enhanced.

**Strategic Plan Outcome 5:** (from the adjusted results framework) Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.

Table 9. Output indicators – Gender Equality

<b>Output Indicators: Target Achievements - Gender Equality</b>			
<i><b>Output 1:</b> Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality</i>			
<i><b>Output 2:</b> Strengthened national legislation, policies, and intersectoral mechanisms to enhance comprehensive and coordinated response to gender based violence, with emphasis on domestic violence.</i>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>End line data and Milestones</b>
(2015, Output 10) Number of districts, which integrate work with male-aggressors as an integral part of DV response	<b>2014 - 0</b>	<b>2015 – 3</b>	<ul style="list-style-type: none"> <li>- Guidelines on work with male- aggressors are published and disseminated (achieved)</li> <li>- Premises to organize work with male-aggressors is equipped in 3 districts (achieved)</li> </ul>
(2015, Output 10) Number of institutions possessing capacities to provide assistance to DV victims and effectively use referral mechanisms	<b>2014 - 70</b>	<b>2015 - 130</b>	<p><b>2015 – 149</b></p> <ul style="list-style-type: none"> <li>- Training on operation of DV crisis centers for social workers is provided (planned 30, achieved 38)</li> <li>- Guidelines on operation of crisis centers for DV and referral mechanisms are published and disseminated (achieved)</li> <li>- Training for health workers on response to GBV is provided (target 30, achieved 107)</li> </ul>
(2015, Output 10) Number of men reached by the informational materials of the campaign “Bedroom Without Violence	<b>2013 - 0</b>	<b>2015 – 30,000</b>	<p><b>2015 –Milestones:</b></p> <ul style="list-style-type: none"> <li>- Info campaign is launched (achieved)</li> <li>- Informational materials is produced and disseminated in the communities (achieved)</li> <li>- Thematic website is revised and is accessible by public (achieved)</li> </ul>
(2016, Output 10) Proportion of institutions, dealing with family and social welfare issues, engaged in combating gender stereotypes and men engagement in GE	<b>2015 – 3</b> <b>2016 - 30</b>	<b>2016 – 30</b> <b>2017 – 60</b>	<p><b>2016 – Milestones:</b></p> <ul style="list-style-type: none"> <li>- National Plan on Gender Equality for year 2016-2020 adopted by the government (achieved)</li> <li>- Number of representatives of state institutions, CSOs and private companies sensitized for men's engagement into child care giving and sharing household responsibilities (Target – 40)</li> </ul> <p><b>2017 Milestones:</b></p> <ul style="list-style-type: none"> <li>- Number of joint events on men involvement into child caregiving, sharing household responsibilities, striving gender stereotypes conducted (achieved)</li> <li>- Introduction of parental leave for fathers supported by the government (achieved)</li> </ul>

(2016, Output 10) Number of state institutions and civil society organisations that, with UNFPA support, have an integrated response mechanism to prevent and counteract domestic and gender-based violence	<b>2015 – 89</b> <b>2016 – 10</b> <b>2017 - 89</b>	<b>2016 – 100</b> <b>2017 – 15</b> <b>2018 – 40</b>	<b>2016</b> - SOPs for essential services for DV survivors for key providers rolled out (achieved) <b>2017</b> –Number of institutions engaged in work with DV perpetrators within multi-sectoral response to GBV/DV in line with international recommendations (target 20, achieved) - Training for judiciaries on GBV/DV and GE related issues conducted (achieved) - Number of health specialists enhanced with knowledge and skills to respond to GBV/DV cases, referral mechanisms (annual target 110, achieved) <b>2018 – 20 (reported Q3&amp;Q4)</b> - Piloted integrated response mechanisms are scaled up to 2 new areas
(2016, Output 10) Improvement of legislation on response to DV aligned with international recommendations is ensured	<b>2015 – No</b> <b>2016 – No</b> <b>2017 – No</b>	<b>2016 – Yes</b> <b>2017 – Yes</b> <b>2018 – Yes</b>	- Fully achieved - A specific Law on DV drafted and included into the National Plan of Development and Adoption of Laws for year 2017 - Country capacity to join/ratify Istanbul Convention assessed (not achieved) - Fully achieved - Number of events aiming at preparation of draft Law on Prevention of DV conducted <b>2017 – Yes - Milestones:</b> - Country capacity to join/ratify Istanbul Convention assessed (not achieved) - Number of events aiming at sensitization of state officials on DV issues and development of draft Law on DV conducted (partly achieved) - Awareness raising campaign aiming at shifting public opinion to zero tolerance to GBV/DV conceptualized and launched (achieved) <b>2018 – Yes, partly - Milestones:</b> - International expertise for a DV Law provided (achieved) - Awareness raising events aiming at shifting public opinion to zero tolerance to GBV/DV issue conducted (achieved) - Events aiming at sensitization of state officials on GBV/DV issues and adoption of Specialised DV Law conducted (achieved), while efforts of opponents of the law to counteract its adoption led to the suspension of consideration of the prepared DV Law concept
(2016, Output 10) Gender-based violence prevention, protection and response are integrated into national sexual and reproductive health programmes	<b>2015 – No</b> <b>2016 - Yes</b>	<b>2016 – Yes</b> <b>2017 – Yes</b>	<b>2016 – Yes</b> "Strengthening Health System Responses to Gender-based Violence in EECA" incorporated into the training and retraining programmes for medical staff at the Belarusian medical institute for post education.
(2018, Output 10) A functioning implementation and analysis system of recommendations made by international organisations on HR and GE is in place	<b>2017 – No</b>	<b>2018 - Yes</b>	<b>2018 – Yes</b> - Implementation of the National GE and HR action plans is monitored against the CEDAW recommendations (achieved)
(2018, Output 11) Gender-based violence prevention, protection and response is integrated into national legislation and programmes, and is in line with international	<b>2017 - No</b>	<b>2018 - No</b>	<b>2018 – Not achieved</b> <b>Milestones:</b> - Draft Specialised Law on DV is sent for national consultations (achieved)

standards			
(2018, Output 11) Comprehensive approach to harmonize work and family responsibilities national policies is ensured	<b>2017 - No</b>	<b>2018 - No</b>	<b>2018 – No Milestones:</b> - Joint events on men involvement into child caregiving, sharing household responsibilities, striving gender stereotypes conducted with strategic stakeholders (partly achieved) - Support for development and formulation of family-sensitive policies is provided (achieved)
(2018, Output 11) Country has a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence	<b>2017 - No</b>		<b>2018 – Milestones</b> Activities aiming at engaging of multiple stakeholders into comprehensive response to GBV/DV conducted (achieved) - Evidence on prevalence of GBV/DV and economic costs of domestic violence is produced (achieved) - Capacity building of multiple stakeholders to comprehensively respond to GBV/DV is ensured (achieved)

**Output 1: Strengthened national capacity to ensure compliance of national policies and mechanisms with international commitments counteracting gender-based violence and advancing gender equality.**

**National capacity for a multisector response to GBV and DV.** A multi-sector response to GBV and DV is aimed at harmonizing and correlating programmes and actions of various institutions of psychosocial welfare, law enforcement (police, prosecutors and justice departments), and health. The multi-sector response requires inter-institutional cooperation and a common philosophy for addressing GBV. This mechanism did not exist in Belarus previous to the 1<sup>st</sup> Country Programme. Health care, law enforcement, education institutions both at national and local level worked independently, following their own goals and indicators. This approach was not conducive to approaching the problem of GBV and DV systemically, and in effectively carrying out the needed preventive and response interventions.

The UNFPA 1<sup>st</sup> CP interventions along with those of partners, have contributed to the system of multisector response to GBV and DV which has been piloted in one of the oblasts (i.e. in Brest oblast: Kobrin, Kamenets, and the Moscow district of Brest city). As a result of the contribution of UNFPA support with partners, institutions responsible for prevention of GBV and DV in these localities developed joint protocols, trained their staff and started practicing inter-sector cooperation and redirection mechanisms being coordinated at the level of the deputy heads of local administration.

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

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

- Information regarding services was widely available regarding the crisis center and services: at the workplace; through relatives in Minsk; through advertising; the newspaper; the internet, Women’s Business NGO, and the hotline.
- For all, the Centre provided assistance both inside and outside the shelter, such as psychological, judicial, shelter, medical, and they were effectively assisted to work on their related issues.

- In general, the law enforcement bodies are seen as not particularly helpful with information regarding the center, in informally (by way of not being pro-active) in supporting the perpetrators, and regarding the GBV as “low level conflict”.
- In regard to long term solutions, there are many adjustments to be made, but the opportunity to use the shelter allowed a calming down period for viewing the options more concretely. For some of the women, the economic realities mean that some type of accommodation sharing with perpetrators may be needed with guarantees through written agreements.

Recommendations received from survivors of GBV included the following.

- **In the short term:** Inspectors should be more supportive - Police should be much more targeted with trainings and control; Work with aggressors should be more pro-active – to come back to responsibility and respect. And if they attack – they should be punished accordingly.
- **In the longer term:** Support with follow up activities needs to be consistent especially psychological support as the damages last a very long time; they all need monitoring and frequent communications by the support groups. Women survivors need more employment options as they face the future to provide for their children and afford accommodation away from the threats of DV.

According to **key informants** from the involved ministries (e.g. interviewees from the MIA, MoH and MoLSP), **good practices** are well vetted and have allowed stakeholders to see the direct outcomes, however, further integration of the multisector system of response to the GBV/DV at country level needs more time, resources and expertise.

In 2014, some training modules on GBV and DV prevention supported by UNFPA have been integrated into the national education programmes of the police, health workers, and social workers. A representative of the Ministry of Health participated in the RO cluster workshop on the health system response to GBV. As a follow up of the event, the MoH has adopted and institutionalizing the resource package "Strengthening health system responses to GBV in EECA" into the curriculum of retraining medical staff. In 2015, as discussed above, procedures to address the issues of male-aggressors are integrated into the DV response activities in the three pilot territories (Kobrin, Kamenets and Moscow district of Brest city) and protocols on inter-sector collaboration to respond to DV have been adopted at district levels.

In 2016, further promotion and integration of multisector response to domestic violence was ensured at the local, regional and national levels. Standard Operating Procedures (SOPs) to deal with DV cases for key service providers was rolled out at national and regional levels with further practical application by practitioners at local levels. From 2017, UNFPA continued some support to the pilot oblasts to focus on legislation and institutionalization of best practices. According to key informants and focus group discussions in pilot oblasts of Kobrin and Brest, the system of multi-sector response and inter-agency cooperation\redirection mechanism is sustainable and operates well, has good institutionalization and legitimization on the local level of target locations.

While there were significant achievements and validated results in pilot areas, local and national actors attest that more efforts and time are needed to strengthen and institutionalize multisector response mechanism at national level in Belarus. **Key informants** from the oblasts including the CSO sector emphasize that years of work based on strengthening and modifying the agreed mechanisms revealed a number of constraints for the further implementation of inter-agency cooperation, the following in particular.

- **Contradictive indicators of success** of different ministries are barriers for effective inter-agency coordination. For example, the number of signed informed agreements (an indicator of successful DV identification for the MIA) is not a natural entry point for women to start using redirection services of social assistance but a way to avoid further intervention into family affairs, identified male aggressors are not motivated or obliged by inter-agency mechanisms to consciously go through prevention activities, and the financial penalty for the aggressor poses hardship for the entire family.
- **Confidentiality and private data protection** are rarely ensured. This is due to legislation norms which require informing via redirection mechanism all relevant state service providers about DV or GBV situation. In small communities, the problem of lack of confidentiality is even more challenging.
- **Insufficient efforts are devoted to improving some MIA practices.** These include raising effectiveness and new approaches in work with perpetrators, effective (in time and outcome) synchronisation with healthcare and social assistance after GBV or DV is identified, and further improvement of MIA prevention protocols and law enforcements regulations at large.

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

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

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

- The issue of male involvement into reducing gender inequalities was raised and well-articulated in the UNCT confidential submission to CEDAW committee.
- UNFPA proposals in the area of Gender equality were integrated to the Draft of the National Action Plan on Gender Equality and the newly adopted Action Plan on Human Rights.

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

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

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

In 2018-2019 UNFPA undertook a number of efforts based on learning from this experience and on engaging faith based organizations in the dialogue on legislation on DV. Presently in 2019, such efforts have helped to obtain institutional level of communication with two key Christian denominations of Belarus – the Orthodox and Catholic churches, which have delegated official representatives to the working group on dialogue with MIA on further improvement of the legislation. Thus, UNFPA has successfully played a role of independent facilitator.

It is possible that the time to build constructive dialogue and feed this in to the work on a new draft of the law was underestimated. However, the suspension of work on the DV law came as a surprise according to **key informants** interviewed. While the opinions of key informants vary regarding the forward planning on the DV law, all of them (including key stakeholder - Ministry of Internal Affairs) are unanimous that the work on further improvement of the legislation should be continued based on wide and patient dialogue. All counterparts agreed that legislation requires more improvement and they express readiness to pursue further work on it, using the situation as an opportunity. Some of the stakeholders recommend after some pause to come back to non-public expert dialogue in the format of expert round tables with involvement of the widest spectrum of stakeholders.

According to **key informants** from church-based organisations, it is important to continue dialogue within the next CP, and to return to engagement of faith-based organisations, and use this case as an instrument of building local capacity of non-state and state stakeholders on conducting inclusive and transparent policy dialogue. Regardless of the results, such efforts will be impactful in terms of empowerment of stakeholders dealing with GBV/DV issues on the national and local level. At the same time, it is a momentous time to strengthen state and non-state stakeholders' capacity in the oblasts of Belarus to address new challenges in the field of DV.

**Public Relations and Awareness Raising (PR/AR) to enhance public knowledge of gender-based violence.** The third stage of the information and advocacy campaign "Bedroom without Violence" targeting men-perpetrators was launched in April 2015. Public materials (leaflets), video messages as well as revised website [www.ostanovinasilie.org](http://www.ostanovinasilie.org) were presented to the governmental officials, international organizations, civil society, journalists as well as available for public throughout the country through social centres and NGOs. A public advocacy project "Seven" was conducted successfully for the government and civil society stakeholders

In 2016 and 2017 further promotion for development and integration of gender-sensitive and family-friendly environment in all spheres of public and private life was ensured through launching thematic photo exhibitions and events, engaging private sector and celebrities alongside with traditional partners, like state institutions and CSOs, to advocate for the issues. In 2017 public attention to the issue of domestic and gender-based violence was ensured through launching a national awareness raising campaign.

In 2018 public attention to the issue of domestic and gender-based violence was further augmented through conducting a series of thematic events in the oblasts. At the same time the CO started planning and piloting some creative campaigns in partnerships with local NGOs (e.g. Dobra Foundation) and start-ups (e.g. FLO Health), from activities initiated in 2018-19 (e.g. crowd-funding campaign for medical equipment for medical care of women with disabilities). Two Ulej campaigns were completed October 12, 2019. The first<sup>92</sup> one reached 200% of target (4,018 BYN or about US\$2,000). The second<sup>93</sup> campaign reached 100% of target (10,500 BYN or about US \$5,000). Key informants from business companies also confirmed success of training, transferring experience and start practicing the "parents smart company" concept as a result of cooperation with UNFPA during the 2<sup>nd</sup> CP.

The outcome of PR/AR efforts is evidenced by state statistics confirming the increase of number of registered cases of domestic violence in the country. All **key informants** linked this fact with active PR/AR and increasing awareness of the population in identifying violence and in protecting themselves and family members. There is evidence as to the effectiveness of campaign/project based PR/AR UNFPA activities with substantive message content. However, the strategic/programmatic approach in external relations is not completely clear (including PR, AR, and Visibility) and further improvement of effectiveness, efficiency and impact of the PR activities could be achieved by a systematic and holistic approach in promoting the UNFPA agenda in general and GBV in particular. The PR and Visibility activities are mostly centered on media coverage. The CSO key informants also meet difficulties to identify the strategic/programmatic approach in UNFPA external relations. Their interest is to coordinate PR/AR efforts targeted on specific initiatives (like reproductive health of PWD – where good case of crowd-funding campaign for gynaecological tables for PWD) or on specific PR/AR targets.

Despite fact that work on concept of law was suspended, intensive discussion of the concept in media as well as fact of the decision of stop working on, the process of development of the law has had a

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<sup>92</sup> <https://ulej.by/project?id=1193522>

<sup>93</sup> <https://ulej.by/project?id=1188407>

positive impact from PR perspective. The media and social media coverage was extremely high. As result, it expand the circle of supporters of this law among state stakeholders, their ownership towards problem and solution. Most of them are ready to continue with this goal, in parallel introducing developed norms and principles in present legislation and practice.

**Advocacy and capacity building efforts.** In 2014-2017, UNFPA's advocacy and capacity building efforts created commitment of the national stakeholders to increase capacities to respond to domestic and gender-based violence, to further integrate mechanism of multi-sectoral response at the local, regional and national levels, to pilot correctional social work with perpetrators. Advocacy efforts partly ensured further improvements of national legislation on response to domestic violence aligned with international recommendations by providing access to international expertise, generating knowledge management and bringing attention to the necessity of development and adoption of a comprehensive law on prevention of domestic violence. Advisory and technical support provided by UNFPA was ensured to the implementation of 5th National Action Plan on Gender Equality for years 2016-2020, National Human Rights Action Plan for year 2016-2019 and the Roadmap for SDG implementation in addressing issues of domestic and gender-based violence, men's engagement into child caregiving and sharing household responsibilities.

#### 4.4 Effectiveness – Population Dynamics

**Population Dynamics Summary.** Through activities supported by UNFPA and partners during the 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes, evidence based analysis has been effectively delivered to national policy makers and international stakeholders, through collection and dissemination of high quality statistical data and user friendly publications. The capacity of the national statistical system has been effectively supported to produce and analyse gender relevant population information, through the Time Budget and Generations and Gender surveys. The number of public-accessible data bases were increased and the methodology for monitoring and evaluation of focus areas of the National Programme of Demographic Security was developed to monitor the changing demographics and the economic implications. The academic basis for demography was strengthened through international consultations, publications and inclusion in higher learning. There is variability in the practical usage of the data to achieve outcomes and results, with weak follow-up by statisticians on use by decision makers, and limited utility thus far in terms of support for vulnerable populations, including the elderly and persons with disabilities, particularly in the oblasts.

#### EQ 4.4 To what extent have the outputs for developing of evidence-based national population policies contributed to the planned outcomes?

The Population Dynamics component has one original Outcome: ***National and subnational social and population policies and programmes are based on comprehensive data.*** After realignment with the UNFFA strategic plan in 2013, the Outcome was re-worded. According to the stakeholder map prepared by the Country Office (see annexes), there is one Outcome and one Output for both the 1<sup>st</sup> and the 2<sup>nd</sup> CP.

**Outcome 4: *Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.***

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

The outputs supporting this outcome contribute to the UNDAF outcome on sustaining social and economic development that improves living standards, and to Population and Development outcomes 3 and 4, respectively, of the UNFPA strategic plan, 2008-2013 (DP/FPA/2007/17). (Please see the Theory of Change diagrams for PD in the annexes.)

Table 10. Output indicator – Population Dynamics

<b>Output Indicators: Target Achievements - Population Dynamics</b>			
<b>Output 1: Strengthened national institutional capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and their links to sustainable development.</b>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>End line data and Milestones</b>
(2014, Output 12) Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities	<b>2014 - 0</b>	<b>NA</b>	2014 – 4 – Census Database - 2009 – Database of population statistics – BelarusInfo – TransMonEE
(2014, Output 13) Institutional capacity for the national statistical authorities to analyse and use disaggregated data on gender-based violence exists		<b>2014 – Yes</b>	2014 – Yes The statistics on GBV is collected not by the national statistical authority but by the Ministry of Interior and Ministry of Labour and Social Protection – use of disaggregated data not documented
(2014, Output 13) Institutional capacity for the national statistical authorities to analyse and use disaggregated data on adolescents and youth exists		<b>2014 – Yes</b>	<b>Milestone:</b> Capacity is reportedly in place, but is not fully used.
(2015, Output 15) Results of the Time Budget Survey are available for analysis and formulation of national policies and programmes as well as for international comparisons	<b>2014 - No</b>	<b>2015 - Yes</b>	2015 – Yes - National statistical system is updated (achieved) - Disaggregated results of the Time Budget Survey are publicly available - Time Budget Survey is conducted
(2015, Output 15) Number of statistics professionals with enhanced knowledge and skills to use disaggregated data and population projections	<b>2014 - 0</b>	<b>2015 - 30</b>	2015 – 0 - 25 statisticians participated in study visit on Census preparation (achieved) - Training for statistics professionals in database packages postponed (not achieved)
(2015, Output 14) Number of policy papers prepared based on contemporary international and regional experience of developing population policies	<b>2014 - 0</b>	<b>2015 - 1</b>	2015 – 0 - Key best practices cases and standards for demographic policy strategies development are identified (not achieved) - Draft policy paper is presented and discussed at the expert round table (not achieved) - Number of policy papers publicly presented (Target – 1, reported - 0)
(2015, Output 14) Number of policymakers with enhanced knowledge and skills in development of policies on ageing population	<b>2014 - 0</b>	<b>2015 - 20</b>	- 22 Policy makers involved into policies concerning ageing population issues are identified (achieved) - Workshop addressing ageing population issues is conducted (achieved) - Critical issues concerning national agenda on ageing population policies are clarified and agreed with prospective participants of the workshop (achieved)
(2016, output 14) Number of national development programmes with the improved monitoring and evaluation system in place	<b>2015 - 0</b>	<b>2016 - 1</b>	- Professionals trained in the sphere of development monitoring and evaluation systems for family and childhood support programmes (partly achieved) - Action plan to improve capacity of Labour Scientific Research Institute to implement

			<p>monitoring and evaluation of demography policies is developed and publicly available (achieved)</p> <ul style="list-style-type: none"> <li>- Methodological framework for demography policies monitoring and evaluation is developed (achieved)</li> </ul>
(2016, output 14) Nationwide policy dialogue on population ageing issues is established	<b>2015 - No</b>	<b>2016 - Yes</b>	<ul style="list-style-type: none"> <li>- Number of governmental institutions, business associations and non-governmental organizations involved into Working Group on ageing activities (achieved)</li> <li>- Policy framework addressing issues of population and individual ageing based on national situation analysis and international experience study is developed (achieved)</li> </ul>
(2016, output 14) Framework for conducting survey on effectiveness of the demographic policy measures, including family policy (based on GGS methodology) is developed	<b>2015 - 0.25</b>	<b>2016 - 1</b>	<p>2016 – (all achieved):</p> <ul style="list-style-type: none"> <li>- Working group on survey preparation is created</li> <li>- Conference on survey methodology and results usage is conducted</li> <li>- Training for interviewers is conducted</li> <li>- Survey questionnaire is revised according international standards</li> </ul>
(2016, output 14) Number of graduate and postgraduate demography programs developed for higher educational institution	<b>2015 - 1</b>	<b>2016 - 3</b>	<p>2016 –(all achieved):</p> <ul style="list-style-type: none"> <li>- Roadmap for institutionalizing demographic education in Belarus is developed</li> <li>- Number of new courses on demography developed for the Belarusian State University Demography Department</li> <li>- Capacity assessment of national educational institutions to provide training in demography is conducted</li> </ul>
(2017, Output 13) Roadmap for the capacity building of the Labour Scientific Reserach Institute for 2017-2021 is developed	<b>2016 - No</b>	<b>2017 - Yes</b>	<p>2017 – Yes</p> <ul style="list-style-type: none"> <li>- Finalized five year plan for Labour Scientific Research Institute is approved by the Ministry of labour and social protection of the Republic of Belarus (achieved)</li> <li>- Number of participants of the round table meeting to discuss a five year plan for strengthening Labour Scientific Research Institute capacity to undertake high quality applied research on demography (not achieved)</li> </ul>
(2017, Output 13) Results of the survey on effectiveness of the population policy, including family policy are available and utilized for adjusting existing policy measures and developing appropriate new national and regional programmes.	<b>2016 - No</b>	<b>2017 - Yes</b>	<p>2017 – Yes (totally achieved):</p> <ul style="list-style-type: none"> <li>- International conference to present results of the survey to the international academic community is conducted</li> <li>- Preliminary results of the survey are presented to the governmental officials</li> <li>- Workshop for journalists to present and disseminate main findings of the research</li> <li>- Fieldwork started</li> <li>- Workshop on the methods of analysis of the Generations and Gender survey</li> <li>- Generations and Gender survey external controllers training</li> </ul>
(2017, output 13) Population and development issues are integrated into curricula of institutions of	<b>2016 - 3</b>	<b>2017 - 5</b>	<p>2017 – 6 (totally achieved):</p> <ul style="list-style-type: none"> <li>- BA programme "Statistical analysis of demography data"</li> </ul>

higher education; educational institutions; organisations providing post-graduate educational programmes and refresher training			<ul style="list-style-type: none"> <li>- BA programme "Economics of population" developed</li> <li>- Induction P&amp;D workshop using the Republican INstitute of Refresher Training training programme for the relevant staff of the Ministry of Health and Department of Migration and Citizenship of the Ministry of Interior is conducted</li> </ul>
(2018, Output 14) Number of national development programmes with an improved monitoring and evaluation system in place	<b>2017 - 0</b>	<b>2018 - 0</b>	MoLSP research institute staff is trained on monitoring and evaluation on the national programmes
(2018, Output 14) Number of educational programmes on population and development integrated into curricula of institutions of higher education; educational institutions; organisations providing post-graduate educational programmes	<b>2017 - 2</b>	<b>2018 - 1</b>	<p>Milestone:</p> <ul style="list-style-type: none"> <li>- programme of population projection conducted for the MoLSP specialists</li> </ul>
(2018, Output 14) Number of demographic analysis and population projections integrated into national development policies and programmes	<b>2017 - 0</b>	<b>2018 - 1</b>	<p>Milestone:</p> <ul style="list-style-type: none"> <li>- GGS data is used for population projections</li> </ul>
(2018, Output 14) National institutional capacity to collect, analyse and disseminate disaggregated data by sex, age and oblasts is strengthened	<b>2017 - No</b>	<b>2018 - No</b>	<p>(achieved):</p> <ul style="list-style-type: none"> <li>- Technical support to Belstat provided for CENSUS</li> <li>- Number of specialists trained to provide population projections at national and subnational levels, disaggregated by age, sex, location</li> </ul>
(2018, Output 14) UNFPA-prioritized 13 Sustainable Development Goal indicators that are produced domestically: i) in line with the standard-defined metadata for SDGs; ii) through census, surveys by national statistical authority or administrative records data and iii) and reported in the Global SDG database, national database or national reports	<b>No</b>	<b>Yes</b>	<ul style="list-style-type: none"> <li>- Project supporting SDG monitoring and implementation developed and submitted to donors</li> <li>- Project on SDGs monitoring and implementation approved by donor/s</li> <li>- Project supporting CENSUS approved by donor</li> </ul>
(2018, Output 14) Country conducted the 2020 round population and housing census during the reporting year and included in the census questionnaire the Washington Group questions on disability	<b>Enumeration not conducted</b>	<b>Enumeration conducted-</b>	<ul style="list-style-type: none"> <li>- Project proposal on CENSUS approved</li> <li>- UNFPA's representative is included to the working group on CENSUS preparation</li> <li>- Census scheduled for October 2019</li> </ul>
(2018, Output 14) Country has national development plan/strategies (for 5 or 10 years) or poverty reduction strategy papers approved in the year that explicitly reference demographic dynamics, including changing age structure, population distribution and urbanization, in the formulation and setting of development goals, objectives, strategies and targets	<b>2017 - Yes</b>	<b>2018 - Yes</b>	<ul style="list-style-type: none"> <li>- GGS data analyzed and presented to policy makes in a format suitable for integration into development plans</li> <li>- Working group on ageing is meeting regularly</li> </ul>

Between 2012-2015, two projects were supported by UNFPA and partners and are discussed below.

- Support to strengthening the national Statistical System capacity to produce analyse and disseminate gender-relevant population information (BLR1U706)
- Support to Implementation of the National Program of Demographic Security of the Republic of Belarus (BLR02DEM)

The project: **Support to strengthening the national Statistical System capacity to produce analyse and disseminate gender-relevant population information (BLR1U706)** was funded by UNFPA core funds and the Russian Federation with UNICEF co-funding. This project was implemented by the National Statistical Committee of the Republic of Belarus. There are two Outcome areas in this project and 14 activities, with an additional two activities for project administration.

According to the progress report for the period February 2014 to January 2016, high-quality and relevant demographic data disaggregated by gender, age and geographical area are available for a wide range of users (now available on Belstat website <http://www.belstat.gov.by>). A 'Current Demographic Data' module on Belstat's website was created and placed at the Belstat webpage <http://demdata.belstat.gov.by/Demography.html>). The module is designed to provide access to monthly updated demographic data. **Key informants** affiliated to the government, including regional local authorities, confirmed that they used such data for their own monitoring purposes.

In 2014, four databases were produced and made accessible to the general public:

- Census Database - 2009
- Database of population statistics
- BelarusInfo - a tool to capture disparities and social exclusions that are often hidden by national averages
- TransMonEE - database associated with the regional UNICEF MONEE project on the living conditions of children and adolescents in Central and Eastern Europe.

In 2015, the 'Concept of Belarus Population Census of 2020' was elaborated along with the provision of national and international expertise in the methodological and technical aspects of census operation. According to the *Concept Note of the Belarus Population Census of 2020*, the following activities were supported.

- Independent census expert from the Czech Republic in November 4-6 developed and presented key recommendations
- Two representatives of the National Statistical Committee took part in the 62<sup>nd</sup> plenary session of the Conference of European Statisticians 9-10 April 2014? Paris, France. The conference provided a platform for coordination of international statistical data.
- In 2015, representatives of Belstat visited the territorial body of the Federal State Statistics Service in the Bryansk Region to study the experience in organizing and conducting the federal statistical monitoring "Social and demographic survey (microcensus of the population) 2015";
- In 2015, representatives of Belstat visited the Central Statistical Office of Poland to study the experience in organizing and conducting the 2011 census.

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

Through the above described activities, UNFPA with partners effectively contributed to strengthening the system of national population monitoring by developing the capacity of BelStat to promote and improve the national census. Data, collected by BelStat is actively used for monitoring purposes on regional and local levels, through statistical analysis for tracking of achievement key performance indicators on economic and social issues as well as being the only source for monitoring data for national and regional programs.

As part of work on developing the system of gender indicators, the results of the **Time Budget Survey** are available for formulation and analysis of national policies and programmes, as well as for international comparisons. The Head of the Department of Living Standards Statistics and Household Surveys, National Statistics Committee, took part in the UNECE workshop in Geneva, Switzerland on

gender statistics (17-18 March 2014) and an adjacent work session on gender statistics 19-21 March 2014. The workshop discussed the production and availability of indicators of gender equality in EECA region in the light of the recent report of the Task Force on Indicators of Gender Equality. It also focused on plans for strengthening capacities in gender statistics in the region. The work session facilitated the exchange of experiences in gender statistics and the international statistical work in the area. On 13-14 March 2014 a workshop “Organizing and conducting households time budget survey” was conducted for the 27 senior officers from seven regional main departments of statistics. On March 26, 2014 seven regional (Brest, Hrodna, Minsk, Mahilou and Homel oblasts, Minsk city) the central departments of statistics held the trainings for 176 local specialists involved into the time budget survey fieldwork

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

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

According to some **key informants**, particularly in Minsk, the results of the Time Budget survey were of use to leaders and policy makers for consideration in their work as well as practitioners who were interested in how people in Belarus spend their time, such as teachers and social services staff. According to several **key informants** in the more rural areas, they were not aware of this survey, indicating a limited scope of the dissemination efforts, or limited awareness.

The project: **Support to Implementation of the National Program of Demographic Security of the Republic of Belarus (BLR02DEM)** was funded by UNFPA core funds and the Russian Federation with UNICEF co-funding. The period of implementation was June 2015 to March 2018. Due to the challenges of the computer-assisted mode of conducting the survey “Belarus: Family Formation, Stability of Family Relations and Fertility in the Changing Socio-economic Conditions”, the field work planned for January - April 2017 was postponed, and the Project Coordination Council proposed to no-cost extend the Project until 31 March 2018 for conducting the analysis of the survey results (activities 1.1.5-1.1.9). The donors provided their consent for the extension of the project; a memorandum was signed on December 4, 2017.

As mentioned in final project report, as part of the improvement of system of monitoring and evaluation of the effectiveness of the demographic policy, **Generations and Gender Programme (GGP)** methodology-based survey “**Belarus: Family Formation, the Stability of Family Relationships and Fertility in Changing Socio-economic Conditions**” was conducted in a computer assisted mode in May-November 2017. Approximately 10,000 people aged 18-79 were interviewed in 56 cities and 40 rural areas

The analysis of the survey was presented was presented in the following venues.

- Roundtable discussion (November 28, 2017),
- Press-conference on the survey accomplishment (December 2017),
- Meeting of the members of the National Committee on Population (March 2018),
- High-Level Regional Symposium on Evidence-Based Family policies: Generations and gender Survey Data Use in UNECE region” (final version, March 2018),

- Three workshops for journalists and civic activists conducted in Minsk, Grodno and Brest (March 2018).

During these events the survey data along with recommendations on approaches **to their use for evidence-based policies formulation** were directly presented to governmental stakeholders (including Ministers, Deputy Ministers, Chiefs of the Departments at the Ministries of Labour, Economy, Health, Internal Relations, Foreign Relations, National Statistics Committee), Members of Belarusian Parliament, representatives of the CIS secretariat and the CIS Statistical Committee. Overall, more than 300 people participated in the events.

The "Belarus: family structure, family relations, reproductive behaviour" was composed of two volumes: Volume I "Methodology and research experience of survey **"Generations and Gender"**"; and, Volume II "An analysis of survey results from the Generations and Gender survey" were printed and disseminated among national partners and ministries. Results of the survey have also been presented to the members of the Belarusian Parliament to use in their discussions of family policies. Consequently, an analysis of the motivation of families to have more children formed the basis for increasing national incentive measures for large families (housing demand in particular).

Survey data and analysis is intended to become the basis for further research and analysis. **Key informants** interviewed, particularly those who are scientists, recognize it as "data, that will be used for research purposes for many years". However, most statisticians interviewed do not focus or follow-up on the outcomes for the population, basically only on the outputs, and rely on decision makers to apply the findings to their decision making. There appears to be no feedback loop to the statisticians who do not see follow-up on results as part of their jobs. It is also noted that few CSO or non-state actors as well as few stakeholders of GE or SRSB components have emphasized the utility value, for example, of the Generations and Gender output. Thus, there is evidence of variability in the perceived utility of the data itself as well as the practical application of the data and data analysis distributed by Belstat. There is an indication that networking among the scientific societies and CSOs and other non-state actors is not active enough to promote optimum usage of the data collected.

The methodology for monitoring and evaluation of focus areas of the National Programme of Demographic Security was developed and introduced. Recommendations for the monitoring and evaluation were developed and presented to governmental stakeholders at the roundtables. In particular:

- "Prospects of the demographic Development in the Republic of Belarus and the Effectiveness of the National Population Policy" (November 2016),
- "Implementation of sustainable development goals at the regional and national level" (October 2017).

Based on the recommendations for monitoring, the national report "Current State and Prospects of the Demographic Development in the Republic of Belarus (2000-2015)" was prepared, published and presented at the roundtable in November 2016 mentioned above. Overall, 100 governmental stakeholders (including national SDG coordinator), national and international experts participated in the events.

Capacity building events in the sphere of the demography policies monitoring conducted in 2015-2017 included roundtable discussions, working meetings with Russian partners of the project, study visits to Higher School of Economics (Moscow State University), Federal Research Institute for Health Organization and Informatics of the Ministry of Health, and participation in International Programme for Development Evaluation Training (IPDET, Canada). The report "Current State and Prospects of the Demographic Development in the Republic of Belarus (2000-2015)" was co-authored by Belarusian and Russian experts. Overall, 80 representatives of project partners participated in 5 capacity building activities.

The relevance of the pilot system of monitoring the measures for the implementation of demographic policy, developed by the LSRI is of primary value as scientific developments and are of interest for the National Statistics Committee and the structures directly involved in the development and monitoring of family policy measures. The monitoring system should be further developed, tested and its individual elements can be included in the future demographic security program.

Substantial effort was devoted through the projects to training stakeholders, including journalists, on use of the databases. As a result, institutional capacity for the national statistical authorities to analyse

and use disaggregated data on adolescents and youth was significantly strengthened, however, according to the COAR 2014, this capacity was not fully used. Similar challenges are mentioned in later COARs.

As discussed above, the **key informant interviews** validated that the **first major PD challenge** is in ascertaining measurable contributions to outcome/impact level of UNFPA or other partner support is very difficult. While Belstat staff intensely and effectively focus on quality and methodological clearance of the process of data collection, they have no mandate on policy development or making policy recommendations. The **second major challenge** is inclusiveness of the policy development process in Belarus, which is not always open to the external stakeholders, so it is difficult to track, for example, UNFPA inputs and outputs to Belstat outputs/outcomes all the way to national legislation. All NGO/CSO informants face difficulties in understanding the process of policy development, and this weak understanding is a constraint to their potentially valuable contributions.

The **third major PD challenge**, noted by **key informants**, is that cooperation with UNFPA is mostly taking place with Belstat in the Minsk central office, but regional departments may not connect their activities as a part of cooperation with UNFPA, and may lack a complete understanding of the goals and outcomes. As consequence, local statistical experts generally do not support local policy actors with good quality analytics and strategies, but only can help with access to data.

Based on **key informants** input, the following outputs/outcomes on the national policy level have been confirmed as result of UNFPA contributions to the capacity development of Belstat and other relevant stakeholders:

- Calculation of the national “active longevity index”
- International compatibility of the demographic statistic data
- Suitability of the demographic data to be analyzed by international experts (UNECE in particular) – highlighting a significant contribution to implementation of international best practices during process of design measures on longevity, and social protection of vulnerable groups including persons with disabilities (PwD).
- Introduction of digital data collection method to national surveys, now being implemented in national census 2019.

In 2015 UNFPA started work on **the issues of ageing** including consultations and workshops on ageing - 20 policy makers participated in the workshop on ageing. Brochures were disseminated for "Demographic ageing in the Republic of Belarus: challenges and new opportunities". The 2016 COAR indicated a challenge in that the state authorities are still not fully ready to conduct a structural dialogue on the issue of ageing. At that point, the MoLSP did not have a clear strategy on the issue of ageing and was not yet ready to discuss a road map on ageing with UNECE. The **Medicare Improvements for Patients and Providers Act (MIPPA)** provides critical support to assist Area Agencies on Ageing, Ageing and Disability Resource Centers (**ADRCs**) and State Health Insurance Assistance Programs (**SHIPs**) help enroll Medicare beneficiaries with limited means into benefits programs for which they are eligible. There remains inadequate steps and advocacy on addressing the issues of ageing as per the MIPPA understanding and there is not enough piloting of regional initiatives.

The data produced by “Generations and Gender” have enabled the statisticians to calculate the longevity index and to make data on longevity compatible and comparable with other UNECE countries. Both state and academic **key informants** also confirm, that it is one of key impacts of the UNFPA efforts on issue of ageing. A Working Group on Ageing including national representatives of government institutions, NGOs and academicians, was created in 2017 and, according to stakeholders, functions effectively. As mentioned in the COAR 2018, this working group on ageing is meeting regularly. Active longevity is one of the areas to be addressed in the national programme on demographic security (developing in 2019). As evidence of this, the governmental partners (e.g. the MoHealth and MoLSP) are requesting UNFPA’s support to plan and implement relevant activities in the remainder of the 2<sup>nd</sup> Country Programme and in the 3<sup>rd</sup> Country Programme.

As part of the project “Support to Implementation of the National Program of Demographic Security of the Republic of Belarus” (BLR02DEM), a **demographic education** component has been implemented. This component consisted of two main activities.

- **Piloting of a course “Practical demography: a handbook on Basics of demography for civil servants” was prepared, piloted and introduced into the in-service training curriculum of the**

Republican Refresher Training Institute of the Ministry of Labor and Social Protection of the Republic of Belarus (RIRT) (including textbook and course programme, equipment and software provided for practical lessons on demography data analysis and demographic forecasts interpretation). Overall, about 90 people were involved in capacity building activities.

The course was said to be very effective not only by national partners but also by Russian experts participating in the project. The Moscow State Institute of International Relations has requested permission from the UNFPA office in the Republic of Belarus to print the circulation of the manual for the subsequent introduction into its own curricula. The handbook is a systematic, comprehensive, integrated and well-systemized publication. The handbook was presented at the 9th International Scientific and Practical Forum "Migration Bridges in Eurasia" (Moscow, November 2017) and was highly praised by the forum participants.

- **Demographic education was introduced within the system of higher education.** Roadmap and action plan for institutionalizing demographic education in Belarus based on needs and capacity assessment were developed, presented for discussions at the roundtable (November 2016) and finalized in May 2017. Geodemography specialization is introduced into the State register. Based on the action plan four new syllabi along with methodological guide developed and introduced into Geodemography curriculum. Overall, 207 people were involved in capacity building activities.

As reported in COAR 2015, a national network of researchers specializing in demography was created, which includes specialists from the Labour Scientific Research Institute, the Economics Research Institute of the Ministry of Economy<sup>94</sup>, Institute of Sociology<sup>95</sup>, Institute of Economics of the National Academy of Sciences of Belarus<sup>96</sup>, Belarusian State University (BSU<sup>97</sup>), Belarusian Economic Research and Outreach Center (BEROC<sup>98</sup>), the IPM Research Center<sup>99</sup>. The key positive impact of such network is networking and dialogue between state-affiliated and independent think-tanks and analysts.

Technical support was provided to the BSU research center for its participation in the 15th GGP Council of Partners Meeting in Brussels. Technical support was provided to the Research Economic Institute of the Ministry of Economy of the Republic of Belarus in participation in 5KOSTAT-UNFPA Summer Seminar on Population, organized by Asia Pacific Population Institute (APPI) of the Republic of Korea.

**Stakeholders interviewed**, involved in the scientific and analytical work, cite evidence that the UNFPA contribution to collection and open dissemination of the data of number surveys as well as UNFPA capacity building of Belstat have helped to make all relevant data available via their web site. At the same time, as mentioned above, such data is not widely used outside of the scientist community – CSO, and most of interviewed stakeholders (except MoLSP) are not able to explain direct benefits from such data availability. Some of them can mention usefulness of publicly available researches and articles based on such data (in particular, articles on economic issues by BEROC). At the same time, they are very much support trend of implementation evidence based policy and highly expect good quality of analytical and scientific data on PD and gender issues. A serious consideration for future fund raising efforts by UNFPA and partners for PD, is to ensure that activities are planned for development impact with follow through from inputs to outputs, to outcomes and results, as this results based data is difficult to track in present Belarussian public administration system.

**EQ 4.5 To what extent has UNFPA policy advocacy and capacity building support helped to ensure that sexual and reproductive health (including Family Planning), and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?**

<sup>94</sup> <https://www.economy.gov.by/en/niei-en/>

<sup>95</sup> <http://socio.bas-net.by>

<sup>96</sup> <https://economics.basnet.by/en>

<sup>97</sup> <https://bsu.by/en/main.aspx>

<sup>98</sup> <http://eng.beroc.by>

<sup>99</sup> <http://eng.research.by>

As discussed in the preceding sections, policy advocacy and capacity building by UNFPA has been ongoing and persistent. There have been a number of policy-related achievements throughout the 1<sup>st</sup> and 2<sup>nd</sup> CPs, as well as a number of challenges, as discussed above. Overall, while a number of UNFPA concerns have been integrated into the national instruments and sector policy frameworks, several key instruments particularly those that support sexual and reproductive and gender based rights have not yet been approved.

**Sexual and reproductive health and rights.**

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

**Gender equality.**

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

**Population Dynamics:**

- The law on demographic security was adopted in 2002 and is being implemented through the national programmes for demographic security.
- The UNECE with UNFPA input developed the Roadmap on Mainstreaming Ageing (2019) which can support the draft National Strategy of Active Ageing and the relevant Action Plan.

**4.5 Effectiveness – Emergency Preparedness**

**Emergency Preparedness Summary.** UNFPA has contributed to improved emergency preparedness through supporting training on the Minimum Initial Services Package and its components for health service managers who will act as trainers, as well as health service providers, with a limited coverage of the need. UNFPA has achieved UN Minimum Operating Security Standards compliance through voluntary self-assessment including testing of the emergency communication systems, and overall interagency cooperation on security has improved but needs further strengthening.

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

Table 11. Output Indicators – Emergency Preparedness

Output Indicators: Emergency Preparedness			
<b>Minimum Preparedness Indicator:</b> <i>Minimum preparedness established: The office has established and conducted emergency preparedness processed and activities to help mitigate risks in the event of an onset of a crisis.</i>			
Indicator	Baseline	Target	Milestones

AWP - Security output indicator – Office complied with measures for ensuring safety and security of UNFPA personnel, eligible dependents, assets and activities	Yes (2015)	Yes	(2016, 2017, 2018) Completion of mandatory security training; financial resources allocated to implement Minimum Operating Security Standards (MOSS); global directory person profile is updates; Office is MOSS compliant
SP - Output 3.4a indicator 1 (National capacity to implement MISP at the onset of a crisis exists) number of health service providers trained on the MISP with support from UNFPA	NA	Yes	(2018) 60 health service providers trained as trainers during the year on the MISP with support from UNFPA
SP – Output 3.4b Number of health service managers trained as trainers during the year on the MISP with support from UNFPA	NA	Yes	(2018) 5 health service managers trained as trainers during the year on the MISP with support from UNFPA

Since Belarus is a Middle Income Country and has access to significant resources to address the country's emergency situations, the preparedness for possible SRHR and GBV emergency situations, is not a priority for the country. The available data from the Country Office Annual Reports (2014, 2015, 2016, 2017 and 2018) indicates that a humanitarian preparedness plan was in process in 2015. However, in 2016, the process was halted due to lack of human resources and lack of readiness of the government partners to involve international organizations in the national preparedness planning. In general, there was still low priority assigned to the need to prepare for an emergency situation by the government. The intention of the government to address the emergency needs on its own was made clear, however, recent training in 2018 has opened up the dialog.

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

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

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

## 4.6 Efficiency

**Efficiency Summary.** Disbursements of core funds from 2014-2019 were at a high rate while disbursements from other resources were less efficient. UNFPA demonstrates cost efficiency through participation in the UN common system and through helping partners to negotiate better rates for training, and collecting stakeholder support to strengthen proposals and plans. The Country Office has successfully implemented the recommendations from a 2016 audit with related capacity development, but does not have adequate human resources to address the increasing operational demands. UNFPA has refined the country office fund mobilization approach, and leveraged significantly more funds from other sources compared to core funds; opportunities for joint funding need to be more effectively negotiated.

Periodic regional office monitoring visits have produced strong recommendations but more frequent interactions by the regional office with national stakeholders would have been helpful especially to face sexual and reproductive health challenges. Follow-up by the Country Office on use of the prescribed regional tools and key messages is not clear. UNFPA has sought and strengthened strategic partnerships, although civil society organizations require more support in order to optimize their contributions to ICPD strategic goals.

The Country Office has not consistently programmed mid-term reviews and end-term evaluations needed for steering the programmes. Some essential programme documentation is not easily accessible or available; the level of actual contribution of funds compared to those pledged to the UNDAF (2016-2020) is unclear. Communications have effectively conveyed messages in relation to ICPD issues. Communications challenges include need to adopt more creative means of transmitting key messages, and to be more active in promoting the messages and monitoring the feedback in the oblasts.

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

### Evaluation Matrix Indicators

1. The planned inputs and resources were received as set out in the WPs and agreements with partners
2. The resources were received in a timely manner according to project timelines and plans, or plans adjusted accordingly
3. Inefficiencies were corrected as soon as possible
4. Evidence that UNFPA leveraged resources from other sources
5. Added sub-question indicator: The quality and quantity of regional office monitoring and of country based evaluations have been adequate
6. Communications targets established through the regional initiative "One Voice" have been achieved.

The **planned inputs and resources** were set out in the AWP and agreements with partners. For example the UNDAF agreed inputs along with the UN partners are set out on the UNDAF results framework, however, the level of UNFPA contributions (2016-2019, see annexes for the detailed list) compared to pledges are not clear. The UNDAF is subject to the end-programme evaluation at this time, in parallel to this UNFPA evaluation.

The disbursed amounts are illustrated in the charts below. The rates for 2019 are only partial so thus do not compare to the full years, however the disbursement rate of core resources can be considered to be efficient. (The explanation for the lower disbursement rate of the other resources in 2014, 2015, and 2016 is not available to the evaluation team.) It would be important to analyse the reasons for lower disbursement of the other resources in 2014-2016 and whether they were carried over or returned.

Table 12. Disbursement of UNFPA Belarus Core Resources (2014-2019)

Year	Budget	Expenditure	Implementation Rate
2014	300,000	287,732	95.8
2015	300,000	292,996	97.7

2016	313,000	307,727	98.0
2017	300,000	295,456	98.5
2018	400,000	384,782	96.2
2019	401,338	235,455	58.7
Grand Total:	2,014,338	1,804,148	
Note: 2019 program expenditure reflects until August 2019			
Table 13. Disbursement of Other Resources (2014-2019)			

Year	Budget	Expenditure	Implementation Rate
2014	747,658	522,513	69.9
2015	528,999	294,536	55.7
2016	543,039	324,192	59.7
2017	717,692	715,738	99.7
2018	420,654	402,690	95.7
2019	463,593	219,861	47.4
Grand Total:	3,421,634	2,479,529	72.5
Note: 2019 program expenditure reflects until August 2019			

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

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

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

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

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

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

- 1) *Improve controls over Funding Authorization and Certificate of Expenditure (FACE) form review and approval.* There was no late FACE form submission and/or approval.
- 2) *Improve the use of the procurement plan as managerial tool.* The CO uses the procurement planning tool as recommended and sends the quarterly reports to the RO.
- 3) *Commit funds in Atlas before completing transactions.* There were only few cases when purchase orders (POs) were issued after the services have been delivered.
- 4) *Improve the coding of financial transactions.* The CO will further ensure the correctness of expenditures coding by monthly verification of correctness of accounts used when preparing the monthly financial accountability checklist. The HQ organized webinars on correct expense account coding separately for preparers and approvers and all responsible CO staff participated.
- 5) *Accurately classify vendors and assess them*
- 6) *Improve travel planning and ensure that security clearances are provided ahead of travel.* CO prepares quarterly travel plan and sent to the RO. No travel advance is processed without security clearance.

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

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

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

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

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

There have been notable successes in resources mobilization.

- In 2014, the Regional Office assisted the CO in negotiations for resource mobilization with the Russian Federation. As a result, an agreement between the UNFPA and the Russian Federation was signed in December 2014 for \$900K for the project in the area of Population Dynamics. (See PD section for more details.)
- The CO completed the negotiations on joint programming with the UNICEF, WHO and UNDP for the project in the area of reproductive health, which will be funded by the European Commission. (BELMED). The share of the 4 million euro project for UNFPA amounts to \$170K.

- The CO initiated negotiations for the Sida support for the project on the domestic violence and gender equality. The project proposal is under development, the content will be discussed with other UN agencies for potential cooperation. The project ideas have been shared with the donor during their visit to Minsk end of November.
- The CO successfully conducted negotiations with the British Embassy in Belarus for the support of the interventions in the field of counteracting DV and promotion of gender equality within the "Human Rights and Democracy Programme" of the Foreign & Commonwealth Office. (Please see the GE section).

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

Table 14. Output indicators Resources Mobilization, Communications, Partnerships, Knowledge Management

<b>Output Indicators: Target Achievements - Resources Mobilization, Communications, Partnerships, Knowledge Management</b>			
<i>SP Output: Strengthen partnership with strategic institutions, CSOs, development partners, private sector and academia to advance implementation of ICPD agenda in Belarus</i>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>End line data Or Milestones</b>
Amount of co-financing resources mobilized during the year	\$257,411 (2017)	\$400,000 (2018)	2019- \$195, 000 for PD and \$280,000 for GE
Numbers of strategic partnerships	10 (2017)	15 (2018)	Partnership agreements signed; new partners identified in 2018 =23; Social media ambassadors identified and post UNFPA info at their facebook = 4 (2108)
Number of people reached through partnerships that ensure high visibility	200,000 (2017)	13 million (2018)	Info Campaign on GBV completed; New pieces of content produced on SRHR for FLO app (2018)
Number of times UNFPA is mentioned in the national/local media	502 (2017)	550 (2018)	Loyal pool of journalists being established; Number of publications in Media increased to 161% in 2017 in comparison to the 2016 (502 in 2017 to 310 in 2016); UNFPA (Feb.2018 - Dec.2018) was mentioned in the media: 653 times. The target was competed at 118%.
Number of knowledge solutions developed through partnerships that emphasize innovative solutions	1 (2017)	1 (2018)	None reported
Number of newly established partnerships in the area of GBV/DV	2(2015)	5 (2016)	6 partnerships established in 2016
Number of joint events with private sector donors	2 (2015)	10 (2017)	6 achieved in 2016; 10 achieved in 2017

**Strategic partnerships.** According to the Country Office Annual Reports (COARs, 2014-2018) over the 1<sup>st</sup> and 2<sup>nd</sup> CPs, the Belarus CO has engaged in structural cooperation and partnership with a number of NGOs supporting youth, and initiatives within the framework of the YPEER network (informal) in Belarus. Partnerships were strengthened with the Swedish and Finish Embassies and the Swedish Institute to work on issues of GBV and DV. A new partnership with British Embassy was established to work on the Law on Domestic Violence. New partnerships were established with the General

Prosecutors office, the Supreme Court, and the Center for legislation development within the GBV project. The CO organised an Innovation Day in 2017 on the issue of Comprehensive Sexuality Education (CSE) which was attended by around 100 participants from different professional areas. As a result of the event a number of new partnerships were established with CSOs, designers, celebrities and advertisement companies.

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

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

**Accountability, monitoring and evaluation.** It is noted that a final Country Programme Evaluation (CPE) did not take place for the 1<sup>st</sup> Country Programme, and the reasons have not been documented in the COARs. A study was conducted using secondary sources to assess evaluative evidence in 2015, but could not be considered an end of programme evaluation (CPE) according to UNFPA definitions.<sup>100</sup> It is not clear to the evaluation team from asking key informants, why evaluation has not taken place more frequently as in mid-term and end-term to better steer the CP.

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

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

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<sup>100</sup> Evaluative Review Of The UNFPA Country Programme Belarus (2011-2015), Sergei Gotin, 2015

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

Communication targets were generally successfully achieved with a few exceptions. Some events were cancelled or postponed due to government scheduling issues. Achievements included:

- The number of publications increased to 161% in 2017 in comparison to the 2016 (502 in 2017 to 310 in 2016).
- A Social Media Ambassadors (SMA) project resulted in significant growth of subscribers in facebook, and the SMAs generated content that promoted UNFPA mandate
- Family day in 2017 was marked by interactive program for fathers, promoting responsible parenthood, developed together with Minsk Center of Social Services.
- UNFPA cooperation with IOM for the Youth camp initiative resulted in active participation of the camp participants in the Innovation Day on SRH for youth topic, organized by UNFPA.
- A photo exhibition "Treasuring the time in your hands" devoted to the population ageing topic was shown at the Ministerial Conference on ageing in Portugal in September 2017.
- Facebook followers number doubled to over 3,000, and a new social media account was opened for the Russian speaking younger audience and it became very successful.
- A contest for journalists was held to generate articles on domestic violence, also involving regional media. The French Embassy provided a prize to send the first and second place winners to France and Estonia. Decision-making on the prize was mixed commission (MIA, embassies, UNFPA, a couple of NGOs) according to set of criteria.
- As per the messaging/topics variety in 2018 the following topics were covered proportionally in terms of media referrals: Gender equality: 202; Demography and development: 165; SRH: 227; UNFPA as The Agency: 59.
- Messages in 2019 strongly focus on the census.

Particular focus has been placed on Kobrin and the work addressing gender based violence. The SMAs participated as mentors through master classes for teenage girls during the UNFPA visit to Kobrin. Kobrin has a strong interagency group on domestic violence and the media is active in covering the issues. To test whether communications had been effective, focus groups were conducted with women who stayed in shelters – they provided their feedback to UNFPA, the MoLSP and Ministry of Internal Affairs (MIA). During the information campaign, women survivors were also involved in the activities.

**Key informant interviews and focus group discussions** for the evaluation verified that communications on options for reporting GBV and seeking services have reached both large cities and smaller towns, due to contributions made by UNFPA coordinated with the MoLSP and MIA. **Survivors of gender based violence** reported finding information on line and through publicized contacts which offered them information and referrals.

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

## 4.7 Sustainability

**Sustainability Summary.** The UNFPA global strategy lacks sufficient guidance on promoting sustainability in the middle income countries and the country office reporting does not discuss the progress and challenges from a perspective of national ownership. In general, national stakeholders are highly motivated to achieve the SDGs and human rights goals by virtue of the nationally approved strategies. However, government ownership of the means to achieve the UNFPA transformative results for ending GBV and unmet family planning needs is challenged in the current context, hampering the

short term prospects. The capacities of the civil society and non-governmental organizations are challenged by their restricted operational status in the country and their limited options for securing funding, yet they offer strong possibilities for pursuing both short and long term sustainability. UNFPA investment in building the basis for long term sustainability through youth groups and NGO/CSO networks is yet to achieve its potential.

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

##### **Evaluation Matrix Indicators:**

1. Evidence of national leadership in planning and implementation of projects and programmes to promote ICPD objectives
2. The extent to which partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies
3. Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts.

It is noted that the two Country Programme Documents (1<sup>st</sup> and 2<sup>nd</sup> CPDs), the Annual Workplans and Country Office Annual Reports (COARs) lack dedicated sections on sustainability and there are few mentions of analysis of the short and long term ownership perspectives. The Country Office (CO) mentions the challenges in several COARs in determining whether national or international technical assistance promotes greater ownership. This represents a **gap in tracking sustainability indicators** and sustainable outcomes. The Country Office could be contributing to the reporting on sustainability as the AWP and COARs are written throughout the programme cycles.

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

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

According to **key informants**, there is strong motivation among government and assistance organizations to lay a solid groundwork for long term sustainable changes. For example, the government has appointed a strong gender advocate as chair of the national women's council. The National Human Rights Actions Plans are good initiatives but even more effective is the required government response to the international conventions such as the Universal Periodic Review which illustrates the need to update the national Gender Action Plan. Alternatives have also been sought to push through political bottlenecks. The National Center of Legislation and Legal Research of Belarus (NCLLR) which is a government body studies the legal means for addressing domestic violence and despite failure of the Law on Domestic Violence has tried to incorporate the norms into existing legislation where possible.

**EQ 8 – To what extent have the partnerships established by UNFPA promoted the national ownership and sustainability of supported interventions, programmes and policies? Existence of exit strategies with government partners that illustrate hand over of activities and demonstrate readiness of national stakeholders to replicate activities and adapt programme results in other contexts.**

The UNFPA Strategic Plan (2018-2022) mentions ownership in very few places, once in terms of engaging citizens through volunteerism, empowerment, participation and other means to strengthen national ownership and capacity, and delivery of the sustainable development agenda. Ownership is

mentioned in terms of strengthening health systems in collaboration with the World Health Organization, to address inequity in access to, the poor quality of, and the lack of social accountability for sexual and reproductive health services. UNFPA mainly describes ownership on page 20 as per the business plan in terms of matching funds. *“Currently, if a country that is classified as an (inequality-adjusted) upper-middle or high-income country contributes to its own country programme, UNFPA matches these contributions on a one-to-one basis up to \$100,000 on top of the floor. UNFPA will continue to use this arrangement to support domestic fundraising and the ownership of programmes.”*

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

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

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

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

It is thought by **stakeholders interviewed** that UNFPA could do more to promote the relationships between civil society and state actors, through various means such as communications platforms that broach SRHR topics which are sensitive, in view of the government’s current position. Obtaining funding poses challenges for CSOs and NGOs and UNFPA may be in a position to use its added value to help secure funding in order to promote a stronger long term potential for sustainability. Further, Belarus CSO and NGO partners could be better informed about the UNFPA process of project development and brainstorming with partners to seek alternative means to address the long term issues, such as when official systems are not conducive to accepting the needed changes.

## 4.8 Coordination

**Coordination Summary.** UNFPA is a fully functioning member of UN family in Belarus, actively working with the other UN agencies to promote advocacy on joint objectives and involved in the Resident Coordinator system support via chairing the Gender Equality Thematic Group and participating in other thematic groups. UNFPA together with the UN Country Team supports the Belarusian government in ensuring the implementation of the Universal Periodic Review recommendations. UNFPA was key in advocacy efforts for promotion of the Law on Domestic Violence and needs to promote actions to counter the mandatory gynaecological examinations recently introduced. UNFPA and UNICEF with overlapping mandates have successfully cooperated on several initiatives. However, the BELMED programme involving four UN agencies met with interagency management issues, producing a number of lessons learned.

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

Evaluation Matrix Indicators

1. Evidence of active participation and leadership in UN working groups
2. Evidence of UNFPA contribution to UN advocacy efforts

3. Evidence of UNFPA support for UN delivering as one approach
4. Evidence of exchanges of information between UN agencies
5. Evidence of joint programming initiatives

The United Nations Office in Belarus was established in September 1992. The UN mandate in Belarus is determined by the Agreement between the Government of Belarus and the UN as of 24 September 1992, which requires UN “to support and supplement the national efforts at solving the most important problems of its economic development and to promote social progress and better standards of life” .

Currently, the UN is represented by 11 UN resident Agencies operating in Belarus: UN Development Programme (UNDP), UN Department of Public Information (DPI), World Health Organization (WHO), UN High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Populations Fund (UNFPA), Joint UN Programme on HIV/AIDS (UNAIDS), International Labour Organization (ILO), International Monetary Fund (IMF), World Bank (WB) and International Finance Corporation (IFC) and a UN partner organization – International Organization for Migration (IOM). The UN Country Team (UNCT) agencies work closely together implementing joint projects and undertaking various multi-sectoral and crosscutting programmes and advocacy activities.

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

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

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

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

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

**EQ10 To what extent did UNFPA contribute to ensuring programme complementarity, seeking synergies and avoiding overlaps and duplication of activities among development partners working in Belarus?**

**Indicators:**

1. Nature of the contribution of UNFPA to the elaboration of the UNDAF and to the UNDAF result areas
2. Extent to which the UNDAF reflects the priorities and mandate of UNFPA in Belarus
3. Evidence of overlaps and/or absence of overlaps between UNFPA interventions and those of other UNCT members
4. Evidence that synergies have been actively sought in the implementation of the respective programmes of UNCT members

The most obvious evidence of joint initiatives is the United Nations Development Assistance Framework (UNDAF) for the Republic of Belarus for 2011-2015, which was the first joint strategy of the UN organizations acting in Belarus. This UNDAF has been prepared by the United Nations Country Team in Belarus in consultation with the Government of the Republic of Belarus and other national and international partners, with the aim of improving the lives of the people of Belarus. The process of the UNDAF development is necessarily one that seeks synergies. The 2<sup>nd</sup> UNDAF (2016-2020) is recently being evaluated in preparation for planning the next UNDAF. As described above in the relevance section, it is not clear whether and how UNFPA fulfilled its pledges to the 2<sup>nd</sup> UNDAF.

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

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

- There are different doors of access to the Ministry of Health for each of the UN agencies as per their mandates and programmes – this caused a fragmented approach.
- The programme was hampered by the fact the UN agencies have different financial, reporting and monitoring systems, which are difficult to harmonize.
- The biggest successes were the sub-granting schemes put forth by NGOs and they all performed effectively and changed the mindset of people especially on healthy lifestyles.

#### **4.9 Added Value**

**Added Value Summary.** UNFPA is viewed by stakeholders as being accessible for programmatic discussions and sharing venues for dialog. UNFPA is seen as active in advocacy and communications on sensitive gender and reproductive health issues and working toward upholding the rights of vulnerable groups. In regard to professionalism and influence, UNFPA offers access to high quality information and international and regional expertise. UNFPA receives high marks in cooperation with partners and promotion of joint initiatives and planning. To add more value in Belarus, UNFPA can further promote relationships between state and non-state actors, identifying funding opportunities for CSOs, asserting its added value in supporting interventions for youth and population dynamics, and working with partners to develop interventions in the oblasts.

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

**Evaluation matrix indicators:**

1. Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon
2. The results observed in programmatic areas that have been achieved with UNFPA's contribution are described.
3. The perceptions of national stakeholders in regard to UNFPA's added value have been collected and used for future programming.
4. Perception by Belarus national stakeholders of the comparative strengths of UNFPA
5. Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners
6. Evidence that UNFPA has established and maintained partnerships to ensure that UNFPA can make use of its comparative strengths

UNFPA offers significant added value to the development goals in Belarus as described in the programmatic sections above. UNFPA has a number of comparative strengths that could be built upon. Some perceptions of stakeholders in regard to **UNFPA's added value and perceived strengths** included the following.

In regard to **responsiveness and communication:**

- "I know that I will always get some kind of feedback on any of our ideas."
- It was always easy to coordinate with UNFPA around the issues of gender based violence and women's empowerment
- UNFPA has increased the comfort level to work with country reports and in sharing space for meetings.

In regard to **attention to the most vulnerable:**

- UNFPA is among the most active in helping the women and other family members affected by GBV and DV to be protected and find solutions to their problems.
- UNFPA is doing well supporting people with disabilities and in particular with their reproductive rights.
- UNFPA seems more effectively attuned to the SRHR needs of youth than others.

In regard to **professionalism and influence:**

- UNFPA has found world class experts and helped to establish cooperation with them to assist Belarus
- A source of trusted information; High status of the agency; High quality of expert materials
- The 1<sup>st</sup> joint project using the UN trust fund passed a comprehensive assessment (as part of Ministry of the Economy procedures) and got 4.9 of 5 score.
- UNFPA offers resources and advice on programme design and methodology.
- UNFPA is pro-active; for example, in addressing a possible negative impact of new law on social protection of children
- The international and regional dimension of UNFPA is very important and strong.
- UNFPA is less bureaucratized than other UN agencies.

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

- The UNFPA partnership strategy has paid off in establishment of a number of new partners.
- An important impact has been the introduction and partnership building between CSO and state actors in the oblasts.
- Promotion of project coordination council of all stakeholders, including NGOs working on DV and GBV, including joint planning of events and activities in productive manner.
- UNFPA government partners attest that cooperation has been successful and there is a sense of optimism in future collaboration. "**Experience of UNFPA may be an example of best practice of international cooperation.**"

In regard to **programmatic areas:**

- UNFPA addresses GBV\DV issues in a holistic manner.

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

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

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

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

All **key informants** mentioned capacity building activities, supported by UNFPA as one of the most valuable outputs to them in their jobs. UNFPA used a variety of capacity building activities – study tours, trainings, conferences, provision of consultation, support investments to infrastructure and partner's sustainability. Relevant combination of re-active (needs/request based) and pro-active (promoting networking among stakeholders) is applied. UNFPA was able to engage senior officials of the state partners and they were able to use what they learned for advocacy and policy development. At the same time, it was noted by some stakeholders that the approach to transferring experience through study tours and other forms of training should be improved: mid-level specialists should be included as well as senior staff and all of those involved should be responsible for further follow up implementation and distribution of tasks after study tours in particular. Some stakeholders, especially from the oblasts and from NGOs expect closer programmatic cooperation with strategic partners at the operational level to help to build their capacities. Their suggestions included job shadowing or mentoring which would help less experienced staff learn from those with more experience, since trained people may change their work places, and the institutional memory of the ministries may not be strong at oblast and local levels.

The location of the Country Representative away from Belarus in Kiev, has not been noted as a direct impediment to added value, which may imply a light touch in terms of management and visibility from that location. What was of concern to some stakeholders, notably donors, is the revolving of the Assistant Representative/Head of Office more frequently than four years, and typically 2-3 years. The person who fills this position is very visible among the stakeholders and often well-known and relied upon to be consistent and present. The change of head of office with periodic interim replacement may lead to confusion among donors and others - accumulation of trust is needed and attention to pressing issues (e.g. failure of passage of the DV law in October 2018, when there was a period filled by temporary staff).

## Chapter 5 Conclusions and Recommendations

### 5.1 Conclusions

This evaluation of the UNFPA Belarus 1<sup>st</sup> and 2<sup>nd</sup> Country Programmes provides an independent assessment of the relevance and performance of the 1st country programme (2010-2015) and first half of the 2nd country programme (2016-2020), vis-à-vis the expected outputs and outcomes set forth in the programme results frameworks. The evaluation provides an assessment of the UNFPA country office's positioning within the development community and national partners, with regard to its ability to respond to national needs while adding value to the country's development. The evaluation has drawn key lessons from past and current cooperation and provides a set of clear, specific and action-oriented strategic level and programmatic level recommendations for the next programming cycle.

#### **Strategic Level. (Relevance, sustainability, policy integration, added value)**

**The evaluation concludes that UNFPA consultations with stakeholders and vulnerable groups in Belarus promoted relevant programme planning, suited to government requests and respecting the UNFPA business model for support in middle income countries.** The 1<sup>st</sup> and 2<sup>nd</sup> Country Programme objectives did indeed target women, adolescents and youth but stakeholders have attested that more programmatic outputs are needed on the issues of ageing, high risk key populations, people with disabilities, and reaching people living in rural and remote areas. As adolescents and youth are among the most vulnerable groups as assessed by the UNDAF and UNFPA, their sexual and reproductive health needs warrant greater sustained attention, more than a cross cutting issue. UNFPA programming does not refer to a substantive assessment of those left furthest behind, in terms of numbers and locations of the most vulnerable groups. Some groups that are particularly vulnerable and facing exclusion and discrimination include MSM, LGBTQI, women in the sex business, and others whose needs are under-recognized by the state, and where UNFPA can add value in advocacy.

**Among the three UNFPA transformative goals, only “end maternal mortality” is nearly completely attained in Belarus while “ending unmet need for contraception” is partially met, and “ending gender based violence” has a significant way to go toward attainment of the goal.**

According to the goals set by the Belarus government, the goal for maternal mortality has been achieved in 2015 with the MDGs (4/100,000) and is currently 2/100,000 (2019), and the Belarus goal of ending unmet need for contraceptives is likely to be met during the SDGs. What Belarus considers to be priorities means carefully weighing and measuring strategic and funding investments toward closing the transformative gaps in unmet needs for contraception and reducing gender based violence. Addressing maternal mortality and strengthening the health delivery system currently dominates the SRHR agenda, however, overall declining women's health and the effect of high levels of NCDs are of concern. The increases in sexually transmitted infections warrant more preventive and remedial actions than currently provided in UNFPA programming. While crisis centers have provided effective essential services in the shorter term for women and their children fleeing violence in their homes, finding the long term solutions (e.g. their after-crisis socialisation and rehabilitation) and dealing with perpetrators requires considerably more strategic focus.

**Since policy integration has met with mixed results, innovative solutions are important to reaching the goals of the ICPD agenda in a sustainable manner.**

UNFPA has met with success in incorporating gender equality into the drafts of the National Gender Equality and the Human Rights Plan and supporting a well vetted sexual and reproductive health strategy and a family planning model. However, the concerted efforts of UNFPA to seek acceptance on these drafts and the law on domestic violence have met with obstacles inextricably tied to the national goals of increasing the fertility rate and upholding family values. To create an understanding and reach common ground requires dialog and finding effective supporting mechanisms, such as by using the UN voice and communications networks, and the experience of other countries. UNFPA has made good progress in building the basis for long term sustainability through use of national resources promoting reproductive rights and gender equality such as youth groups and NGO/CSO networks but the potential needs to be further tapped. Population Dynamics interventions may offer a means in the interim to bridge the knowledge gaps such as the trend toward urban migration and the growing elderly population, while working to ensure that outputs are used for decision making.

**UNFPA added value and strong contribution to development in Belarus is well recognized by colleagues, partners and targeted groups and includes the use of effective approaches and best practices in encouraging and supporting partnerships.** To optimize its positioning, UNFPA could take steps to broaden its influence and use the UN Country Team advocacy clout to send out key messages. Since UNFPA during CP2 focused primarily on advocacy and policy activities, a more proactive strategy is needed to retain institutional memory and promote sustainability. These include: long-term oriented partnerships and mentoring support for oblast/local specialists of internal affairs, social protection and healthcare as well as relevant NGOs. Since UNFPA reach to the oblasts is still limited, long-term oriented partnerships and mentoring support in more oblasts could enhance confidence in UNFPA key messages. Pushing for more connections between state and non-state actors, and bringing regional and international experience to bear on the issues of youth and adolescents as well as other vulnerable groups' access to reproductive health information and healthy lifestyles could strengthen a preventive approach.

#### **Programmatic Level (Effectiveness; Cross Cutting Human Rights and Gender Equality).**

**Sexual and Reproductive Health and Rights (SRHR) conclusions. UNFPA outputs have met with slow acceptance and incorporation of international standards and protocols in the national health system but incremental progress is noted.** The verbal support expressed by national health system actors to acceptance of critical SRHR strategies and family planning models has not played out in reality due to the dominating demographic security goals. The root causes of women's general health issues need to be more strongly addressed in order to meet the goal of ending preventable maternal mortality. A new strategic approach is needed to align the UNFPA transformational goal of ending unmet needs for contraception with government goals.

**UNFPA support for NGO/CSO outputs for addressing needs of key populations has met with some measurable success,** in working toward the government acknowledged pressing needs for reduction of sexually transmitted infections. This approach could be applied to supporting the sexual and reproductive needs of persons with disabilities. **UNFPA support for peer to peer communications have produced some favourable indications with strong potential both nationally and regionally as well as being an investment in the future.** However, UNFPA needs to track the outputs for the Youth Friendly Health Services and comprehensive sexuality education to determine the outcomes and challenges that can be addressed. The SRHR programmatic area should be able to demonstrate the distribution of its human and funding resources proportional to the needs of the most vulnerable in addition to what is practical and achievable in the context.

**Gender Equality (GE) conclusions. UNFPA has successfully supported the introduction of multi-sector mechanisms of coordination in pilot locations along with capacity development reflecting international and regional standards toward ending GBV and DV. UNFPA has effectively supported compliance of national policies with international commitments including the development of the concept of Law on Domestic Violence, while it faced the lack of political will and full-scale dialogue.** The initiatives supported by UNFPA and partners reached a wide range of stakeholders (e.g. medical professionals, social workers, police, NGOs and faith-based organisations) on issues related to GE and domestic violence. The outputs have resulted in outcomes such as sustained practices in pilot locations and have led to notable results including the reduction of GBV in those locations. The challenges to sustained coordination are the continuing need to train new staff, the narrow spectrum of support for affected women by local law enforcement, and helping families find long term solutions. Sustained advocacy and communications to promote gender equality goals are needed centrally and locally and involving both state and non-state actors.

**Population Dynamics (PD) Conclusions: Through activities supported by UNFPA and partners evidence based analysis has begun to be effectively delivered to national policy makers and international stakeholders, through collection and dissemination of high quality statistical data and user friendly publications.** There is variability in the practical usage of the data to achieve outcomes and results, with strong technical usage for monitoring but with uncertain strategic use for program and policy development. Interventions under PD may offer a means to demonstrate the demographic trends in order to meet needs of the various population groups, however, the statistical approach currently in Belarus is not focused on outcomes and use of the demographic analysis for decision making. There are two main clients for national statistics: governmental bodies (ministries, government) and scientific institutions (mostly – as part of conducting research and analysis on request

of governmental bodies). State and non-state scientific institutions have limited resources for scientific research and need support for independent research and analytics. State and non-state sector need more awareness raising and capacity building to learn how to use gender disaggregated data for policy development and project/program planning, in particular, how to improve effectiveness and sustainability of the programs specifically for different gender groups. The Road Map to Mainstreaming Aging (UNECE 2019) offer prospects for future collaboration under the upcoming National Strategy on Active Ageing.

### **Operations and Management (Efficiency, Emergency Preparedness, Coordination)**

**UNFPA has demonstrated efficiency through participation in the UN common system, efficient disbursement of core resources and responses to audit recommendations, resource mobilization, communications and partnership planning, leveraging resources, and gathering stakeholders to strengthen proposals and plans.** The Country Office filing of the programmatic documentation archives is less than efficient. The evaluation has weak evidence on the early years of the 1<sup>st</sup> Country Programme and on the contributions to the current UNDAF. Follow-up on some of the programme indicators and the recommendations made by the EECA regional advisors is not evident. available. The bureaucratic demands have imposed a burden on the current human resources capacity. Regularly scheduled mid-term reviews, end term evaluations, follow up on the impact of training and usage of the already developed regional tools, and more frequent inputs from the regional advisors are lacking and needed in the currently complex environment. Communications and use of IT may hold the key to spreading the ICPD messages with concerted follow-up on the impact of communications tools in the oblasts.

**UNFPA has contributed to improved emergency preparedness particularly through the UN security system and training and training the trainers on the Minimum Initial Services Package. UNFPA is a full member of UN family in Belarus, actively working with the other UN agencies to promote advocacy on joint objectives and involved in the Resident Coordinator system support via chairing the Gender Equality Thematic Group and participating in other thematic groups.** Tighter coordination among UN agencies on the security arrangements is desired. UNFPA is a key advocate and contributor for upholding the recommendations of the Universal Periodic Review, the law on domestic violence, sexual and reproductive rights and gender equality. While UNICEF and UNFPA have negotiated their overlapping mandates for joint programming, the experience of involving four UN agencies in the BELMED programme has produced a number of lessons learned. UNFPA excels at promoting visibility of the gender based and domestic violence and other programmatic activities, however, public awareness and relations may benefit from stronger coordination with a wider range of actors and means of transferring key messages.

## **5.2 Recommendations**

### **5.2.1 Strategic Recommendations**

**1. With national and international partners, assess the relative vulnerability of groups and people who are left behind in Belarus and create a strong rationale for the placement of UNFPA human and funding resources and in view of the potential resources that vulnerable people have to offer and in respect of their human rights.**

**Recommendation directed to: Country and EECA Regional Office**

**Responds to Evaluation Question 1**

**Operational considerations: UNFPA should:**

- Work with partners, including state and non-state actors to assess the needs of vulnerable people, their numbers, their locations using demographic data and specific and scientifically designed needs assessments, and among the groups as targeted in the UNFPA Strategic Plan and the ICPD agenda.

- Strengthen implementation of the human rights based approach in UNFPA activities in Belarus, especially in addressing the needs of vulnerable and marginalized groups, such as people living in rural areas, LGBTQI, persons with disabilities, the elderly, and adolescents and youth.
- Develop a strong rationale for UNFPA targeting with contribution to the UNDAF
- Consider the means to work on the demand side from vulnerable groups in addition to the supply side, by encouraging advocacy and crowdfunding platforms, identifying new and empowering already known (for UNFPA) relevant stakeholders, and giving more voice to those who have been left behind.

**2. Advocate for and allocate core and other resources and innovative means to attain the UNFPA transformational goals relative to their distance to achievement in Belarus and in view of the goals of the government of Belarus.** For the remainder of the 2<sup>nd</sup> and planning for the 3<sup>rd</sup> Country Programme, UNFPA Belarus should consider the need to allocate resources proportionately and relative to the medium distance to end the unmet need for contraception and family planning, and the relatively distant goal of ending gender based violence and other harmful practices and in consideration of those who are left furthest behind.

**Recommendation directed to: Country Office and EECA Regional Office**

**Responds to Evaluation Questions 2 and 3**

**Operational considerations: UNFPA should:**

- Consult with the RO (HIV, SRH, PD and GE advisors) to undertake dialog on where the UNFPA emphasis should be placed, given the current demographic security and family values focus and the mixed messages received from government ministries on response to GBV (e.g. MIA and MFA).
- Consider making adolescents and youth a separate programmatic area as they are identified to be among the most vulnerable groups in Belarus and their needs require dedicated focus and resources.
- Develop a strategic approach and project(s) on “active longevity” and mainstreaming aging which is in demand by the government and which can be cross-cutting to other programmatic work, including response to domestic violence.
- Resolve the priorities for SRHR among the options given the slow progress on approval of the family planning strategy and the national strategy on sexual and reproductive health.
- Seek RO advice from the SRH and HIV advisors working together to gain agreement on where to place UNFPA funding and human resources, given practices that may be working in other countries such as Moldova and Armenia, also experiencing resistance to family planning.
- Consider a broader focus on promoting women’s health as a means of reducing maternal mortality.
- Consider the wide differences in life expectancy between men and women, particularly in the rural areas and address the root causes of male health vulnerability.
- Consider devoting more attention to male participation in attaining the SRHR and GE transformative goals, such as work with male partners in family planning, male GBV perpetrators, and MSM.

**3. Direct more UNFPA resources to focus on regional and rural areas in order to use UNFPA comparative strengths to augment outcomes and results in all programmatic areas.**

**Recommendation directed to: Country Office**

**Responds to Evaluation Questions 1, 2, 3, 4, 5, 7, 8 and 11**

**Operational considerations: UNFPA should:**

- Enhance UNFPA presence in the oblasts, through regular networking and cooperation with key stakeholders working there.
- Continue to support and work toward improvement of proven models in the oblasts for response to domestic and gender based violence and for working with key populations on issues of sexual and reproductive health and rights.
- Consider Including development of a regional program on preventing domestic violence with local CSOs and faith-based sector engagement.

- Consider support for oblast authorities in implementation of SDG indicators (in particular – on UNFPA thematic areas) in regional and local programs and plans.
- Stimulate demand of state and non-state actors to good quality analytics based on exist (gender and generation research) and new (census 2020) data.

**4. Focus on achieving with partners the long term sustainability of the outputs and outcomes that have been achieved and in promoting national ownership of the outcomes and results.**

**Recommendation directed to: Country and Regional Offices**

**Responds to Evaluation Questions 7 and 8**

**Operational considerations: UNFPA should:**

- Supporting training for state partners in results based management, monitoring and evaluation to enhance ownership and tracking of the milestones and outcomes in all programmatic areas
- Enhance the knowledge basis for development programmes by supporting and directly cooperating with a wider range of scientific institutions, independent think tanks and individual researchers
- Support and strengthen the role of non-state actors in various policy platforms (Public advisory councils)

### **5.2.2 Programmatic recommendations**

**5. Place more focus in the SRHR programmatic areas on protection against cervical cancer, unintended pregnancies, STI's and HIV, and use this focus as an entry point for stronger communications/key messages with adolescents and youth and key populations and integration of family planning and contraceptive use policy into national development plans.**

**Recommendation directed to: Belarus Country Office and EECA Regional Office**

**Responds to Evaluation Questions 1, 2, 3, and 4**

**Operational considerations: UNFPA should:**

- Add STI and HIV indicators to the annual work plans, with related activities and follow-up through end- line data and milestones.
- Promote modernization of the methods of cervical cancer testing and use of the HPV vaccine.
- Increase the SRHR focus on reaching key populations, males, especially for condom use to prevent STIs, and people with disabilities.
- Engage in dialog with opposition groups to family planning interventions to clarify the objectives and human rights basis for family planning and prevention of diseases and infections
- Devote more resources to peer to peer communications and counselling, highlighting training or trainers and teachers, given the weak approach to YFHS and the weak coverage of key populations.
- Foster greater interaction with the national education system for comprehensive sexuality education as well as non-formal and adult education.
- Devote more attention and resources to partnerships with NGOs and CSOs who have agreements with the Ministry of Health, as well as coalitions and umbrella groups that have proven outcomes and results in reducing incidence of STIs and addressing the sexual health of people who use and inject drugs.

**6. Increase the effectiveness of interventions to support those affected by gender based violence and violence in the home to move closer to reaching the transformative goal.**

**Recommendation directed to: Country Office and EECA Regional Office**

**Responds to Evaluation Questions 4 and 5**

**Operational considerations- UNFPA should:**

- Enhance and expand cooperation and dialogue with constructive groups in church-based community, support efforts aimed at finding a common agenda to prevention and response to domestic violence.
- Reload work on the law on domestic violence with a revised approach to involve dialog with new stakeholders, and holding low profile events to encourage continuing cooperation and coordination.
- Facilitate the transfer of successful experience of work with perpetrators from other post-soviet countries – to improve effectiveness and introduce new approaches.

**7. Increase the effectiveness of Population Dynamics interventions to move to a more results based approach and broaden the use of demographic and statistical data.**

**Recommendation directed to: Country Office**

**Responds to Evaluation Questions 4 and 5**

**Operational considerations: UNFPA should:**

- Support partners to increase the practical use of statistics and statistical analyses by investing in building a value chain on use of the statistical data
- Introduce strategies linking the practice of economic development (as the dominant strategy of the GoB) and demographic development possibly by shifting the focus from “Solving the problems of demographic security” to “Using human capital as a national resource” and similar modern approaches.
- Continue to stimulate the discussion regarding the results of the research and analytics, at the national and international level through participation in scientific forums, conferences, and other events.
- Promote evidence-based policy development, forecasting and prediction with special focus of use statistic data already collected.

**8. Synergize the Population Dynamics development and research interventions by intensification of communication, cooperation and coordination of stakeholders of research and development sectors.**

**Recommendation directed to: Country Office**

**Responds to Evaluation Questions 7 and 8**

**Operational considerations: UNFPA should:**

- Consider support of a permanent platform / panel at the national level, the participants of which will be representatives of research and analytical communities together with CSO and government officials other structures involved in the development, implementation and monitoring the effectiveness of population policies.
- Stimulate an open dialogue regarding issues and difficulties in the implementation of demographic policy, exchange of views, open discussion, fix emerging issues to stimulate research and analytical work in the field of demography.
- Invest additional efforts to support regional branches of Belstat with general policy framework and PD agenda with follow-up discussions on how they can contribute to the PD policy development on local level.
- Provide sociological expertise with involvement of both state and non-state research and academic specialists regarding PD activities and for programming PD component of CP.

**Operations and management recommendations**

**9. Increase the efficient management of the Country Office in addressing administrative burdens, reporting requirements, communications, and fundraising.**

**Responds to Evaluation Questions 1 and 7**

## **Recommendation directed to: Country Office and EECA Regional Office**

### **Operational considerations: UNFPA should:**

- Hire an additional staff member to manage operations so that programmatic staff can devote more attention to the ICPD agenda.
- Increase human and expert capacity in terms of level of effort of staff or consultants of Belarus CO to be able to directly, tightly and proactively work, monitor and support ongoing activities in targeted oblasts and communities.
- Considerably strengthen the database of documentation of past and present country programme planning, inputs, outputs, and milestones for use by mid-term reviews, country programme evaluations and UNDAF annual reports and evaluations
- Strengthen the support from the RO to the CO with sharing best solutions for the issues related to UNFPA mandate to be applicable in Belarus to increase efficiency of interventions.
- Ensure a documented follow up to regional advisor recommendations in addressing country needs, as part of the historical record and for programme planning and confirmation of response to the recommendations, such as for the usage of regionally developed tools and messages.
- Reliably programme mid-term reviews and end-term evaluations so that institutional memories, lessons and good practices are not lost.
- Promote follow-up on UNFPA investment in training and study tours to ascertain their value in promoting outcomes and results and broadening the audience for capacity building to include more medium level professionals and management, and non-state partners.
- Consider combining the funding sources from development agencies and programs/donors supporting scientific research and similar projects.
- Develop an “external relations” strategy and plan, with policy and guidelines for partners, and awareness raising (AR) and public relations (PR) as part of partners’ activities.
- Develop an Annual Communication Plan. which includes PR and AR focused on target groups and public messages, with guidelines and instructions for journalists and other media experts to inform them about relevant issues and the rationale for activities.
- Actively involve UNFPA communications staff with partners in regional monitoring visits, mentoring local partners PR and communication staff, and generating media content from the perspective of the target groups.
- Develop closer programmatic cooperation with strategic partners at operational level (i.e. job shadowing, project staff as a part of Ministries, mentorship in the oblasts etc.).
- Devote attention to HR policy of strategic partners regarding trained people within UNFPA CP activities.

## **10. The Country Office should build upon its demonstrated added value and enhance its visibility by mainstreaming regional and international expertise and exchange of country-based experience.**

### **Recommendation directed to: Country Office, EECA Regional Office**

#### **Responds to Evaluation Question 10 and 11**

#### **Operational considerations: UNFPA should:**

- Promote greater advocacy and encouragement of advocacy among partners such as in the UNCT, for including persons with disabilities (PWD) in advocacy and political forums through transparent discussion on how best to support to access sexual and reproductive health services and protecting them from domestic violence.
- Develop or promote with PWD a toolkit for practitioners to support PWD in various aspects of their lives.
- Solicit donor support for promoting SRHR for PWD
- Promote closer inter-agency collaboration on the promotion of SRHR for key and vulnerable groups, and strengthen advocacy among the UNCT to protest mandatory gynaecological examinations of girls under 16 years of age
- Continue to tap more regional and international resources, such as expertise, communications tools, and sharing country based experiences both to promote ICPD goals and in addressing challenges and constraints

- Support more Belarus professionals and advocacy groups to join regional and international forums