
UNFPA Country Programme Evaluation

Azerbaijan

Third country programme
2011-2015

Final Evaluation Report
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Disclaimer Statement

This evaluation report was prepared by a team of independent evaluators: Françoise Coupal, Evaluation Team Leader, and Nadir Guluzadeh, National Expert. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Board or United Nations Member States.

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AZN	Azerbaijani Manat
AWP	Annual Work Plan
CCA	Common Country Assessment
CDC	Centre for Disease Control and Inspection
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
COAR	Country Office Annual Report
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
DEX	Direct Execution
DHS	Demographic and Health Survey
DRF	Development Results Framework
GBV	Gender-based Violence
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
IDP	Internally Displaced Persons
IOM	International organization for Migration
MDGs	Millennium Development Goals
MISP	Minimum Initial Service Package
MoE	Ministry of Education
MLSPP	Ministry of Labour and Social Protection of Population
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTR	Mid-term Review

MYS	Ministry of Youth and Sports
M&E	Monitoring and Evaluation
NEX	National Execution
NGO	Non-governmental Organization
OECD-DAC	Organisation for Economic Co-operation and Development-Development Assistance Committee
OSCE	Organization for Security and Cooperation in Europe
RHR	Reproductive Health Rights
SCFWCA	State Committee for Family, Women and Children's Affairs
SOP	Standard Operating Procedure
SPPRSD	State Program on Poverty Reduction and Sustainable Development
SRB	Sex Ratio at Birth
SRH	Sexual Reproductive Health
SSC	State Statistical Committee
STI	Sexually Transmitted Infections
TOT	Training of the Trainers
UNCT	United Nations Country Team
UNDAF	United Nations development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN GTG	United Nations Gender Theme Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN RC	United Nations Resident Coordinator
WHO	World Health Organization

Key facts table: Azerbaijan ¹

Land	
Geographical Location	Southwestern Asia, bordering the Caspian Sea, between Iran and Russia, with a small European portion north of the Caucasus range (3)
Land Area	86,600 sq km (3)
Terrain	Large, flat Kur-Araz Ovasligi (Kura-Araks Lowland, much of it below sea level) with Great Caucasus Mountains to the north, Qarabag Yaylasi (Karabakh Upland) in west; Baku lies on Abseron Yasaqligi (Apsheiron Peninsula) that juts into Caspian Sea. (3)
People	
Population	9,477,100 (As of 01 Jan 2014) (9) IDPs: 609,029 IDPs of which 314,565 or 51.65% were female. Children comprised 231,151 or 37.95% with 119,292 (19.59%) girls and 112,059 (18.4%) boys. IDPs live in all 76 administrative districts of Azerbaijan, with the majority settled in the capital Baku and its surroundings. From 2001 to 2013, Govt. has established some 82 new settlements. (10)
Urban Population	53.2% of total population (As of 01 Jan 2014) (9)
Population Growth Rate	1.3% (9)
Internally displaced population (in the result of the war between Armenia and Azerbaijan)	609,029 (with females comprising 51.65%) (2013) (10)
Government	
Government	Presidential Republic, latest constitution adopted in 1995 (3)
Key Political Events	Declared Independence from the Soviet Union on 18 October 1991 (3)
Seats held by women in national parliament (Percentage)	15.6% (2013) (Statistical Yearbook on Women and Men in Azerbaijan, 9)
Economy	
GDP per Capita 2008 PPP US\$	\$10,800 (2013) (3)
GDP Growth Rate	5.8% (2013) (3)
Main Industries	Petroleum and petroleum products, natural gas, oilfield equipment; steel, iron ore; cement; chemicals and petrochemicals; textiles (3)
Social Indicators	
Human Development Index Rank	76 out of 187 countries (5)
Unemployment	5.2% (2012) (6) and (9) IDPs face difficulties with finding employment and income opportunities which impede their integration and self-reliance. Government subsidies are by far the greatest contribution to IDP incomes. 71% of IDPs were dependent on cash transfers from the State as the main income source for their households. (10)
Life Expectancy at birth	70.8 (5)

¹ . Where available, statistics of Internally Displaced Persons (IDP) are given as the UNFPA Country Program focuses on IDPs as well.

Under-5 Mortality (per 1000 live births)	35 (1)
Maternal Mortality (deaths of women per 100,000 live births)	43.0 (2010) (4)
Health Expenditure (% of GDP)	5.4 (1)
Births attended by skilled health personnel (percentage)	88.6 (2)
Adolescent Fertility Rate (births by 1000 women aged 15-19)	40.0 (2012) (4)
Condom use to overall contraceptive use among currently married women 15-49 years old (percentage)	4.3 (2006) (4)
Contraceptive prevalence rate	51% (4)
Unmet need for family planning (% of women in a relationship unable to access)	15.4 (7)
People living with HIV, 15-49 years old (percentage)	0.2 (2)
Adult literacy (% aged 15 and above)	100% (2013) (9)
Total net enrolment ratio in primary education, both sexes	99.8 (2013) (9)
Millennium Development Goals (MDGs): Progress by Goal	
1- Eradicate Extreme Poverty and Hunger	On Track, providing that efforts are continued to use oil revenues prudently; to develop the non-oil sector through an improved investment and business environment; and to ensure a more equitable distribution of the benefits of economic growth (8) Budgetary spending on welfare and infrastructure projects aimed to alleviate poverty and improve living conditions of IDPs had reached USD \$ 2.5 billion by 2014. In addition, 1.9 billion was utilized for construction purposed from the State Oil Fund. Source: UNHCR Report to CEDAW. Inadequate poor housing and infrastructure remain primary issue of concern for the majority of IDP. Lack of space seen as an obstacle for young IDPs to get married-both in new and old settlements and in collective centers. Situation of IDP female headed households found to be particularly precarious with poverty rates of 32.3% among IDP female headed households compared to 22.7% among those headed by men. (10)
2- Achieve Universal Primary Education	On Track, rated higher than the European countries of the CIS, but has to concentrate on improving the quality of school education (8)
3- Promote Gender Equality and Empower Women	High likelihood of achieving, efforts have to be made to halt the trend towards gender inequality in enrolment in the higher classes of secondary school. There have been recent increases in women's representation in Parliament, although the share of women remains low. (8)
4- Reduce Child Mortality	Insufficient data, problems of data collection and definitions which still have to be solved in order to set realistic and meaningful national targets. (8)
5- Improve Maternal Health	Off Track, there are measurement problems, and there is a need for improvement in this regard (8)
6- Combat HIV/AIDS, Malaria and other Diseases	On Track, the country has so far managed to contain the spread of HIV/AIDS to a greater extent than in some other countries of the CIS; malaria has also been contained (8)
7- Ensure Environmental Sustainability	Possible to achieve. While it is on track for supply of improved drinking water for urban areas, progress is still slow in rural areas. Efforts are required to ensure that the quality

	of piped water meets international health standards, and regular supply is ensured through utility reforms and public investment in infrastructure. (8)
8- Global Partnership for Development	On Track, youth unemployment is being addressed to a certain extent through the Government's Regional Development Programme, which aims to promote job creation in the regions (8)

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Executive Summary

Azerbaijan's Third Country Programme (CP) was evaluated between August-September 2014 with the view of providing an independent assessment of the performance of UNFPA from 2011-2014. The evaluation served three main purposes: i) To demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; ii) To support evidence-based decision-making; and iii) To contribute important lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

It is expected that the evaluation results will inform the formulation of the 4th Country Programme of UNFPA support to the Government of Azerbaijan. The specific objectives of the evaluation were: 1) To provide the UNFPA country office in Azerbaijan, national stakeholders, the UNFPA Regional Office, UNFPA headquarters as well as the wider audience with an independent assessment of the progress of the Programme towards the expected outputs and outcomes set forth in the results framework of the country programme; 2) To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme; 3) To provide an analysis of how the country office (CO) has positioned itself to add value in an evolving national development context; and 4) To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the new programming cycle. Six key areas were the focus of the evaluation including 1) relevance; 2) effectiveness; 3) efficiency; 4) sustainability; 5) UNCT coordination; and 6) UNFPA Strengths and Value-added. A brief situation analysis revealed that Azerbaijan has made significant gains since independence from the Soviet Union in 1991. With oil revenues now enriching directly the Azerbaijan economy, poverty has significantly decreased from 23.6% in 2005 to 5.3% in 2013.² Azerbaijan has also shown significant on track progress with the MDGs with only figures for maternal health under review given a lack of reliability.

UNFPA started operating in Azerbaijan in 1994 and has gained respect for its accumulative work through the years and during this Country Programme for its excellent evidence based research on sex selection abortions, child marriages, domestic violence (DV), the needs of the elderly coupled with advocacy work and capacity-building interventions. Two key development challenges have affected UNFPA programming: 1) resistance to sensitive issues related to intimate partner relationships like family planning particularly contraceptive use, Sexual and Reproductive Health among youth; and a 2) shrinking UNFPA budget.

Three key interrelated components characterize the UNFPA Azerbaijan Country Programme: Population and Development; Reproductive Health; and Gender. The Population and Development component seeks to systematically use the population dynamics analyses to guide increased investments in gender equality, youth development, and reproductive health for improved quality of life and sustainable development and poverty reduction. Population Development support during the current Country Programme totals USD \$ 651,386 or 21% of the Country Program budget.

² Executive Board of the UNFPA, Draft Country Programme Document for Azerbaijan, 8 April 2010, p.2. Also: The MDG indicators of the Republic of Azerbaijan, on SSC website: <http://www.stat.gov.az/source/millennium/indexen.php>

Reproductive Health and Rights seeks to increase access to quality reproductive and maternal health services and promotion of reproductive services. Reproductive health during the Country Programme accounts for 39% or \$ USD 1.179 million of the Country Programme Budget.

The Gender Equality component aims at ensuring that gender equality is advanced and women and adolescent girls are empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence. Gender during the current Country Programme accounts for 23% of the programme budget or USD \$ 700,603.

The evaluation used a mixed method approach that combined conventional methods of document review, semi-structured interviews and focus group discussions with more innovative methods including World Café, appreciative inquiry and The Most Significant Change. A stakeholder engagement workshop provided a forum for reflection and prioritization of findings and recommendations. The range of methods ensured that the evaluation approach and methods used were robust, participatory, evidence based and insightful.

A key limitation of this evaluation has been shifting outputs and outcomes at UNFPA headquarters which has resulted in limited baseline, targets and general indicators at the field level. Multiple strategic plans have obliterated strict distinctions between activities and outputs/results. Thus, the achievement of activities may or may not lead to the achievement of outputs and outcomes. More precise and realistic indicators and targets are required to track outputs and outcomes.

With regards to the six evaluation topics, the following findings were found:

1. Relevance. There is a strong alignment of UNFPA's programme with State policies and programmes including Azerbaijan's Vision 2020, SPPRS, State Programme on Population Development and Demography and the National Strategy on Reproductive Health. While programming in reproductive health, population and development (Population and Development) and gender responded to Government priorities, greater consultation could take place to give voice to target beneficiaries in program design and implementation.
2. Effectiveness. Overall, there has been notable progress on 6 outcomes and 18 outputs of the programme. Major achievements have been noted in all three intervention areas impacting on women, men, IDP, children and youth with only a few outputs not being fully achieved at the time of this evaluation.
3. Efficiency. With over 50 achievements noted and only a \$3 million budget, the Country Programme has been highly efficient given the amount of resources at its disposal. Leveraged funds totalling USD \$652, 486 have been very successful with regards to gender in particular as it concerns domestic violence; a growing international preoccupation worldwide.
4. Sustainability. UNFPA will continue to gain prominence in the next Country Programme. This is all the more important as Azerbaijan continues to make progress as an advanced economy and becomes more self-sufficient economically. This will need to parallel State investments in the social sector.
5. UNCT Coordination. UNFPA has been a very active member of the UNCT leading particularly the United Nations Gender Theme Group. As the lead of the Gender Theme Group, UNFPA efforts at mainstreaming gender in UN programming has been lauded as exemplary. Consistent advocacy of gender issues coupled with rigorous follow-up and championing of gender issues in key areas like child marriages and domestic violence, have yielded impressive results and cost sharing amounting to over 20% of the UNFPA budget.

6. Strengths and Value-Added. UNFPA strengths are widely appreciated and include among others: a unique mandate that focuses on reproductive health, gender and youth; adherence to national development goals; an effective and long lasting partnership with the Government; best practices at an international level in reproductive health, population and development and gender; and using the capacity of youth in consultations and programme implementation.

In terms of value-added, the following was noted. First, UNFPA had significant role in promoting evidence-based policy making in Azerbaijan. Due to this comparative advantage, UNFPA has been also engaged in UNCT's theme groups on Governance and Economic Development, although UNFPA mandate does not cover these areas. Secondly, UNFPA has strong international expertise in data mining and statistical research methodologies, which cannot be provided by any other UN agency present in Azerbaijan. Finally, UNFPA is establishing itself as strong M&E player; however, this requires more training on results-based management and better tracking of outcomes and outputs using realistic indicators. M&E is generally the weak point of UNCT. UNFPA will be expected to have a critical role in UNCT's new M&E Theme Group, currently chaired by UNICEF and WB.

As UNFPA seeks to focus on its next country programme, it should build on its strengths to advocate for the implementation of essential laws in reproductive health and domestic violence. This would allow for action plans and state budgetary resources to ensue. Continued emphasis on reproductive health, that emphasizes the role of men in reproduction and deals with Sexual and Reproductive Health of youth will continue to be important. The work of the State Statistical Committee (SSC) in generating gender disaggregated data is critical to policy making and ensuring that this data is mined and used to inform decision-making will continue to be a priority.

UNFPA has made impressive contributions to the United Nations Gender Theme Group and UNCT coordination. Continuing the collaboration between and among UN agencies continues to be of importance. As the Azerbaijani economy continues to advance in the future, sustainability should play an important role in all of UNFPA programmes and projects. Each project should have a sustainability and take-over plan to ensure continuity or replication in the future. The role of the State in taking up the mantle must become preponderant in the future. Only in this way, will true ownership be created and UNFPA supported work can have a lasting impact.

Chapter 1: Introduction

UNFPA is nearing the end of its 3rd Country Programme which covers the period 2011-2015. An evaluation was undertaken from August 10-October 15, 2014 to take stock of achievements to date and lessons learned that can serve the next country programme which is due to commence in 2016.

This report presents the findings of the evaluation of the UNFPA Country Programme. The final evaluation report is divided into six Chapters. Chapter 1 presents the purpose, objectives, scope and methodology of the evaluation as laid out in the terms of reference. The limitations of this evaluation are also noted. Chapter 2 provides the country context highlighting the development challenges and national strategies and the role of external assistance. Chapter 3 presents UNFPA's strategic response and programming in reproductive health, population and development and gender. Brief mention is made to the UNFPA previous cycle goals and achievements, and the current country programme is summarized. Chapter 4 presents the findings as they relate to the seven evaluation questions surrounding: relevance, effectiveness, efficiency, sustainability, UNCT coordination, strengths & value-added. After each evaluation question, key concluding remarks and recommendations are given. Chapter 5 & 6 present the overall conclusions and recommendations, respectively.

1.1. Purpose and Objectives of the Country Programme Evaluation

As per the UNFPA evaluation policy, evaluation at UNFPA serves three main purposes:

- i. To demonstrate accountability to stakeholders on performance in achieving development results and on invested resources;
- ii. To support evidence-based decision-making;
- iii. To contribute important lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

It is expected that the evaluation results will inform the formulation of the 4th Country Programme of UNFPA support to the Government of Azerbaijan.

The objectives of this evaluation *are fourfold as per the terms of reference for the evaluation:*

1. To provide the UNFPA country office in Azerbaijan, national stakeholders, the UNFPA Regional Office, UNFPA headquarters as well as the wider audience with an independent assessment of the progress of the Programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
2. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme;
3. To provide an analysis of how the country office (CO) has positioned itself to add value in an evolving national development context;
4. To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the new programming cycle.

1.2. Scope of the Evaluation

The evaluation has covered the Azerbaijan 3rd Country Programme from 2011 to 2014 (present). The evaluation focused on the outputs and outcomes achieved through the implementation of the Country Programme to date. The evaluation considered UNFPA's achievements since January 2011 against intended results and examined the unintended effects of UNFPA's intervention and the Country Programme's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF.

The evaluation assessed the extent to which the current Country Programme, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date.

The scope of the evaluation included six core evaluation criteria: 1) relevance, 2) effectiveness, 3) efficiency, 4) sustainability, as well as 5) coordination with the United Nations Country Team (UNCT) and 6) added value.

1.3. Evaluation methodology and approach

The evaluation was structured around two components. The first component covered the four out of five standard OECD-DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability.³ The second component, specific to UNFPA, viewed the strategic positioning of UNFPA in Azerbaijan within the UNCT coordination and added value.

1.3.1. Evaluation Criteria and Evaluation Questions

The initial terms of reference identified 16 questions. The evaluation team identified 7 evaluation questions given the time and resources available for the evaluation and in consultation with country office during the evaluation design phase (see Annex 1).

The evaluation questions were as follows:

Relevance

Evaluation Question 1: To what extent is the current Country Programme: (i) reflective of state policies; (ii) reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs; (iii) consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?

Effectiveness

Evaluation Question 2: To what degree were the Country Programme's intended outputs and outcomes achieved and to what extent did the outputs contribute to the achievement of the outcomes? What were the constraining and facilitating factors on the achievement of results?

Efficiency

³ UNFPA Evaluation Handbook, 2013:44

Evaluation Question 3: To what extent were the scope and sustainability of the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible?

Sustainability

Evaluation Question 4: To what extent did the country program include strategies for ensuring sustainability during program design and in the course of program implementation?

Evaluation Question 5: To what extent are stakeholders willing to 1) continue supporting or carrying out specific programme/project activities; 2) replicate the activities; or 3) adapt programme/project results in other contexts?

UNCT Coordination

Evaluation Question 6: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and ensured the attribution of accomplished UNDAF outputs-outcomes to UNFPA performance?

Added Value

Evaluation Question 7: What are the main UNFPA comparative strengths and value-added in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features? **What is the main UNFPA added value in the country context as perceived by national stakeholders?**

1.3.2. Methods for Data Collection and Analysis

The evaluation corroborated its findings by using mixed methods combining conventional methods of programme evaluation (review of documentation, semi-structured interviewing) with more dynamic and participatory methods (The Most Significant Change; World Café focusing on: best practices, lessons learned, sustainability and steps forward; appreciative inquiry; focus groups) with regards to the planning and implementation of the evaluation process. While some quantitative methods were used, the qualitative methods included the stakeholder workshop which allowed for a public discourse of the achievements and challenges of the programme as well as distilling the key priorities and issues facing the programme. This mixed method approach responded to the evaluation objectives in ways that are robust, participatory and enhances learning and dialogue.

1.3.2.1. Data Collection Methods

The following five methods of data collection were used:

1. **The review of documentation** was done at the beginning of the evaluation and during the field mission to provide a solid understanding of the Country Programme, its implementation and progress (See Annex 2). Key documents include the following:

- UN Common Country Assessment ;
- UNFPA Final Country Programme Document for Azerbaijan;
- UNDAF
- UNFPA Country Programme Action Plan 2011-2015;

- UNFPA Annual Work Plans
- UNFPA Country Office Annual Reports (COARs)
- UNFPA Standard Progress Reports
- Joint Project Documents
- Atlas Financial Reports
- Monitoring Reports
- National Execution (NEX) Audit Reports

2. **Semi-structured interviews** were used with an array of Programme stakeholders, relevant Government representatives, donors, NGOs, civil society and beneficiaries, particularly women and youth. Key information sources were noted in the stakeholder mapping and evaluation matrix which was also a source for individual meetings. An interview guide has been annexed to this report as Annex 3 and a list of interviews as Annex 4. Annex 5 presents the agenda during the field mission.

3. **Testimonials** were gathered on how the programme has made a difference in the lives of participating youth, women and men. This was done through the semi-structured interviews whenever possible and salient quotes were used in the final report to help illuminate the findings.

4. **Focus Groups** were also used with the abovementioned project stakeholders and beneficiaries.

5. **A stakeholder workshop** was organized in Baku that was both a reflective exercise on the Programme's implementation to date and a forward looking exercise that would help inform the next Country Programme. The roundtable involved 27 stakeholders composed of Government officials, UNFPA programme staffs, donors, civil society and NGO members, and youth, women and men beneficiaries who have intimate knowledge of the UNFPA Country Programme and some of its activities.



Stakeholder Engagement Workshop in Baku

The evaluation team used a method of “World Café” whereby four tables discussed 4 different topics:⁴

1. Strengths and Limitations of the UNFPA Country Programme
2. Lessons Learned from Past and

Current UNFPA Cooperation and Challenges going forward with the UNFPA Country Programme

3. Best Practices and Strategic and Actionable Recommendations for the next Programming cycle
4. Sustainability. What is needed to ensure national capacity in programme implementation and long-term viability of the programme?

⁴ Drawing on seven integrated design principles, the World Café methodology is a simple, effective, and flexible format for hosting large group dialogue. More information about the methodology is available at <http://www.theworldcafe.com/method.html>

The World Café methodology involved drawing on stakeholder experiences around key questions related to the Country Programme that were central to the evaluation mandate. Each table had a designated topic(s) where 6-7 participants discussed the table topic for 20 minutes before moving on to a new table and theme, deepening the conversations and insights of the last group. In little time, a thorough discussion took place and workshop participants had the opportunity to dialogue, exchange ideas and experiences; a very enriching experience that built energy, passion and insight. This



method was used with other participatory methods to provide further information

Prioritizing Findings using Dot Democracy with Stakeholders.

on evaluation and future programme implementation. This was very much in keeping with the TORs for this evaluation that sought ``a participative process that primarily focuses on assessing progress towards the achievement of results and at the same time fosters an environment for learning and knowledge sharing`` (See Annex 6 for the invitation and agenda to the Stakeholder Engagement Workshop).

6. An evaluation matrix. The evaluation questions have been fleshed out in an evaluation matrix (see Annex 7) which highlights the corresponding assumptions, indicators, sources of information and methods and tools for the data collection. This evaluation matrix provided structure and rigor to the evaluation process.

1.3.2.2. Validation Methods

A number of different methods were used to triangulate information and findings. The evaluators cross compared the evaluation findings using an array of methods noted above with a variety of stakeholders that have been intimately involved in UNFPA programmes and projects. Internal team-based reviews within the evaluation team were conducted during field and analysis phases to share and discuss preliminary findings/conclusions. It was concluded that the found evidence be considered important. These findings were also shared with the UNFPA's programmatic team leaders prior to the debriefing workshop so that their suggestions and comments can be incorporated. The country office, reference groups and key stakeholders also participated in the stakeholder workshop that provided a forum for discussing key evaluation topics like strengths and weaknesses of the Country Programme, best practices and lessons learned, and recommendations for the future which were then prioritized and triangulated by the evaluation team. Finally a debriefing workshop at the end of the field mission was an opportunity for reference group members and UNFPA to provide suggestions and feedback on the preliminary findings.

1.3.3. Evaluation Ethics and Confidentiality

The evaluation used UNEG and UNFPA guidelines on confidentiality and kept confidential all stakeholder interviews. Evaluation mission respected the right of all stakeholders to withhold sensitive information. The evaluation approach and methodology sought to create a comfortable environment and space for the sharing and learning from challenges and issues that the programme might have confronted in the past.

1.4. Limitations

A key limitation of this evaluation has been shifting outputs and outcomes at UNFPA headquarters which have resulted in limited baseline, targets and general indicators at the field level. It is sometimes assumed that activities imply that the output or outcome is achieved. However, the achievement of activities may or may not lead to the achievement of outputs and outcomes. More precise and realistic indicators and targets are required to track outputs and outcomes. This limitation was mitigated by the qualitative methods used to tease out the key achievements of the Programme for which there were many.

Chapter 2: Country Context

2.1. Socio-economic and Political Context

With an area of 86,600 km², the Republic of Azerbaijan is located on the western shore of the Caspian Sea, with land borders neighbouring Russia, Georgia, Armenia and Iran. The country houses a 9.5-million population (including: 49.7% male and 50.3% female, 53.2% urban and 46.8% rural). Youth constitute the 29% of the population (2014). Azerbaijan is a multiethnic country – Azerbaijani Turks, who were the 91.6% of overall population in 2009, live side by side with over a dozen other nationalities such as the Lezgins, Russians, Talish, Avars, Tatars, Tats, Georgians, Jews, Kurds, and others.⁵ The state language is the Azerbaijani, but education in native languages of the minorities is also allowed in rural schools.

Azerbaijan declared its independence in October 1991 following the collapse of the Soviet Union, thus restoring its national statehood first established in 1918. The first years of Azerbaijan's independence came at great costs – the country struggled through transition in all areas of political, economic and social life, toppled by intensive military conflict with the Republic of Armenia over Nagorno Karabakh, that resulted in the occupation of over 20% of economically most viable territories of Azerbaijan, tens of thousands of human casualties, loss of socio-cultural heritage sites, and influx of around 1 million refugees and IDPs.⁶ Restructuring and development in Azerbaijan began only after the ceasefire pact of 1994 and gained more momentum after the boost in hydrocarbon revenues since mid-2000s.

For the past 20 years Azerbaijan has leveraged its position as a key oil and gas center in order to develop strong regional ties while simultaneously utilizing its revenues from these sectors to promote economic diversity. Economic policies carried out over the last decade have resulted in threefold GDP growth in Azerbaijan (from AZN7.14bln in 2003 to AZN57.7bln in 2013), proving the country resilient to impacts of the global economic crisis of 2008-2010.⁷ Enjoying a 6% annual GDP growth rate and GNI per capita of USD 16,180 (PPP, current international \$), Azerbaijan is currently an Upper Middle-Income Country,⁸ ultimately, aiming to become a donor country. Moreover, according to the report on monetary policy by the National Bank of Azerbaijan, the currency reserve volume has increased by 7 percent since early 2013 or up \$3.3 billion, to \$49.4 billion.⁹

Overall, hydrocarbon revenues remain to be the main drivers behind major investments in infrastructure, social protection policies, and governance reforms. The oil boom as a whole is expected to last for only about two decades, and long-term development depends on the emergence of a new, broadly based engine of economic growth. Economic diversification, non-oil sector development, and boosting the competitiveness of private sector therefore have been unanimously regarded as the key economic priorities.¹⁰

Following more active engagement in international development initiatives, the PRSP was initiated in Azerbaijan in 2001, defining the poverty reduction as one of the key national development priorities in country, and was concluded with the State Program on Poverty Reduction and Economic Development (SPPRED) in 2003-2005.¹¹ SPPRED was defined as the overarching agenda for national development and

⁵ State Statistical Committee of Azerbaijan Republic, www.stat.gov.az

⁶ <http://en.president.az/azerbaijan/karabakh/>

⁷ State Statistical Committee of Azerbaijan Republic, www.stat.gov.az

⁸ World DataBank. <http://data.worldbank.org/country/azerbaijan>

⁹ <http://www.azernews.az/business/61438.html>

¹⁰ National Employment Strategy 2006-2015

¹¹ IMF Country Report 03/105. Azerbaijan Republic: PRSP. <http://planipolis.iiep.unesco.org/upload/Azerbaijan/PRSP/Azerbaijan%20PRSP.pdf>

was continued with the State Program on Poverty Reduction and Sustainable Development (SPPRSD) in 2008-2015, which in turn was aligned with MDGs.¹² SPRSD emphasized not only the continuation of sustainable economic development, but also the need to focus special attention on the country's social agenda. The Government of Azerbaijan facilitated the poverty reduction and MDG achievement strategy through a number of state programs, including the National Employment Strategy for 2006-2015 (backed with two state programs promoting the national employment in 2007-2010 and 2011-2015), two State Programs on Socio-economic Development of Regions in 2004-2008 and 2009-2014, and other policies on food security, social protection, environmental sustainability, etc. As the result of these policies, poverty level in Azerbaijan was reduced from 49% in 2001 to 5.3% in 2013,¹³ and the unemployment fell from 11.8% in 2000 to 5.2% in 2012.¹⁴

In HDR 2013, the country was ranked 76th among 187 countries, still remaining as a member of the "high human development" cluster. According to one in-house study by the Ministry of Economic Development in preparation for the MDG Summit in 2010, MDGs 1, 2 and 3 were already accomplished by 2008, while other MDGs were progressing on track (even the global financial crisis of 2008-2010 seemed to have almost no effect on the dynamics of MDG indicators).¹⁵

In 2012 the President of Azerbaijan Republic approved a new strategic concept of national development, titled "Azerbaijan 2020: Vision into the Future". The Concept summarizes the past initiatives and policies into one coherent framework and sets forth the specific directions for future government programming. These strategic directions include: increasing the competitiveness of economy through diversification and infrastructural development; expanding the ICT sector; improving social welfare; developing the human capital through education, gender equality and youth-oriented policies; environmental protection; and developing the civil society. "Azerbaijan 2020" is the blueprint for all current and future national initiatives.

2.1.1. Population and Development

In Azerbaijan the national priorities, including the key target groups, in the area of Population and Development were established in a number of state programmes, including the State Programme on population development and demography (2004-2010) (which will continue with the second state programme on Population and Development and demography in 2014-2025); on strengthening the social protection of the elderly in 2006-2010; on development of official statistics in 2013-2017; the State programme on Azerbaijani youth (2011-2015) and so on.

In 2013, Azerbaijan's estimated 9.5 million people were characterized by a moderate rate of population growth, mainly as a result of a sharply reduced birth rate since independence. Even so, both young people and rural dwellers remain substantial sub-populations: Nearly 1 in 2 people live in rural areas, and more than 2 in 5 are aged 24 and younger.¹⁶ Average life expectancy is 76.8 years for women and 71.6 for men, and the total fertility rate is 2.2 (2013).¹⁷ Literacy is nearly universal, at an estimated 99.7% for women and 99.9% for men (2013).¹⁸

¹² <http://siteresources.worldbank.org/CDFINTRANET/Overview/21459590/AzerbaijanFINALNovember272006.doc>

¹³ MDG indicators in Azerbaijan, http://www.stat.gov.az/source/millennium/source/MDG_en.pdf

¹⁴ State Statistical Committee of Azerbaijan, Tab 1.8 in Economic Activity of Population, http://www.stat.gov.az/source/labour/en/001_7-8en.xls

¹⁵ MED Progress Report on SPRSD Implementation in 2008-2009 (in Azeri, not circulated for public use, solely based on the official data from State Statistical Committee and other relevant ministries)

¹⁶ Azerbaijan Demographic and Health Survey 2006. <http://dhsprogram.com/pubs/pdf/FR195/FR195.pdf>

¹⁷ State Statistical Committee of Azerbaijan Republic. http://www.stat.gov.az/source/demography/en/2_3en.xls

¹⁸ State Statistical Committee of Azerbaijan Republic. http://www.stat.gov.az/source/demography/en/1_13-14en.xls

By the end of 2013, some 1.28mln pensioners in Azerbaijan – two-thirds of them women (60.4%) – represented 13.5% of the population; 10% out of all pensioners were still employed.¹⁹ Men who reach age 62 and women age 59, both with five years of work experience, can retire.²⁰

Official data indicate that IDPs and refugees comprise around 12% of the population. About 687,000 are IDPs from Nagorno-Karabakh and nearby territories occupied by Armenian military forces in 1991-1994, 250,000 are Azerbaijanis that fled Armenia following the aforementioned military actions, 50,000 are Meskheti Turks from Central Asia, and 3,000 are seeking asylum and refugee status.²¹ Although the national poverty level has dropped to 5.3% (2013), IDPs, refugees and households with many children are among those with the highest poverty risk, while geographically, improvements in living standards have been most pronounced in the capital of Baku. In general, poverty in Azerbaijan is more a rural than an urban phenomenon, except in the suburbs of the capital, with overall poverty being reduced most quickly in urban areas. The poverty risk increases together with the size of the household. For instance, the monthly per-capita income of a household with four children is 1.5 times lower than a household without children. And, as in other countries, poverty and unemployment decrease with increased education level of the head of household. Specific vulnerable groups also are more likely to be poor, including IDPs and immigrants from other countries, regardless whether they are refugees or stateless people.²²

Mining and quarrying (the oil sector) produce almost half the country's Gross Domestic Product (GDP), but only employ 0.9% of the labor force. The sector is extremely capital intensive and requires very low labor participation. On the other hand, agriculture, forestry and fishing produce only 6% of GDP, but employ 38% of the economically active population.²³ Recent trends further reinforce this imbalance, as agricultural employment continues to increase while its share in value added declines further.

2.1.2. Gender

The gender profile in Azerbaijan is influenced by three major factors: the Soviet legacy, the socio-economic challenges of the transition period, and traditional values. Although the Government has stated its commitment to addressing gender inequality issues throughout different national frameworks, including the Constitution, the State Programme on Poverty Reduction and Sustainable Development aligned with MDGs (where gender equality was established as one of the 9 strategic priorities), and the Law on Gender Equality, the discrepancies existing between de-jure protection measures rendered to country's women²⁴ and their de-facto implementation create major impediments to women's advancement and empowerment.²⁵ The disparities between official and alternative survey data

¹⁹ State Statistical Committee of Azerbaijan Republic.

http://www.stat.gov.az/menu/6/statistical_yearbooks/source/women-men_2014.zip

²⁰ According to the Law on Labor Pensions, dated 01 Jan 2010, the pension age will be raised to 63 for men and 60 for women as of January 01, 2015.

²¹ State Committee for Refugees and Internally Displaced Persons, 2007

²² SPPRS 2008-2014 and UNCT Azerbaijan Country Analysis 2009

²³ State Statistical Committee of Azerbaijan Republic. Labor Market 2013.

http://www.stat.gov.az/menu/6/statistical_yearbooks/source/labour_2013.zip

²⁴

http://www.az.undp.org/content/dam/azerbaijan/docs/Gender/AZ_Economic%20and%20Social%20Rights_ENG.pdf

²⁵ UNCT Azerbaijan. Country Gender Briefing Kit 2011.

constrain the ability of the Government and other stakeholders to plan and implement development programs. Although data disaggregated by sex and age are updated and available at the national level, there is still a need for reliable data at the sub-national level, especially on reproductive health and gender-related indicators.

There is a certain level of gender balance in Azerbaijan's education indicators: In academic year 2013/2014, girls comprised 46.0% of the country's total 1.7 million students, with little variation across different levels of education: 46% in general educational institutions, 67.1% in specialized secondary education, 47.8% in higher education, 47.9% in vocational education, and 47.8% of doctoral students.²⁶ At the same time, girls' attendance has been a persistent issue with incomplete data available to interpret. It is reported that there exists a high girls' dropout rate between grades 8 and 11, as well as anecdotal evidence that some households in rural areas may stop sending girls to school when they reach puberty.²⁷ Especially in the southern districts, attitudes toward marriage and domestic work may impede attendance.

Between women and men working in the same positions, differences in wages are minimal; women are disproportionately represented in sectors where wages tend to be low.²⁸ The total wage gap across all sectors is 47.5% (percentage of the average monthly salaries of women to average monthly salaries of men).²⁹ Women tend to be concentrated in lower-pay and lower-status sectors and jobs: Women are dominant in employment in health and social services (78.3%), education (70.9%) and other community, social and personal service activities (62.8).³⁰ Women are dominant in unpaid work, mainly home and child care responsibilities.

Customary laws and traditional practices often deny women and girls their rights to inheritance and decision-making. Women's participation in public life is limited. Violence against women particularly has been recognized as a major issue, stemming from women's economic dependence on men, weakness in national legislation enacted to protect women's fundamental human rights and lack of preventive measures for victims. The 2010 DHS indicated that 13.8% of women experienced physical violence at least once in their lives.³¹ Data collected by SCFWCA and UNFPA in 2008 revealed intimate partner violence against women have taken place and physical violence constitute 29% in certain districts of the country while the indicators of sexual violence vary between 0 and 12% with the cases of emotional violence and controlling behavior reaching 81% among ever partnered women.

2.1.3. Sexual and Reproductive Health

Although significant resources are devoted to improving social infrastructure, there is a need for institutional reforms and capacity development to ensure long-term improvements in service delivery. Series of concerns do remain regarding the reproductive and sexual health indicators such as rather low

²⁶ State Statistical Committee of Azerbaijan Republic.

http://www.stat.gov.az/menu/6/statistical_yearbooks/source/women-men_2014.zip

²⁷ UNICEF, A School Fit for All Children in Azerbaijan: Creating the Child Friendly School 2000-2008.

²⁸ SPPRS 2008-2015

²⁹ State Statistical Committee of Azerbaijan Republic, 2013 <http://www.stat.gov.az/source/gender/>

³⁰ State Statistical Committee of Azerbaijan Republic.

http://www.stat.gov.az/menu/6/statistical_yearbooks/source/women-men_2014.zip

³¹ DHS. Intimate Partner Violence and Unintended Pregnancy in Azerbaijan, Moldova & Ukraine.

<http://dhsprogram.com/pubs/pdf/WP79/WP79.pdf>

prevalence rates of modern contraceptive methods, extensive use of abortions as the major means of birth control, increasing rates of the sexually transmitted diseases, etc.

During the post-independence years, conflicting trends have been observed for some reproductive health indicators. The contraceptive prevalence rate for modern methods registered only 14% in 2006 and 2011.³² 49 per cent of women do not use any contraception and too often rely on abortion as a form of family planning method. Unmet needs to family planning decreased from 23% in 2007 to 10,8% in 2011. This, however, was not achieved at the expense of the increase of modern CPR, but rather for account of traditional CPR. Infant mortality rates are higher than those reported by official sources (22 as opposed to 11.3 deaths per 1,000 live births). In 2011, the number of abortions was 11.7 per 1,000 women of ages 15-49. Almost half of pregnancies (49%) end in an induced abortion. Abortion continues to be used as a fertility regulation method and is a serious health concern.³³

The health of children and women are of particular attention to the Government, NGOs and the international community; the Government has adopted National Reproductive Health Strategy 2008-2015. According to the latest estimates of the Government's inter-agency working group on child mortality, infant mortality stood at 34.4 and under-5 mortality at 39.3 per 1,000 live births in 2007. In terms of socioeconomic differences, the surveys have described higher post-neonatal and infant mortality rates in rural and poor households than in cities and wealthier households.³⁴

HIV/AIDS prevalence is increasing. As of December 2012, there were 3,656 officially registered HIV cases.³⁵ However, the Joint United Nations Programme on HIV/AIDS estimated the number of cases to be 10 times higher.³⁶ Limited condom use (2.2%) and the increasing use of intravenous drugs are contributing to an expansion of the epidemic.³⁷

2.1.4. Development Challenges and National Strategies as they relate to the Country Programme

There are two key development challenges that have affected the Country Programme: 1) resistance to sensitive issues such as family planning and 2) a shrinking UNFPA budget. Issues such as family planning, sex selection abortion, child marriages are considered sensitive issues by certain key decision-makers given the traditional values held by some. However, the evaluation team found that doctors strongly believed in family planning and contraception and this was echoed by stakeholders the team met with.

A shrinking UNFPA budget has meant that an expected budget of \$ 3.6 million has shrunk to close to 3.0 million during the 2011-2014 period. This has limited the impact and scope of the UNFPA programme. Despite this, the program has managed to demonstrate important results in terms of advocacy and policy making, strengthening of capacities in Reproductive Health, Population and Development (PD), Gender (G) and GBV, and informing senior government decision-making.

³² . DHS Azerbaijan 2011. Final Report Demographic & Health Survey, Baku.

³³ All data is from DHS 2011.

³⁴ UNCT Azerbaijan Country Analysis 2009. <http://www.undg.org/docs/11025/Country-Analysis-Report---FINAL.pdf>

³⁵ State Statistical Committee of Azerbaijan Republic.

http://www.stat.gov.az/menu/6/statistical_yearbooks/source/healthcare_2013.zip

³⁶ UNFPA Country Program Document 2011-2015.

³⁷ UNFPA Country Program Document 2011-2015.

In terms of national strategies, which were described above, one can highlight the following key policies and legislative frameworks of relevance to UNFPA:

General:

- Vision 2020 (approved in 2012) highlights key public health and healthcare objectives and the state programme on improving mother and child health for 2013-2020 with preventive check-ups and health surveys among children and teenagers and strengthens healthcare facilities with material and technical infrastructure.³⁸
- SPPRS 2011-2015, aligned with MDGs
- UNDAF, ICPD, CCA
- The National Reproductive Health Strategy 2008-2015
- State Programme on Population Development and Demography (2004-2010)
- State Programme on Strengthening the Social Protection of Elderly (2006-2010)
- State Programme on Development of Official Statistics in Azerbaijan (2008-2012 & 2013-2017)
- Convention on Elimination of All Forms of Discrimination against Women
- Law on the provisions of Gender Equality, Law on prevention of Domestic Violence, other laws and codes etc.

2.2. The Role of External Assistance³⁹

As of 2010, there were about 30 inter-governmental commissions operating in Azerbaijan in partnership with the Government. International collaborations were carried out in two directions: (1) regional organizations, including the political alliances such as the CIS and GUAM, and other established international structures such as the EU, OIC, and Black Sea Economic Cooperation Organization; and (2) UN agencies and programs. External aid is less than 1% of the budget.⁴⁰

Azerbaijan has taken an active part in the activities of UN's different specialized agencies, and is broadly represented at different levels from the General Assembly to working groups. The International Labour Organization (ILO), the United Nations Industrial Development Organization (UNIDO), the United Nations Development Program (UNDP) and the UN Special Programme for the Economies of Central Asia (SPECA) play an important role in the development of economic ties and the interaction of Azerbaijan with the UN agencies. The United Nations' role in Azerbaijan is evolving to ensure its continuing relevance and added value in the dynamic, complex and rapidly changing environment of an upper middle-income country. The Government's own resources are expanding while donor contributions to United Nations programs and projects contract. While the United Nations is no longer a substantial source of grant funding in Azerbaijan, its Agencies have substantial technical, managerial and institutional expertise and are well-placed to support Azerbaijan's myriad needs with regard to a focus on human development and realization of the MDGs. The UN assistance to Azerbaijan, currently coordinated with the framework of UNDAF 2011-2015, has included a wide spectrum of technical and development assistance in such areas as non-oil sector development, decent employment, social protection, advancing reforms in education and healthcare, promoting gender equality, good governance and human rights, environmental sustainability, etc.

³⁸ Government of Azerbaijan, "Azerbaijan-2020: The Vision of the Future".

³⁹ MED Progress Report on SPPRS Implementation in 2008-2009 (in Azeri, not circulated for public use, solely based on the official data from State Statistical Committee and other relevant ministries)

⁴⁰ Privat, Christian, Mid-Term Review of UNDAF 2011-2015, December 12, 2013, p.9.

Other recent international partnerships in Azerbaijan's national development panorama include the initiatives and programs by the US Agency for International Development, Technical Cooperation Organization (GTZ) of the Federal Republic of Germany, World Bank, Arab Funds (Abu-Dhabi Fund, Kuwait Fund, OPEC Fund, Saudi Development Fund), KfW bank of the German Government, Islamic Development Bank, International Monetary Fund, European Bank for Reconstruction and Development, Asian Development Bank, and others.

Chapter 3. UNFPA Strategic Response and Programme

3.1. UNFPA Strategic Response

UNFPA's 3rd Country Program for Azerbaijan covers the period 2011-2015. The programme was based on the UNDAF and was in line with UNFPA's strategic plan of 2008-2013. With the Mid-Term Review of the Strategic Plan, UNFPA adopted a set of seven inter-related outcomes which, in turn, support a single overarching goal; to achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and the MDGs.

3.2. UNFPA Response through the Country Programme

3.2.1. Brief description of UNFPA previous cycle strategy, goals and achievement

The Second Country Programme, from 2005-2010, had an approved budget of \$ 3.5 million; considered a modest level in relation to the population of 8.6 million at the time. The Country Programme had two components: one dealing with support for Population and Development and the other with Reproductive Health issues. The evaluation of the Second Country Programme found that "UNFPA had been successful at using relatively limited resources in a catalytic way to highlight specific priority population and development issues and contribute significantly to improving Reproductive Health within the country."⁴¹

The Population and Development component had several notable achievements especially related to increasing the availability of accurate data. Through advocacy and sensitization activities, the Country Programme assisted the Government in the preparation and implementation of the National Population Census carried out in 2009; the Azerbaijan Demographic and Health Survey; and the Labour Force Survey.⁴²

The Reproductive Health component also had several achievements at the policy and planning level with the preparation and finalization of the National Reproductive Health Strategy and Preparation of the National Action Plan of Health Reform and the inclusion of REPRODUCTIVE HEALTH as part of this. At an operational level, the development of prenatal and maternal protocols were significant achievements as these are seen as contributing to reductions in maternal mortality and morbidity rates. The Second Country Program also noted successes in the area of adolescent reproductive health with improved information on the Reproductive Health relevant knowledge and behaviour of adolescents. With condom use extremely low, the support of a condom social marketing initiative was seen as important.

⁴³

⁴¹ Walker, Godfrey. Evaluation of the Second UNFPA Azerbaijan Country Programme 2005-2010, p.3.

⁴² Ibid, p.3

⁴³ Ibid, p.3-4.

3.2.2. Current UNFPA Country Programme

The Current UNFPA programme 2011-2015 built upon the achievements of the Second Country Programme. The overall programme budget increased slightly to \$ 3.5 million, but in actual terms resulted in a budget a little over \$ 3 million. The overall goal of the Country Programme was to **achieve** universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and the MDGs. The work of UNFPA is centred on attaining this goal particularly through interventions in reproductive health, population and development and gender and women's empowerment. Reaching this goal is seen as bringing benefits to Azerbaijanis and accelerating progress on the ICPD agenda.

Women, men, adolescents, youth and internally displaced persons were the main beneficiaries of UNFPA support.

The UNFPA Country Programme for Azerbaijan was adjusted to also reflect the new set of seven inter-related outcomes. The attached logic model shows the seven priority outcomes and 18 outputs for Azerbaijan (see Annex 8). Based on country program documents, annual workplans and progress reports, the intervention logic has been reflected in the updated logic model.

The following sections describe the intervention logic, related outcomes and outputs and activities that have contributed to the outputs.

3.2.2.1. The Intervention Logic in the Population and Development Component

The Population and Development component seeks to systematically use the population dynamics analyses to guide increased investments in gender equality, youth development, and reproductive health for improved quality of life and sustainable development and poverty reduction. Population Development support totals USD \$ 651,386 or 21% of the Country Program budget.

There were two outcomes contributing to Population and Development:

- 1) OUTCOME 1: Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies
- 2) OUTCOME 7: Improved data availability and analysis around population dynamics, Sexual and Reproductive Health (including family planning) and gender equality

With regards to Outcome 1, there were three outputs that are expected to lead to Outcome 1. These three outputs are:

Output 1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people, Sexual and Reproductive Health, Gender Equality and poverty reductions in National Development Plans (NDPs), Poverty Reduction Plans (PRPs) and other relevant national plans and programmes as per COAR 2013. AZE3P41A (AZE3U102)

Output 2. Strengthened capacity for development of national health policies and plans with integrated Sexual and Reproductive Health services (incl. family planning)

Output 3. Strengthened national capacity of young people (incl. adolescents) for participation in policy dialogue and programming.

Key activities generating these outputs included knowledge management, advocacy and capacity building. This include project: AZE3P41A (AZE3U102).

With regards to Outcome 7, there were two outputs leading to the outcome:

Output 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and Sexual and Reproductive Health, including in humanitarian settings

Output 18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and Sexual and Reproductive Health.

The activities generating these outputs include capacity development, data development programme support and research. This includes project: AZE3P31A (AZE3U701).

During the period under review:

- UNFPA supported the Government with the development of the 2nd cycle of the State Program on Demography and Population Development 2014-2025 under the responsibility of the Ministry of Labour and Social Protection of Population of the Republic of Azerbaijan;
- Provided technical support to the SSC to conduct the number of statistical surveys (“Early marriages entered by girls and out-of-wedlock births”; survey on the major causes of divorces; survey on “Violence against the person”)
- Supported the government of Azerbaijan to enhance the population data-bank through further improving the availability of disaggregated data and facilitating the expansion of population and development indicators (since compilation and publication of the annual statistics book “Women and Men”; number of sex-disaggregated indicators were worked-up on the basis of indicators identified at, and following the United Nations Statistics Division)
- International expert support to the State Statistics Committee in addressing the problem of the lack of data on gender equality (developing the Practical Guide on the development of sex-disaggregated data in Azerbaijan disclosing the existing gap in the available data and developing the framework and methodology for the collection of the sex-disaggregated data to address these gaps and guide the development of gender sensitive programmes and policies in the country)
- International expert support to the SCFWCA and the SSC to conduct the qualitative assessment of the major causes of the skewed sex ratio at birth in the population
- PSA on skewed SRB was produced
- Conduction of essay contest among youth on their rights to information and services
- 2 regional youth consultations on post-2015 Agenda in Azerbaijan were held jointly with UNDP;
- Simulation of a model UN General Assembly meeting on youth participation in new SDGs framework was held jointly with UNDP
- Advocacy campaign “UNFPA’s 7 billion actions” was held with the Office of the Ombudsmen;

- Expert support to the SSC and MLSP in producing a solid population projection until 2050;
- Support the SSC with the development of the comprehensive database on migration statistics;
- Regular capacity building of the national personnel of the SSC and MLSP in collection and analysis of demographic data; and integration of population factors and gender concerns into development plans, respectively (Lomonosov MSU, International Institute on Ageing, UN-Malta);
- Support the Training and Research Centre in Population and Demography (TRCPD): human resource development through arranging in-country and foreign training;
- The Department on Population and Gender Statistics was established under the auspices of the SSC
- Purchasing the relevant books and specialized literature on statistics, demography, sociology, gender, gerontology, etc., for the national libraries on demography, population and development established with support of UNFPA at the respective government institutions. This initiative was a part of a larger effort to address a major gap in availability in the country of specialized library of literature and other informational resources in the fields of modern concepts of population and development and contemporary techniques of statistical and demographic analyses

UNFPA Advocacy consisted of promoting policy dialogue with policy/decision-makers to ensure the incorporation of population dynamics issues in relevant national plans and programmes. UNFPA has also supported the development of the Department on Population and Gender Statistics under the auspices of the SSC in early 2012 to produce the gender-sensitive population and development data, which makes gender biases more visible and help measure gender-related changes in the country and rendered technical assistance for the establishment of the Population and Gender section under the official SSC webpage. Population dynamics issues were addressed with the end-cycle evaluation of the State Program on Population and Development and Demography (2004-2010) and the State Program on Strengthening the Social Protection of the Elderly (2006-2010). For the ICPD Beyond 2014 review process, UNFPA and UNDP have supported a project for the preparation of the Situation Analysis for Azerbaijan which examined demographic trends in Azerbaijan.

3.2.2.2. The Intervention Logic in the Reproductive Health Component

Reproductive Health and Rights seeks to increase access to quality reproductive and maternal health services and promotion of reproductive services.

Reproductive health accounts for 39% of the current Country Programme budget or \$ USD 1.179 million of the Country Programme Budget. Reproductive Health has the most number of outcomes related to this area including Outcome 2, 3, 4 & 6:

- 1) OUTCOME 2: Increased access to and utilization of quality maternal and new-born health services
- 2) OUTCOME 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions
- 3) OUTCOME 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (incl. adolescents) and other key populations at risk

4) **OUTCOME 6:** Improved access to Sexual and Reproductive Health services and sexuality education for young people (including adolescents)

With regards to Outcome 2, there are four outputs seen as contributing to that outcome. These are:

Output 4. Strengthened national capacity to implement comprehensive midwifery programmes

Output 5. Strengthened national capacity for emergency obstetric and new-born care (EmONC)

Output 6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula

Output 7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings

With regards to Outcome 3, there is one output contributing to Outcome 3:

Output 9. Strengthened national capacity for community-based interventions for family planning

With regards to Outcome 4, increased access to and utilization of quality HIV and STI- prevention services especially for young people (including adolescents) and other key populations at risk, **there are two outputs (nu. 10 & 11):**

Output 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV

Output 11. Enhanced national capacity for addressing the HIV and Sexual and Reproductive Health needs of young people and sex workers, including through community led organizations and networks

With regards to Outcome 6, there is one output related to this outcome:

Output 15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people

Activities seen as contributing to the above outputs include knowledge management, advocacy and capacity-building. It should be noted that Output 6 is not relevant to Azerbaijan as there are a negligible number of obstetric fistula cases in Azerbaijan. This includes projects: AZE3R11A (AZE3U305); AZE3R31A(AZE3U303); AZE3R51A(AZE3U604).

Evidence-based advocacy has been the key focus of UNFPA in Azerbaijan with the urging of national policy makers to finally adopt the “Law on the Protection of Reproductive Health of the Population of Azerbaijan” and designing effective national instruments for advancing family planning. Among those tools, high importance has been placed by UNFPA in establishing effective regulatory and stewardship frameworks, public-private partnerships, public education and awareness campaigns, and comprehensive training of health care providers on general contraceptive and, importantly, post abortion counselling. The inclusion of the course on family planning in the postgraduate training curriculum of healthcare providers, especially those working at a primary level has been an important achievement in this regard.

A number of relevant activities have been implemented during this Country Programme:

- UNFPA had also piloted the creation of Centers for Reproductive Health and Family Planning in 28 different regions throughout Azerbaijan and equipped them with the modern assets and supplies for emergency and comprehensive obstetric and new-born care and family planning.
- Starting 2008, UNFPA has been maintaining partnership with the Ministry of Youth and Sports (MYS). To prepare the evidence-based programming for the implementation of youth sexuality education initiatives, UNFPA with the assistance from the MYS conducted the 2009 Adolescent REPRODUCTIVE HEALTH Survey. 75% of respondents of both sexes aged 15-19 expressed their views that there should be separate mandatory taught school course on Sexual and Reproductive Health.
- Since 2010, UNFPA commenced the new project with the MYS which envisaged establishing of the Azerbaijan Youth Peer Education Network (AzPEN) comprised of national counterparts dealing with youth issues (MoE, MoH, State Committee on Family, Women and Children Affairs, numerous experts, UN agencies) and youth community (youth NGOs, volunteers, peer educators). The design, youth peer validation and field testing of the new Training Toolkit for Peer Educators on Healthy Life Style (HLS) and Sexual and Reproductive Health which was possible with joint collaboration of UNFPA with the MYS, along with ToTs and roll-out trainings in regions based on the Toolkit, have been an important development that is seen as generating empowerment of youth networks operated in the country and effective advocacy for the inclusion of sexuality education as a mandatory course in all schools of Azerbaijan.⁴⁴
- Development of the National Reproductive Health Communication Strategy was facilitated by UNFPA Country Office in 2012 and continued in 2013 to improve access of women, men and young people to quality information and skills conducive to responsible and healthy sexual and reproductive health behaviour
- As per the COAR for 2012, UNFPA programming is mainly concentrated on the integration of HIV testing and counselling into the existing ANC service environment taking the advantage of the existing PMTCT protocol developed with the support from the international community given the existing national priorities and UNFPA programmatic targets expressed in the UNDAF and CPAP respectively. This approach is also seen as cost-effective, especially if the low HIV prevalence rate (around 0.03%) is taken into consideration.

3.2.2.3. The Intervention Logic in the Gender Component

The Gender Equality component aims at ensuring that gender equality is advanced and women and adolescent girls are empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence

Gender accounts for 23% of the current programme budget or USD \$ 700,603. The Gender Component has one key outcome:

OUTCOME 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.

It should also be noted that Gender is a cross-cutting theme in the other outcomes as well.

There are three outputs seen as contributing to Outcome 5. These are:

⁴⁴ . COAR 2013

Output 12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality & reproductive rights

Output 13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings

Output 14. Enhanced promotion of gender equality & reproductive rights through engagement of community-led organizations and networks.

Key activities focus around knowledge management, advocacy and capacity-building. This includes projects: AZE3G41A (AZE3U506); AZE3G31A (AZE3U507).

The Gender Equality component aims at ensuring that gender equality is advanced and women and adolescent girls are empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.⁴⁵ UNFPA country office has consistently focused on promoting gender equality across different activities, including in the Population and Development; and Sexual and Reproductive Health components. This included an array of activities such as:

- Support to the Government with the development of the V Periodic CEDAW State Report
- Dissemination of the Azerbaijani version of the CEDAW Convention and its latest Concluding Observations via extensive awareness raising campaigns
- Expert support to the SCFWCA in identifying the major gaps in de-jure protection of women's rights through the analysis of the compliance of national legislation with the CEDAW Convention
- Support to the SCFWCA to conduct awareness raising through the information sessions on gender equality, reproductive rights and GBV targeting male groups from IDP communities
- Conduction of a National Survey on Violence Against Women in Azerbaijan Republic
- Conduction of a qualitative assessment of the major causes of domestic violence in IDP communities
- Drafting the commentary to the Law on Prevention of Domestic Violence
- Development of the Fact sheet on child marriages
- Support to the SCFWCA to conduct awareness raising on media coverage of the child marriages in Azerbaijan
- Expert support to the SSC in developing the sex-disaggregated data (publication of the annual statistics book "Men and Women")
- Development of "Population and Gender" section on the official webpage of the SSC
- International expert support to the State Statistics Committee in addressing the problem of the lack of data on gender equality through the Practical Guide on the development of sex-disaggregated data in Azerbaijan disclosing the existing gap in the available data and developing the framework and methodology for the collection of the sex-disaggregated data to address these gaps and guide the development of gender sensitive programmes and policies in the country
- Expert support to the government in developing the National Strategy on Prevention of Domestic Violence against women
- Expert support to the government in developing the National Action Plan on Prevention of Domestic Violence
- International expert support to the SCFWCA and the SSC to conduct the qualitative assessment of the major causes of the skewed sex ratio at birth in the population

⁴⁵ . COAR 2013

- Evidence-based advocacy for including a comprehensive range of contraceptives into the basic list of medicines of the Ministry of Health
- Conduction of the statistical survey on Violence against the person in 2013
- Expert support with drafting amendment to the Family Code concerning equalization of minimum legal age for marriage
- Support to the Government with the operationalization of the Support Center for the women victims of violence and their children

Domestic violence has constituted the major thematic area of work that has been used by the UNFPA Country Office to integrate gender transformative approaches into the existing programmes. The adoption of the Law of Azerbaijan Republic following extensive advocacy campaigns was led by UN agencies with UNFPA at the forefront with other civil society organizations. The implementation mechanisms for the Law are deemed to be ineffective unless there is a favourable socio-cultural context enabling adequate utilization of the services offered.

A key joint project undertaken by UNFPA and UNHCR in close cooperation with the SCFWCA mainly targeted the IDP community members/male groups in both Baku and the country's regions through the series of awareness raising sessions on gender based violence (domestic violence and early marriages).

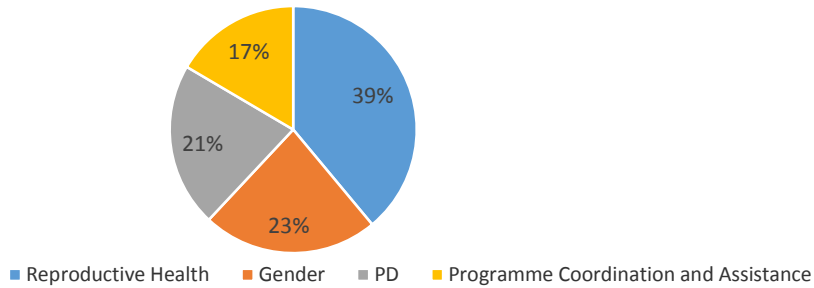
Gender has also been an important cross-cutting issue in reproductive health and population and development. For example, gender disaggregated data in population statistics has played a key role in presenting gender disaggregated data. Key research activities like Sex selection abortion and child marriages have brought greater awareness of these issues onto the national agenda.

Chapter 4 under UNCT also summarizes the leading role UNFPA has played leading the Gender Theme Group.

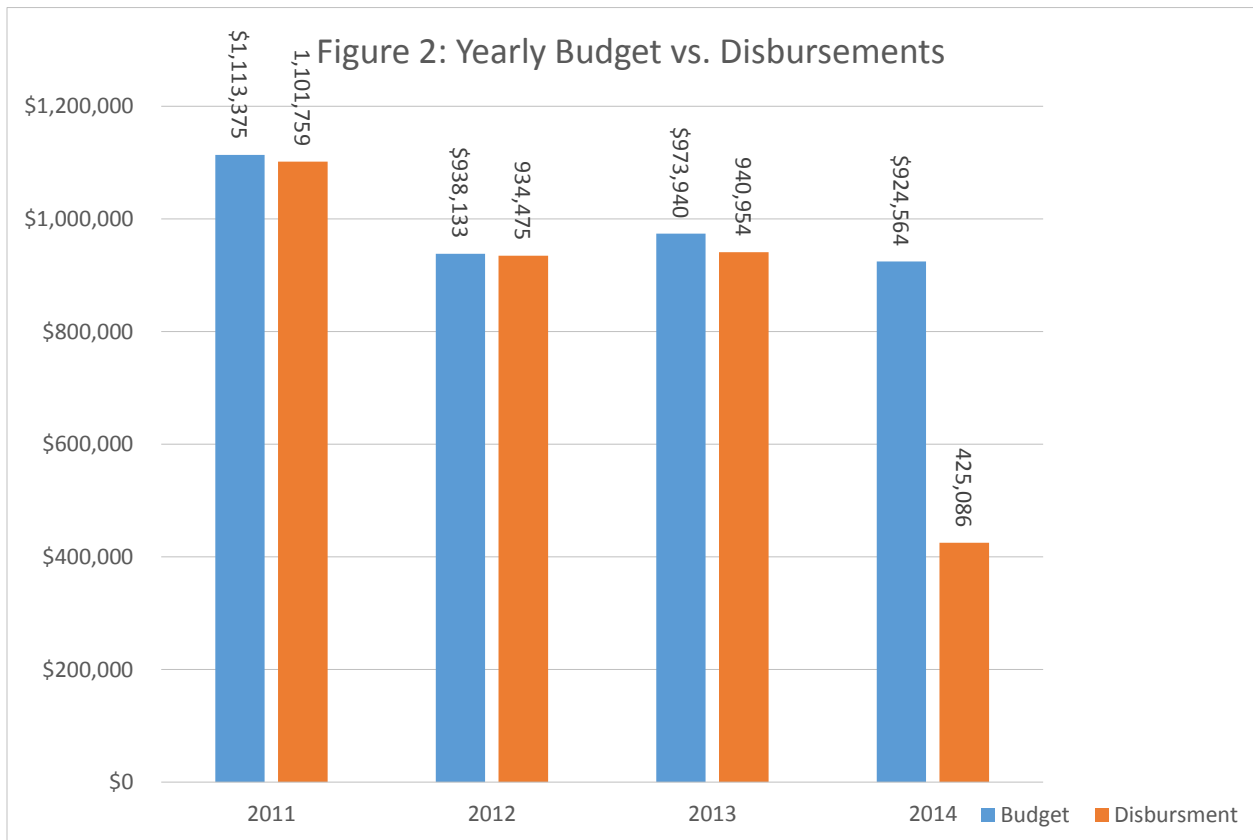
3.3. The Country Programme Financial Structure

During the 2011-2014 period, the budget for UNFPA totalled \$ 3,032,468 dollars. Funding by component can be broken down as follows: Programme Coordination and Support accounted for 17% of the funds, followed by Reproductive Health with 39%, Gender 23% and Population and Development totalling 21% of the budget (Figure 1). The Gender Component included project AZE2P31A which was a GBV project funded by non-core resources (Norwegian Embassy funds). Given that project was wrapped up in 2011, there were several months of implementation in 2011 despite the fact that the project was initiated in the framework of the second Country Programme.

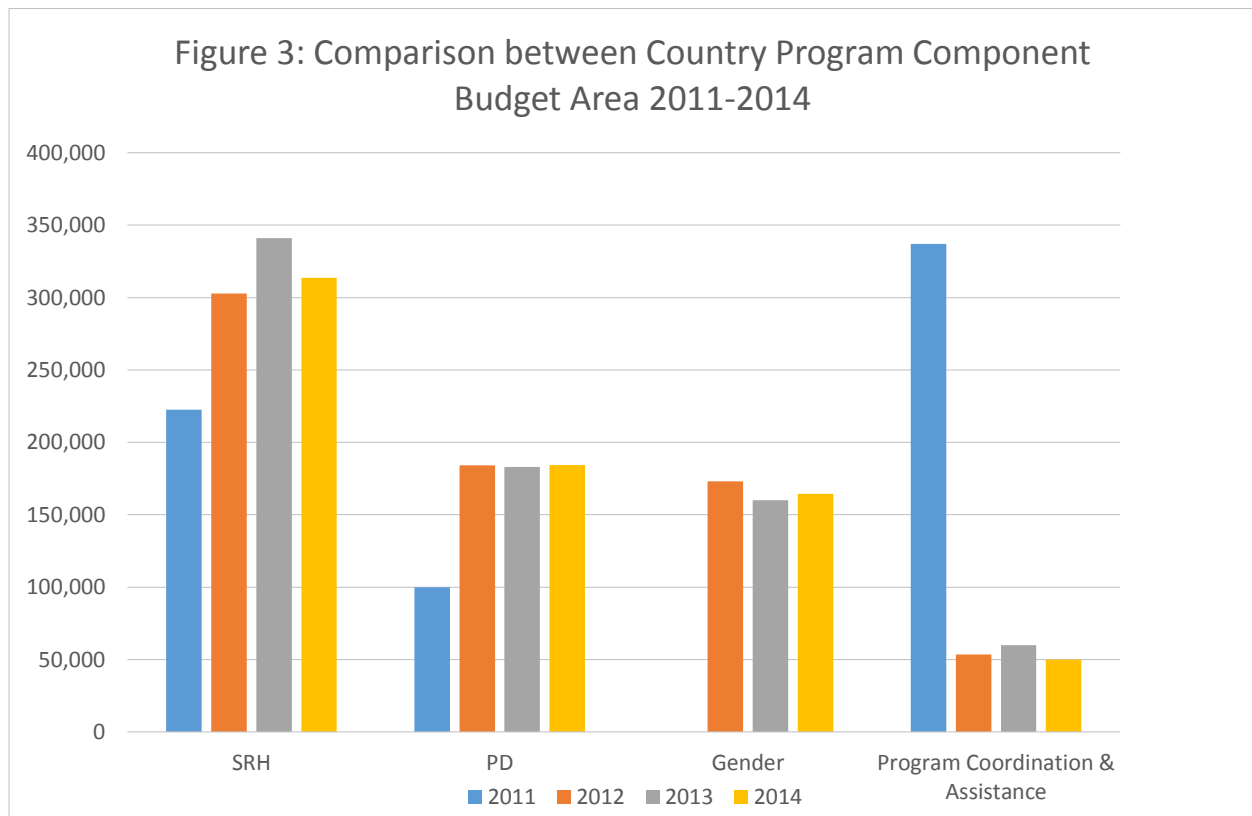
Figure 1: Country Programme Budget 2011-2014



If one examines the budget vs. disbursements, one can see a fairly high rate of disbursements throughout the Country Program Period.



In terms of programme budget by component, the following bar graph (figure 2) shows the budget for sexual and reproductive health about 20% higher than the other components. Programme coordination and assistance spiked in 2011 due to technical assistance to cover the salaries of UNFPA Country Office programme staff.



Chapter 4: Findings

This Chapter of the evaluation report presents the findings with regards to the six evaluation topics: relevance, effectiveness, efficiency, sustainability, UNCT Coordination, and Value-Added of UNFPA. As each evaluation topics had key questions that needed to be answered, they have been added under each topic. The evaluation matrix presented in Annex 7 presents the indicators that have been used to measure the evaluation criteria.

4.1. Findings with regards to Relevance

Evaluation Question 1: To what extent is the current Country Programme: (i) reflective of state policies; (ii) reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs; (iii) consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?

“Azerbaijan 2020: Vision to the Future” Development Concept (approved in 2012) is the first and foremost strategic document which sets out the key national development priorities of Azerbaijan in a number of areas such as non-oil economy, environmental protection, social security, health, gender equality, family development, and youth. The Vision 2020 Concept envisions reforms in health sector towards decentralized healthcare management, mandatory medical insurance, improvement of in-patient and out-patient clinical services, implementing preventive measures, sanitary-educational work, healthy lifestyle, improving children and adolescent health, and professional capacity building of medical personnel, among others⁴⁶. In terms of gender equality, the main direction of the state policy in this sphere will be to take measures to prevent gender violence, create equal opportunities for women and men on the labour market, promote women at work, and expand their opportunities to occupy leading positions. Vision 2020 set the stage for drafting “Family Strategy” and “National Action Plan on Gender Equality” (currently in progress), establishing a monitoring system on early marriages, and supporting the centres and shelters for women subjected to domestic violence.⁴⁷

UNFPA was a member in the steering committee that was responsible for development of the Vision 2020 strategy. UNFPA ensured that the national development agenda included the key issues from UNFPA mandate, thus helping align its programming to current and forthcoming state policies in relevant areas (gender, health, youth, and population policies).

Another main national document is the State Programme on Poverty Reduction and Sustainable Development in 2008-2015, aligned with Azerbaijan’s MDG commitments. SPPRS defined 9 strategic directions, including targeting vulnerable segments of the population (the older age groups, low-income families, refugees/IDPs and others), improving the quality of health services, and promoting gender equality.⁴⁸

Aside from overall national development policies, UNFPA’s Population and Development component made specific references to the State Programme on Population Development and Demography (SPPDD) in 2004-2010, the State Programme on Strengthening the Social Protection of Elderly (SPSSPE)

⁴⁶ “Azerbaijan 2020: Vision to the Future” Development Concept, pages 21-22

⁴⁷ Ibid, pg. 27

⁴⁸ SPPRS 2008-2015, Chapter 3.

in 2006-2010, and two consecutive State Programmes on Development of Official Statistics in Azerbaijan (for years 2008-2012 and 2013-2017). UNFPA's association with the SPPDD and SPSSPE was mentioned among the reasons behind the government's choice of UNFPA for conducting the evaluation of these two state programmes before drafting the subsequent cycles. Previously, the monitoring, evaluation and reporting on state programmes was solely in the government domain, with limited, if any, inputs from the outside.

The Gender Equality component built its programming based on the principles and guidelines set forth by the UN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and national legislation, namely, the Law on Guarantees of Gender Equality, the Law on Prevention of Domestic Violence, and other key legislative codes. However, despite the presence of de-jure protection measures rendered to country's women and UNFPA's active advocacy towards upgrading gender legislation, the main challenge is the inconsistency in de-facto implementation of the laws, which creates major impediments to women's empowerment.

With regards to reproductive health, a number of state policies and strategies cover different elements of reproductive health including the National Strategy on Reproductive Health 2008-2015, National Strategic Plan on Prevention of HIV and the June 2005 law on Fighting Human Trafficking. The National Policy for Reproductive Productive Health (2008-2015) provides the overall principles, program areas, the monitoring and assessment of the Strategy and Action Plan. The national strategy is based on internationally agreed human rights and strategic documents and the objective is to improve reproductive health of all groups of the Azerbaijan population: particularly women, men and young boys and girls.

The National Strategy on Reproductive Health 2008-2015 adopts the 1994 ICPD WHO definition of reproductive health:

"Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."⁴⁹

The definition of reproductive health includes the following components: sexual health (responsibly, satisfying and safe sex life), family planning to reproductive freedom, access to information, methods and services and safe maternity (safe pregnancy and childbirth and healthy children).⁵⁰ Key program areas of the National Strategy, are fully complementary to UNFPAs areas of intervention, and include:

- Health of the mother and infant
- Reproductive choice (family planning and safe abortions)
- Sexually transmitted infections (including cervical cancer (HIV/AIDS)

⁴⁹ Ministry of Health of the Azerbaijan Republic, National Strategy on Reproductive Health 2008-2015, p. 6.

⁵⁰ *ibid*, p.6.

- Reproductive health of teen-agers
- Gender based violence and sexual exploitation.⁵¹

The definition, components and strategies for Reproductive Health are in total alignment with UNFPA in theory. For example, the Country Programme addresses the health of the mother and infant, sexually transmitted infections like HIV/AIDS, the reproductive health of teenagers and Gender based violence. In practice there are discrepancies in family planning in particular which is highlighted by inadequate access to contraceptives and the high rates of abortion. Specifically, contraceptives are not on the essential drug list of the Ministry of Health, which would improve affordability. As per the 2011 Demographic and Health Survey, the data shows that 73.4% of currently married women have ever used a contraceptive method, 37% have used a modern method and 60.7% have used a traditional method. As a large percentage of women, have unmet needs for family planning, thus exposing themselves to abortion widely misused in Azerbaijan. About 40.9% of pregnancies end in an induced abortion; a relatively high percentage.⁵²

UNFPA's key national partners (Ministry of Health, SCFWCA, SSC, and MLSP), as well as other interviewed government officials (the State Committee on IDP Affairs, Ministry of Foreign Affairs, Ministry of Youth and Sports) complimented on the level of UNFPA's responsiveness to national development priorities.⁵³

With regards to reproductive health, gender and population and development, the Country Program is in line with the ICPD Programme of Action, which stipulates that "Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes."⁵⁴ With regards to reproductive health, "all couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so..."⁵⁵ The ICPD Programme of Action seeks to provide universal access to family planning and sexual and reproductive health services and reproductive rights; deliver gender equality; address impact of urbanization and migration; and support sustainable development. This is very much in keeping with the UNFPA Country Programme and the Government's Vision 2020.⁵⁶

The Country Program is also in line with the following MDGs:

- MDG 3. Promote Gender Equality and Empower Women;
- MDG 5. Improve Maternal Health
- MDG 6. Combat HIV/AIDS.

The Third Country Programme was based on the United Nations Development Assistance Framework (UNDAF) for 2011-2015 and is in line with UNFPA's Strategic Plan 2008-2013 and the Mid-term Review of the Strategic Plan. It builds on lessons learned from the previous country programme as well as consultation with partners. The programme contributes to all three outcomes of the UNDAF 2011-2015:

⁵¹ . ibid, p.11.

⁵² DHS Azerbaijan 2011, p.84.

⁵³ Interviews with state officials

⁵⁴ ICPD Programme of Action, Ch. 2, Principle 4.

⁵⁵ United Nations, the UNFPA Strategic Plan, 2014-2017 Report of the Executive Director, p.4.

⁵⁶ ICPD Programme of Action.

a) economic development; b) social development; and c) effective governance.⁵⁷ In the Mid-term Review of the UNDAF, the Ministry of Health considered that more than 50% of the UNDAF goals are related to health (global Partnership on HIV/AIDS, maternal and infant mortality, pre-natal care, health issues of IDP); key areas of UNFPA's interventions.⁵⁸

Family planning, maternal health and domestic violence are recognized priorities in state policies like Vision 2020, SPPRSD, MDGs, and emerging areas of critical importance. The youth voice has been the most present and vocal in consultations with beneficiaries. Youth participated in the post-2015 Development Agenda consultations and the Model UN GA meeting on SDGs, were specific target groups in a number of awareness raising campaigns, and will be present in the upcoming UNDAF. In the Reproductive Health component, doctors were involved in various roundtables that informed the preparation of the survey on Domestic Violence and the manual on Domestic Violence. Most of these doctors were women. The Youth Peer Manual was also tested with the input of teachers and youth. More consultation could take place in the future, which can offer UNFPA a different perspective on issues that could help enrich its interventions. For example, the Ministry of Youth and Sport, while not an implementing partner, in the current Country Programme, expressed interest in linking up the Youth peers trainers to its current Youth Networks across the country.

Summary of findings:

Findings 1: There is an excellent alignment between State policies and programs and UNFPA's Country Programme with regards to reproductive health, youth and gender based violence.

Findings 2: The objectives and strategies of the components of the Country Programme are consistent with the priorities of ICPD, MDGs, UNDAF and UNFPA strategic documents.

Findings 3: While the overall Country Programme was tailored to the overall needs of key population groups like youth, survivors of violence or women of reproductive age, there was a need to increase the voices of such groups in overall Programme planning and implementation.

4.2. Findings with regards to Effectiveness

Evaluation Question 2: To what degree were the Country Programme's intended outputs and outcomes achieved and to what extent did the outputs contribute to the achievement of the outcomes? What were the constraining and facilitating factors on the achievement of results?

4.2.1. Degree to which Country Programme intended outputs and outcomes achieved

A key challenge reporting on outputs and outcomes is that reporting on activities does not equal the achievement of outputs and/or contribution to outcomes. This is not to say that outputs and outcomes have not been achieved by the programme. It is simply difficult to pronounce oneself with specificity on the outputs and outcomes given the general nature of some of the indicators and lack of some baseline data which do not entirely correspond to the given output or outcome. Take for example, Output 4: Strengthened national capacity to implement comprehensive midwifery programmes. Three of the indicators do not measure strengthened capacity but measure for example, the assessment of the midwifery management policies developed; number of midwives who attended a training programme on management of midwifery workforce policies; or number of training sessions on management of

⁵⁷ . United Nations, Executive Board of the UNFPA, DP/FPA/DCP/AZE/3, April 8, 2010, p.3.

⁵⁸ Private, Christine, Mid-term Review of UNDAF, December 12, 2013, p.10.

midwifery workforce policies. These indicators are not helpful in measuring strengthened national capacity of midwives which would have required a post evaluation of the programme by the mid-wives or a survey to see what new tools and knowledge they gained. The situation is also complicated by the Mid-term Review of the Strategic Plan undertaken by UNFPA which sought to also be aligned with State Program. The extended State Program created a host of outcomes and 18 outputs to track which differed from the previous strategic plan. The lack of clarity at the output and outcome level is further complicated by the fact that maternal mortality data is unreliable, thus progress on maternal mortality or direct contribution by UNFPA is difficult to gauge.

This being said, this section of the report will nevertheless speak to the achievement of outputs and outcomes using qualitative data. A dynamic exercise during the stakeholder engagement workshop highlighted a large array of achievements which can be found in Annex 9. The metadata matrix consolidated by the programme provided in Annex 10 provides information on key indicators and results as does the logic model found in Annex 8.

4.2.2. Population and Development Outcomes and Outputs

There are two outcomes (and 5 outputs) relevant for population and development, set by Mid-term Review of UNFPA Strategic Plan for 2012-2013, with the below progress under each outcome:

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.

Through DRF Indicators Metadata, UNFPA used only two indicators to track any progress at the outcome level, but since these indicators are relevant to global level only, they are not conveying much dynamics in the national context. However, further information about the progress in outcome area can be deduced from output-level indicators and other sources:

- There are at least three strategic documents that address population dynamics and its interlinkages with the multisectoral needs: the “Azerbaijan 2020: Vision to the Future” Development Concept (also known as “Vision 2020”), the State Programme on Poverty Reduction and Sustainable Development in 2008-2015 (SPPRSD), and National Reproductive Health strategy;⁵⁹
- Ministry of Health has its Strategic Plan for 2014-2020, and a Law on Reproductive Health and Rights has been drafted (pending approval);⁶⁰
- UNFPA provided its health, population and gender-related inputs for Vision 2020 and contributed to drafting the State Programme on Population Development and Demography (2014-2025);⁶¹
- Total of 25 persons have been trained on how to incorporate population dynamics issues in national plans and programmes.⁶²

⁵⁹ Presence and relevance of these three strategic documents was verified through desk review and key stakeholder interviews

⁶⁰ UNFPA staff interviews and key stakeholder interviews with Ministry of Health and IPs

⁶¹ UNFPA staff interviews

⁶² DRF indicators metadata, verified through UNFPA Programme Officer on Population and Development

Outcome 7: Improved data availability and analysis around population dynamics, Sexual and Reproductive Health (including family planning) and gender equality.

The M&E (i.e. DRF Indicators Metadata) on this outcome yields inconclusive information: one of two global-level indicators refers to previous Country Programme period (prior to 2010), while the other only tracks presence of “a national household survey that allows for the estimation of all MDG 5b indicators”. In latter case, such survey document was the Demographic Health Survey 2011, developed by the Ministry of Health without UNFPA participation. However, below findings indicate a considerable progress in this outcome area:

- A number of surveys and statistical researches have been conducted, including:
 - Country-wide surveys on early marriages entered by girls and out of wedlock births; violence against the person; skewed SRB in population, and major causes of divorces;
 - Support provided to the Government of Azerbaijan with the completion of the ICPD Beyond 2014 Questionnaire (2012);
 - Annually revised statistical yearbook on Men and Women in Azerbaijan, with 18 new sex-disaggregated indicators introduced within 2012-2014;
 - The solid population projection until 2050 (3 scenarios) in collaboration with the SSC and MLSP;
 - UNFPA/UNDP demographic study for Azerbaijan (pending publication).
- 75 national officers of state institutions have been covered by international capacity building activities on development, use and dissemination of population data.

One persistent challenge in regards to Outcome 7 is the lack of qualified national specialists on demography and population statistics (except only one demographer who completed post graduate studies under UNFPA assistance). This concern was voiced both by the MLSP and the SSC, the key government institutions involved in population policies, and offered introducing a faculty/chair in local universities to enable academic studies at bachelor’s and master’s levels.

Another issue is the level of government support for continuing data collection and analysis exercises initiated with UNFPA. That is, the statistical researches seem to be a “one-time action” driven merely by UNFPA for ad hoc needs of the government, without any more replication or adaptation beyond UNFPA involvement, which significantly diminishes the value and relevance of demographic surveys over time. The only exception in this observation is the annual statistical bulletin on “Men and Women in Azerbaijan” and Gender Statistics section on SSC website. However, interviews with key stakeholders reveal the need to support more evidence based research that reveals population dynamics among youth, elderly and other marginalized groups that can inform decision-making. Youth in the stakeholder engagement workshop also felt that more modern methods are needed for disseminating publications and recommended that demographic studies and publications be available online.

4.2.2.1. Key Results related to Advocacy & Policy Dialogue, Knowledge Management and Capacity building

UNFPA has a three-layered system for organizing, or reporting on, its activities: 1) Activities as per 7 outcomes and 18 outputs; 2) Activities as per the Business Model (4 modalities); and 3) Activities as per the Components (Reproductive Health, Population and Development, and Gender Equality). As a result, some activities are reported under different outcomes/outputs and components. It means that any such cross-cutting activity can be expected to contribute simultaneously towards two outcomes/outputs. One

challenge with such reporting is the difficulty with the extent any impact can be attributed to a particular output. For example:

- The activity on Peer Education is reported under both Population and Development (outcome 1, output 3 – COARs 2011, 2012 & 2013) and Reproductive Health (outcomes 4 and 6 – COARs 2012 & 2013) and thus has acted as a cross-cutting issue;
- SRB survey is under both Population and Development (outcome 7, output 17 – COARs 2012 & 2013) and Gender Equality (outcome 5, output 12 – COARs 2012 & 2013); and
- Survey on Violence against Person is under both Population and Development (outcome 7, output 17 – COAR 2013) and Gender Equality (outcome 5, output 12 – COAR 2013).

1. **Advocacy and Policy Dialogue** with 3 key activities in population and development. Key achievements include:

- Output 1:** UNFPA was requested to conduct the evaluation of the State Programme on Population Development and Demography (2004-2010) and the State Programme on Strengthening the Social Protection of Elderly (2006-2010). Until these two evaluations, the implementation, coordination and reporting of state programs had remained solely in government domain. UNFPA also contributed to drafting the 2nd cycle of the State Programme on Demography and Population Development 2014-2025;
- Output 2:** The National Reproductive Health Communication Strategy was developed to build better coordination in behaviour change interventions in the areas of Reproductive

Best Practice in Monitoring

With a UNFPA budget of \$ 62, 261 (covering human resources, transportation and data analysis) and State funds of \$ 62,261, the Monitoring and Evaluation Unit of the Institute of Reproductive Health has undertaken the monitoring and tracking of progress in four key areas:

- 1) monitoring all training in the past four years conducted by the Institute of Reproductive Health;
- 2) implementation of 22 clinical protocols, six of which were supported by UNFPA;
- 3) the hygiene situation in perinatal centres;
- 4) implementation of Standard Operating Procedures (SOP) of perinatal care and health outcomes.

A national IT person helped establish the database for the collection of data and its analysis. Training was given on how to use the questionnaire and enter data by the regions. With the help of key Programmatic staff in Family Planning, Reproductive Health and Gender, progress has been monitored throughout the regions. Follow-up with staff in the regions about data entry has led to greater reliability of data and has informed decision-making about the health infrastructure, human resources and health outcomes.

As the UNFPA Officer pointed out: Monitoring is not only one directional, but comprehensive and helps us have a clear picture of what is happening in each region with regards to maternal care and the three stages of antenatal, perinatal and neonatal healthcare.

For example, with basic baseline data of the health facilities, the Ministry of Health was able to correct the water supply in newly built health facilities which was lacking. Special standards for hygiene are also monitored and address when found unsatisfactory. In addition, programming staff and the Chief of Monitoring from Baku, visit the regions 2 times a year to monitor progress and recommend corrective action for the Ministry of Health.

Health/ family planning /RHCS;

- c. Output 3: Two regional youth consultations on post-2015 Agenda in Azerbaijan were held in Guba and Ganja (along with UNDP), and Simulation of Model UN General Assembly meeting on youth participation in new SDGs framework was held in Baku in partnership with UNDP, the Ministry of Youth and Sports, National Assembly of Youth Organisations (NAYORA), and Azerbaijan Diplomatic Academy
2. Key results under **Knowledge management** with 12 key activities included:
 - a. Output 2: The BCC Strategy for key populations (i.e. injecting drug users, female sex workers, men who have sex with men, youth and street children, people living with HIV and prisoners) on HIV/AIDS was developed and distributed;
 - b. Output 3: National Peer Education Toolkit developed and tested to build the capacities of peer master trainers;
 - c. Output 17: Four country-wide statistical researches to provide evidence for informed policy making;
 - d. Output 18: UNFPA played an instrumental role in the establishment of Department on Population and Gender Statistics at SSC in 2012 to ensure the continuous flow of comprehensive sex-disaggregated population data as an evidence base for informed gender-sensitive policies and programs. Also, "Population and Gender" section was developed and introduced within the official webpage of the SSC to ensure the sustainability of the data development efforts undertaken to date as well as availability and accessibility of the existing sex-disaggregated data.
3. **Capacity Development** consisted of 4 key activities with the following results:
 - a. Output 1: 30 national personnel covered by international capacity building initiative on population policy formulation, planning and implementation
 - b. Output 18: 25 national staff members of the state institutions were covered by international capacity building activities on population data analysis; procurement of relevant books and specialized literature for the national libraries on demography, population and development established with support of UNFPA at the respective government institutions

The Population and Development component has sufficiently focused on developing the Government's institutional capacity for statistical research and data mining through knowledge sharing and capacity building as per Outputs 1-2 and 17-18. However, achievements under Output 3 qualify more as "Advocacy" or "Awareness-raising" than the

Testimonials from Trainees in DV

- "We learned more about the problems of the pregnant women and negative effects of the (inflicted) violence on health of the pregnant woman and the newborn. There should be 3-year interval between the births, instead of mothers bearing children every year." Director of the Perinatal Centre
- "With the training, I learned that violence is not only physical, (it has) also economic, social, male, female, domestic classifications. Aside from physical violence, there is moral violence too." Male doctor in Perinatal Centre in Ganja

expected "Strengthened national capacity of youth for participation in policy process." Also, it is evident that the sustainability of all key achievements is strongly dependent on the continued support and

commitment from the Government. There is a need to continue building the capacity of staff through internships with other government agencies, study tours or workshops on demography.

Summary of findings:

Findings 4: UNFPA determined the themes of statistical researches in a participatory manner with the government counterparts to ensure that the findings and analysis feed into the existing policy agendas. Continued efforts need to be made to ensure that these statistics are used by government decision-makers or other development stakeholders.

Findings 5: The Population and Development component has mainly focused on upstream assistance (i.e. at policy and public administration level) for demographic policy-making. Only few activities invited the participation of non-governmental stakeholders and had limited coverage (information on wider impact is lacking).

Findings 6: Gender has been the most important and permanent, cross-cutting element in almost all Population and Development activities.

Findings 7: There is a need for evidence based population and development research that focuses on youth, elderly, migrants, and other marginalized groups, along with support for academic advancement in population studies in order to foster national specialists in the country.

Findings 8: Continue building the capacity of Ministry of Labour staffs in population and development through internships with other Government agencies, study tours or workshops on demography.

Findings 9: Online UNFPA supported demographic studies and publications should be available.

4.2.3. Reproductive Health Outputs and Outcomes



Doctors showing the communication materials they use in Family Centre in Ganja

In reproductive Health, three relevant outcomes were suggested by the mid-term Strategic Review with the Programme making notable progress on Outcomes 2 and 3. These are:

- **Outcome 2: Increased access to & utilization of quality maternal and newborn health services**

- Maternal mortality ration gone from 35.2/100,000 in 2010 to 14.6/100,000

- Births attended by skilled health personnel went from 94.7% in 2010 to 97.2% in 2014.

- **Outcome 3: Increased access to and utilization of Family Planning services**

- Contraceptive prevalence rate went from 14 (DHS) in 2010 to 15.8 (DHS in 2011) and unmet needs dropped from 23% (2006) to 11% (2011) – DHS

With regards to Outcome 2, maternal care is provided at the neonatal, antenatal and perinatal stages of a pregnancy. Patients are followed closely by the clinic or hospital. Close monitoring is also done by the Institute of Reproductive Health which follows closely the three levels of care, the training of human resources and the state of perinatal infrastructure and health outcomes (see box).

With regards to Outcome 3, family planning services are extremely important given that women average about 2 children per household. The low birth rate is also influenced by the excessive use of abortion as a method of fertility regulation which in turns has a psychological and physical impact on women and their fertility rate.

It should be noted that condoms distributed by the UN stopped in 2004 as Azerbaijan no longer became eligible for free condoms given its advanced economy status. Condoms are also not on the essential drug list making it less accessible to the population. The most readily available forms of contraception, nevertheless are the pill, IUD, condoms and abortion for unwanted pregnancies. Indeed, all too often abortions are used as a form of fertility control before other forms like the pill, IUD or condoms. While some have noted resistance by decision-makers to openly promote family planning because of traditional Muslim family values, the evaluators found doctors and patients highly open to discuss family planning and its options. Intense advocacy is required by UNFPA to get family planning firmly put on the agenda with State resources for its implementation. It is recommended that strong advocacy & lobbying for Family Planning and maternal health be continued particularly on the inclusion of contraceptives on the essential drug list of the Ministry of Health. There is also a need to expand options for contraceptives among men with the use of condoms or the option of undergoing vasectomies.

- **Outcome 4: Increased access to utilization of quality HIV and STI prevention services**

-Limited activity. Low prevalence rate. Some training of sex workers.(30)

Prevalence of HIV in Azerbaijan is considered low with 0.2% of people living with HIV/AIDS. The programme is not specifically targeting HIV and STI services in particular, but provided 30 sex workers with awareness-raising on HIV and STDs. Furthermore, the Joint UN Team on HIV and AIDS, UNFPA together with other UN sister agencies (UNICEF, WHO), as well as GFTAM and World Vision, initiated the process of development of Behaviour Change Communication Strategy For HIV Prevention among Key Populations in Azerbaijan (2014 - 2018). The international expert, Dr. Barbara Franklin, was hired to support this outcome, along with increased partnership efforts such as joint-conferences with the Harm Reduction Network.

Thanks to the TOT on Sexual Reproductive Health, "I expanded my knowledge, and I was motivated to do the same programme to my peers. UNFPA's training helped me to understand what I really want to do, and to define my future goals and actions. UNFPA gave me a huge motivation, confidence and skills."
Peer Educator, female, aged 20

Outcome 6: Improved access to Sexual and Reproductive Health services and sexuality education for young people

Outcome 6 was a result of the Mid-term Strategic Review and was not foreseen in the Azerbaijan country programme, although the current country programme did produce the Y-peer Manual which was field tested and 8 Master trainers were trained by the manual. However, the Y peer manual is aimed at school age children and not teenagers.

Youth felt that there was a need to receive communication materials on Reproductive Health that speak to responsible sex and contraception and interpersonal communications.

4.2.3.1. Key Results related to Advocacy & Policy Dialogue, Knowledge Management and Capacity building

1. **Advocacy & Policy Dialogue** Advocacy and policy dialogue noted 11/22 activities in reproductive health. Important evidence-based research and advocacy was generated and appreciated on key issues like sex selection; gender bias; cost-benefit analysis of abortions and early marriages.
2. **Capacity-building** noted 4 key activities with over 2243 persons trained in:
 - Mid-wife training on management of midwifery workforce policies
 - National training staff trained in Logistics Inform. systems
 - Training of sex workers & key UNFPA target groups on Sexual and Reproductive Health and HIV
3. **Knowledge Management** 7 key activities were noted. UNFPA has contributed to a series of follow-up orders by the Cabinet of Ministers on combatting domestic violence. Pending approval of National Strategy of domestic violence & National Action Plan of Prevention of domestic violence.

UNFPA also successfully lobbied for amending the Family Code for increasing the minimum legal age for marriage to 18 years (2011).

In discussions with reproductive health staff, they recommended more communication materials geared towards mid-wives and training for mid-wives that could build on the training already received. Communication materials also need to be targeting UNFPA target groups, pharmacies and doctors as well.

With regards to the training on domestic violence, there is a need to focus training on midwives and doctors, and Women Consultation Centres providing antenatal care, as this period more relevant for pregnant women than the training targeting perinatal care.

With regards to youth the following achievements were noted:

- 8 Training of the Trainers (TOTs) in Sexual and Reproductive Health were conducted during last 5 years.
- UNFPA supported 12 young trainers (peer educators of Y-PEER; 40% boys; 60% girls) to participate in one regional & intl. training.
- Around 200 youth (50% girls, 50% boys) aged 18-25 were educated to become a trainer on Sexual and Reproductive Health, human trafficking, project development and management. Training based on Peer-to-Peer Manual at 2 schools in Baku.
- More than 500 youth became members of Y-PEER.
- UNFPA Peer to Peer Manual was finalized and tested.
- Social inclusion of people with disability providing important work opportunities for 10 disabled people.

Greater efforts are still required to link Peer education networks to the Ministry of Youth and Sport in the next Country Programme. Up to now, there has been little if any involvement of the Ministry of Youth and Sport in UNFPA activities. There is an overall need to improve coordination and continuity with Ministry of Youth and Sports in the future and to establish an Annual Work Plan with the Ministry

in preparations for the upcoming Country Programme, as this could be a very good source of revenue and/or cost-sharing for UNFPA supported youth activities. In particular, there are also 30 Regional Youth Centres that are a part of the Ministry of Youth network that should be connected to UNFPA's work with youth and youth activities.

Greater progress is still also required for Outputs 5, 7,9 and more expected activities for Output 12 and 13 (live birth definition; Training of Peer Educators establishment of monitoring of CEDAW; Approval of National Strategy and National Action Plan on Prevention of domestic violence).

A number of other suggestions were made during the stakeholder engagement workshop, that merit highlighting. Generally, it was felt that gender needed to be better mainstreamed into the reproductive health component in general. In particular, the gender dimensions of reproductive health needed to be explored more including the role of women men and in decision-making, contraception and vasectomy. Male doctor to male patient communication was also seen as a good practice that should be encouraged in the future. While Azerbaijan has a Reproductive Health strategy, it needs to be implemented in practical terms with the preparation of an action plan with indicators and regular monitoring, a protocol to guide doctors and mid-wives and simple communication materials.

With regards to domestic violence, the field visits revealed that domestic violence training needs to be directed at antenatal care and include mid-wives for two reasons. First, antenatal care is a better phase for receiving training or awareness on domestic violence it approaches women early on in their pregnancy. Secondly, mid-wives are the main actors in helping women through their pregnancies so including them in the training on domestic violence is essential.

With the current Country Programme coming to an end, there is a need to review the current Reproductive Health Strategy for the next 5 years and encourage multi-stakeholder consultations with Government, WHO and key stakeholders. Ensuring vulnerable women, youth and men's voices are heard is important in this regards.

Summary of findings:

Findings 10: Evidence based research and policy-making is taken seriously by Govt. and helps push boundaries on important and neglected issues like sex selection abortion, early marriages, family planning, Reproductive Rights, domestic violence, Cost-benefit analysis of Abortion.

Findings 11: Approval and implementation of Reproductive Law is critical to advance to the next step of defining an action plan and State budget.

Findings 12: Family planning interventions should favour the role of midwives, Consultation Centres for Women, Family doctors in family planning.

Findings 13: Monitoring system for perinatal care, implementation of protocols and application of training to decrease maternal mortality can be considered best practice.

Findings 14: Need to better mainstream gender into reproductive health.

Findings 15: There is a need for the National Reproductive Health Strategy to be implemented in practical terms.

Findings 16: Domestic violence training needs to be directed at antenatal care and include mid-wives.

Findings 17: There is a need to review the current National Reproductive Health Strategy and develop the next 5 year strategy for Reproductive health.

Findings 18: Greater advocacy and lobbying is required for family planning and maternal health including the inclusion of the Pill, IUD and condoms on the essential drug list of the Ministry of Health.

Findings 19: There has been limited involvement of the Ministry of Youth and Sports in the work of UNFPA youth programme activities.

4.2.4. Gender

UNFPA's Gender Equality component has one relevant outcome and three outputs (12-14):

Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy.

- Law on Gender Equality and Law on Prevention of Domestic Violence (2010), as well as related orders of the Cabinet of Ministers are among the mechanisms in place to implement laws and policies advancing gender equality and reproductive rights;
- UNFPA provided expertise to the Government for implementation of its CEDAW commitments and improvement of national legislation in the area of gender equality and reproductive rights
- UNFPA has been instrumental in developing sex-disaggregated national statistics;
- Total of 6800 men covered by GBV sensitization trainings under different projects.

4.2.4.1. Key Results related to Advocacy & Policy Dialogue, Knowledge Management, Capacity building, and Services

1. **Advocacy and Policy Dialogue** (3 key activities):
 - a. **Output 12:** The analysis of the national legislation for compliance with the provisions of the CEDAW Convention, and Support to the government with the development of the V Periodic State Report to the CEDAW Committee.
 - b. **Output 13:** The Law on Prevention of domestic violence was adopted following the advocacy efforts and support provided by UNFPA; Four orders of the Cabinet of Ministers on implementation of the law on domestic violence were issued; The draft National Strategy and National Action Plan on Prevention of domestic violence were developed.
 - c. **Output 14:** Three annual campaigns on 16 Days of Activism against Gender Based Violence; Four family festivals and Series of publicity PSAs to bring more public attention to family issues including GBV; 5,000 direct and 15,000 indirect beneficiaries of SGBV prevention in IDP communities; 10,000 community members covered by the trainings on domestic violence and early marriages (also 10,000 booklets developed and distributed on domestic violence and early marriages); 500 people covered by the sensitization sessions on the skewed SRB in the population; and 1,000 persons covered by GBV sensitization trainings in Khachmaz.
2. **Knowledge Management** (12 key activities):
 - a. **Output 12:** First nationally representative research exclusively dedicated to the causes and consequences of domestic violence; Qualitative assessment of the major causes of domestic violence in IDP communities; Survey on Violence against the Person; Survey on the skewed SRB in the population, and population projections on different SRB scenarios; draft commentary to the Law on Prevention of domestic violence.
3. **Capacity Development** (4 key activities):

- a. Output 12: The training was held for 20 representatives of the Government's CEDAW delegation; CEDAW mock session which was facilitated by the international expert and brought together the representatives of the Government's CEDAW delegation, was held for 25 officials. The capacities of 25 women's rights activists, members of the symbolic CEDAW Parliament to develop the alternative CEDAW report was increased; the capacities of the 30 staff of the SCFWCA (25 women, 5 men) were built on gender equality, GBV and other related issues through the series of capacity building trainings.
4. **Services** (1 key activity):
- a. Output 13: Five referral/support centres for the women victims of domestic violence were launched in the frames of the joint project (UNFPA, SCFWCA, HAF); 1 model referral centre currently operational in Khachmaz (joint project with local NGO, IOM and the SCFWCA); 30 women applicants for the centre's services have benefitted from the centres services; 50 women, victims of different forms of domestic violence, including the applicants of the Khachmaz centre trained for improving their skills and knowledge on how to establish a small business.

Testimonials

When asked what the Women's Centre for Domestic Violence represented for them, four women aged 26, 38 (x2) and 57 years responded:

- "The Centre is a refuge when I need it and has helped me to financially sustain my kids."
- "The Centre enabled me to escape a stressful environment, get shelter and food and to go back to my mother. It provided me with the transition I needed."
- "The Centre was a source of moral, psycho-social support. It's a family."
- "The Centre is a space to share stories, where one is listened to and where one can achieve positive outcomes." The Veteran's certificate my husband was able to receive, with the help of the Referral Centre, after our relationship was formalized gives "pride to our kids".

Violence against women in Azerbaijan is considerably widespread and occurs in both private and public spheres. According to statistics from the SCFWCA, there were a total of 5,782 reported domestic violence cases from 2010 to 2013 (although not disaggregated on the basis of sex or on the relationship between the victim and perpetrator).⁶³

According to the Director of Khachmaz Support Centre for Families and Children (the model Referral centre for domestic violence victims), for most women victims served by the centre, the usual causes of domestic violence and family conflicts vary from economic and mental stress due to extreme poverty and unemployment, to alcoholism and drug abuse, and to post-traumatic stress suffered by former war veterans. Physical and psychological abuse of women is tolerated by the community and police authorities, who may even shun the victims for reporting their abuse. The perpetrators are mainly intimate male partners, and sometimes close family members and family friends. The lack of adequate enforcement of gender- and domestic violence prevention-related legal instruments – such as the protection order (Law on Prevention of domestic violence, Article 10) and the right of residence, – keep

⁶³ DV crimes against women.

<http://scfwca.gov.az/Qanunvericilik/zorak%C4%B1l%C4%B1q%20r%C9%99smi%20statistika.pdf>

the women victims vulnerable to continuous risk of abuse even after referral services, release from shelter, and divorces.

Since starting in January 2013, Khachmaz Referral Centre has served 30 female victims of domestic violence. Except for only 3-5 of them who stayed overnight, all victims were assisted during the workday. The Centre refers the cases of incoming women immediately to the police and then follows up with the families to check the women's situation. As part of the joint project, the Centre has also encouraged these women to apply for small business grants to improve their livelihoods and become more empowered in their communities.

Based on the inputs from representatives of Khachmaz Centre, interview with IOM's project manager, and situation analysis by the evaluation team's national expert, the following areas were considered to be requiring more interventions to ensure the holism of present engagements:

- Establish more shelters – not just temporary, but for longer stay (with meals, utilities etc. and with disability access).
- Sensitization and training of health workers and police officers to recognize and serve women victims is the critical first step (sufficiently covered by UNFPA's joint project with IOM and SCFWCA). After the trainings, police officers were more inclined to support women victims against their perpetrators, whereas before they used to shame them for reporting and would turn them away without further protection.⁶⁴ However, there is a need to work with more stakeholders, such as:
 - Regional representatives of Social Protection Fund and Employment Offices (under MLSPP);
 - Regional offices of citizenship status registries ("ZAQS") (under Ministry of Justice);
 - Prioritise working with female police officers (incl., lobbying for hiring more females in law enforcement forces);
 - Judges and court workers (for legal enforcement of court decisions).
- Legal assistance and advocacy to promote implementation of legal instruments (issuance of protection orders, and equitable decisions on residence rights)

Summary of findings:

Findings 20: UNFPA's Gender Equality component has been very successful as both a standalone component and as a major contributor to the other components including population and development and reproductive health.

Findings 21: As a cross-cutting theme, UNFPA support has also facilitated the national capacities for gender sensitive statistical research, evidence-based policy making, and reproductive health services. However, the sustainability of these results needs to be showcased with greater cost-sharing.

Findings 22: Through UNCT GTG and UN joint initiatives, UNFPA has helped expand the gender perspective to different areas within the mandated reproductive health and demography issues. UNFPA's joint projects in key sensitive areas such as the early marriages, domestic violence, sex-selection abortions, etc., can be considered a good example of holistic gender mainstreaming.

⁶⁴ Interview with Lala Rahmatullayeva, Director of Khachmaz Support Centre

4.3. Findings with regards to Efficiency

Evaluation Question 3: To what extent were outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources, and were the resources spent as economically as possible? Could different interventions have solved the same problem at a lower cost?

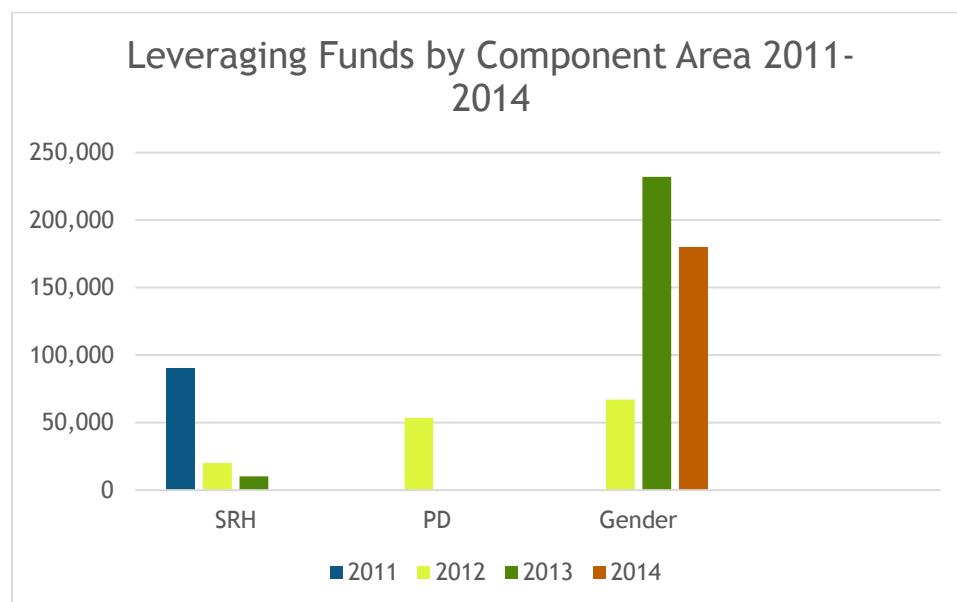
Annex 9 has noted a wide array of outputs achieved since 2011. With a budget of USD 3,032,468 it would be difficult to squeeze more outputs out of the budget. The planned inputs and resources were received as set out in the AWP and agreements with partners. As was noted in the earlier Chapter, disbursements rates of about 98% were noted for the programme in general. Budgeted funds were disbursed in a timely manner and overspending in projects did not occur in general. One can conclude that the resources were spent as economically as possible.

As figure 3 illustrated, Sexual and Reproductive Health received about 20% more of funding than population and development and gender. But, it should be remembered that gender and youth is also a cross cutting theme of Sexual and Reproductive Health.

With regards to the leveraging of resources, the programme has successfully leveraged USD 652, 486. As can be seen in the following graph, gender has been most successful at leveraging funds for a total of USD 478,986.

With the shrinking of its budget, UNFPA needs to leverage its expertise and shrinking budget to 1) increase its cost-sharing with Govt. (Ministry of Labour, Ministry of Sport and Youth and other Government partners); 2) increase joint initiatives with other UN agencies and other donors. Indeed, both the Ministries of Labour and Sport and Youth demonstrated interest in contributing to UNFPA on some of its key initiatives with regards to gender disaggregated data and youth initiatives. Joint initiatives could also be interest to other donors as well.

Figure 4:



The following initiatives leveraged funds:

Population and Development:

- Survey on Demographic Situation of Azerbaijan (with UNDP), 2012: \$ 53, 500

Total: \$ 53,500

Reproductive Health:

- Mid-term review of the National Reproductive Health Strategy, WHO, parallel, 2011: \$ 10,000
- Procurement of condoms for GFATM project from UNFPA, GF, parallel, 2011: \$ 50,000
- Size Estimation of Most at Risk Groups, UNAIDS, UNICEF, parallel, 2011: \$ 30,000
- MISP country roll-out training, IPPF, parallel, 2012: \$ 20,000
- Development of BCC HIV Strategy, UNAIDS, parallel, 2013: \$ 2013

Total: \$ 120,000

Gender:

- Awareness raising project on domestic violence in IDP communities (with UNHCR and WARD): 2012,: \$ 55.000
- Awareness raising project on early marriages in IDP communities (with UNHCR and WARD), 2013; \$ 55,000
- Empowering Women Victims of Domestic Violence (domestic violence) with Improved Socio-Economic Capacity and Gender Awareness in Azerbaijan (with ALC, IOM, SCFWCA): \$ 323,986 over two years 2012-2014
- 16 Days of Activism (with SCFWCA and UNCT): 2012: \$ 12,000
- 16 Days of Activism (with SCFWCA and UNCT), 2013: \$ 15,000
- 16 Days of Activism (with SCFWCA and UNCT), 2014: \$ 18,000
- Total: \$ 478,986

Grand Total \$ 652, 486 or 20% of budget

Summary of Findings:

Findings 23: There is an overall good efficiency in the UNFPA program.

Findings 24: Funds are disbursed on a timely basis.

Findings 25: There is joint planning with Implementing Partner, Govt., other UN agencies and NGOs.

Findings 26: There are also opportunities for UNFPA to increase its cost-sharing with Government and increase joint initiatives with other UN agencies and other donors.

4.4. Findings with regards to Sustainability

Evaluation Question 4: To what extent did the country program included strategies for ensuring sustainability during program design and in the course of program implementation?

Evaluation Question 5: To what extent are the stakeholders willing to: (i) continue supporting or carrying out specific program/project activities; (ii) replicate the activities; (iii) adapt program/project results in other contexts?

“Only things that are sustainable are those adopted by the government.”

Workshop participant

In this section, sustainability is operationalized as “the continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.” The two main criteria are (a) the actual flow of benefits after the interventions have ended, and (b) the overall resilience of benefits to risks that could affect their continuation.⁶⁵

While UNFPA’s key accomplishments, as grouped under Advocacy/Policy Dialogue, Knowledge Management and Capacity Development above, reflect an impressive track record of results towards the Country Programme outcomes and outputs, scrutiny of the sustainability of UNFPA-assisted benefits generally reveals a weaker picture, despite some positive practices.

In terms of population and development activities, for example, upon completion of statistical surveys and capacity building for the national experts, all survey methodologies were confirmed to remain at the disposal of the SSC, MLSP and SCFWCA for future utilisation as feasible. This is also true for UNDP, who currently partners with UNFPA on demographic study for Azerbaijan and is actively engaged in executing the research methodology. However, while the knowledge base is there, the surveys are not replicated beyond completion of UNFPA assistance: almost all surveys collected as evidence base for informed policy making have been “one-time events”, with the notable exception of “Men and Women in Azerbaijan” bulletin and the regularly updated gender statistics section at SSC. As already noted above, the level of government support for continuing the UNFPA’s data collection exercises could have been higher: the statistical researches seem to be driven merely by UNFPA for ad hoc needs of the government, yet without any more replication or adaptation beyond UNFPA involvement, which over time diminishes the value of the collected data.

Sustainability and replication of data collection and analysis methodologies beyond UNFPA support strongly depend more on the availability of funding than on the government’s need in evidence-based policies.

Online dissemination of UNFPA-supported surveys, instead of relying on physical distribution, could enable wider usage of these surveys.

The positive practices include the UNFPA’s assistance to the SSC to establish the permanent Department on Population and Gender Statistics in 2012 to ensure that sex-disaggregated population data is available on a permanent basis. Also, “Population and Gender” section was included in official webpage of SSC to ensure sustainability of data development and availability. 18 new indicators have been institutionalized into the gender statistics databank.

⁶⁵ UNFPA CPE Handbook, page 46.

Results and deliverables of UNFPA Country Programme are usually developed as part of the existing legal systems or policy mechanisms and with initially strong engagement from the Government. This is particularly evident in activities in advocacy and policy dialogue modality: UNFPA contributed to the second cycle of State Programme on Demography and Population Development in 2014-2025, the series of follow-up orders by the Cabinet of Ministers on combating domestic violence, draft National Strategy and the National Action Plan of Prevention of domestic violence, Amendment to the Family Code concerning equalization of minimum legal age for marriage, development of the reproductive health Communication Strategy, etc. While this approach of mainstreaming reproductive health, Family Planning, population and development, gender equality and domestic violence issues into national policies bear the greatest promise of wider impact and longer sustainability, the results still depend heavily on the Government upholding their initial commitments or being willing to further support the results.

This observation was best formulated by the participants of the Stakeholder Workshop: “Only things that are sustainable are those adopted by the government,” and “Need financial or other support from Government for sustainability.”

Another example is the case of the model domestic violence referral centre in Khachmaz, which depends on the SCFWCA “adopting” the centre into its infrastructure. The Centre is one of the three shelters to be transferred into the structure of SCFWCA. These centres are currently operated by volunteers – once transferred to state balance, the staff will be permanent (with salaries), and the centres will be open 24/7. The transfer to state balance is expected to be finalized in 2015, pending the approval by the Parliament. The sustainability planning of this activity focused on establishing the model referral mechanism “as a best practice for organization of a country-wide referral mechanism for preventing and addressing domestic violence” than on the sustainability of the centre itself. However, funding for the continued operation of these Centres is still not guaranteed and must be a focus in the months ahead.

Insufficient M&E data on capacity building and knowledge management activities, including the lack of training evaluations by participants and data on use of publications make it difficult to gauge the level of sustainability in these domains with certainty.

In order to strengthen sustainability, there is a need to strengthen the national ownership and buy-in early on by involving UNFPA primary and potential stakeholders (e.g. key decision making interlocutors within the government, including the Presidential Administration) at every step of country programming. From the onset of programme design, there needs to be a clear action plan for sustainability for the Country Programme IV with a handover plan to government which would ideally include clear government budget allocations and indicators that would measure the achievement of sustainability.

Summary of Findings:

Findings 27: Country Programme included insufficient strategies for ensuring stronger sustainability of program results and benefits.

Findings 28: Sustainability of UNFPA Country Programme results depend more on the continuity of material and financial support (especially by the Government), than stakeholders being willing to continue, replicate, adapt or otherwise learn from specific project activities or deliverables.

Findings 29: There is a need to involve UNFPA primary and potential stakeholders (e.g. key decision making interlocutors within the government, including the Presidential Administration) at every step of country programming in order to strengthen sustainability.

4.6. Findings with regards to UNCT Coordination

Evaluation Question 6: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms, and ensured the attribution of accomplished UNDAF outputs/outcomes to UNFPA performance?

“UNFPA is an indispensable partner, member and contributor to UNDAF” ...”

Source: UN Partner

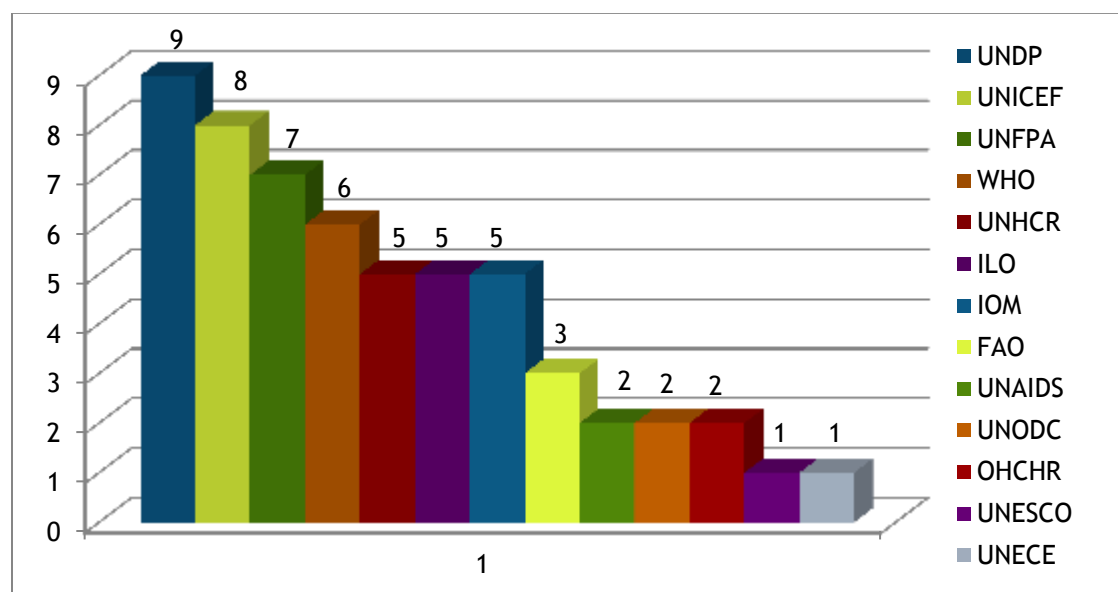
The following quote best describes the contribution of the UNFPA: “UNFPA is an indispensable partner, member and contributor to UNDAF”...” It has done timely and effective support, it is more dynamic, and has led a very productive gender group. “

UNFPA is contributing to UNDAF in at least 9 ways:

1. UNFPA co-chairs with UNICEF a Results Group on Institutional Capacity Development, Human Capital Development, and meeting international commitments, as part of the next UN-Azerbaijan Partnership Framework for 2016-2020
2. UNFPA has been contributing to the UNDAF Outcome Group on Social Development, Joint UN Team on HIV/AIDS, Joint UN Groups on Economic Development and Governance, UN Communications Group, and Operations Management Team.
3. UNFPA is contributing to gender as a cross-cutting theme in the current UNDAF implementation, focusing on mainstreaming gender into UN programming and encouraging joint UN initiatives.
4. UNFPA chairs the UN Gender Theme Group. The work of Gender lead is considered as “diligent and constructive”.
5. Contributed to UNDAF MTR (November, 2013) at agency level.
6. Sex ratio at birth rate favouring boys and leading to an imbalance in the sexes. UNFPA supported research provided critical data to inform Government decision-making.
7. Reproductive Health Law being discussed for many months in Parliament.
8. In support of better enforcing the law on domestic violence, UNFPA was instrumental by contributing to evidence based policy making, improving legal standards, establishing Standard Operating Procedures for Referral Centres for Violence Against Women and chairing the Gender Theme Group.
9. UNFPA employs 2 officers in M&E. UNFPA focusing on M&E as an integral part of programming process and is sharing its M&E practices with the UNDAF group. Other UN agencies are more limited.

The following graph shows the number of UNFPA outputs (7) contributing to UNDAF:

Figure 5: # of Outputs by UN Agencies Contributing to UNDAF



UNFPA Projects and Initiatives include the following:

- UNFPA & UNDP: Demographic Study to better understand implications of demographic trends for socio-economic development of the country
- UNHCR/UNFPA Addressing GBV and Early Marriages among IDPs and Refugees in Azerbaijan.
- IOM/UNFPA: Empowering Women Victims of Domestic Violence with Improved Socio-Economic Capacity and Gender Awareness in Azerbaijan.
- 16 days of activism against GBV and raise awareness of child marriages.
- 2013 UNFPA, UNICEF, UNDP and IOM applied for funding to UN Trust Fund for Initiative to address problem of Child Marriages.
- 2014. UNHCR, UNFPA, UNICEF, UNDP and IOM developed a joint proposal to UN Trust Fund to End Violence against Women.

Source: UNCT Meeting.

Summary of Findings:

Findings 30: UNFPA is an active and highly valued member of UNCT.

Findings 31: UNFPA's leadership on gender issues can be considered best practice for the region.

4.7. Findings with regards to Strengths and Value-added

Evaluation Question 7a: What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?

Evaluation Question 7b: What is the main UNFPA added value in the country context as perceived by national stakeholders?

“UNFPA is seen as trusted UN partner agency that can assist the Government in transitioning from economic development to social and health protection.”

(Government official)

4.7.1. Comparative Strengths and Value-added:

UNFPA has a long-lasting track record of steady, positive and supportive relationship with the key government partners. According to SSC, the UNFPA has always been responsive to SSC’s requests, even soliciting the help of the Regional Office when Country Office was not capable to help. UNFPA is the only organization providing expertise and technical assistance with demographic surveys. Similar interventions (e.g. building the national development databank, positioned as “DevInfo”) were offered by UNICEF in the past, but those efforts were never materialized, unlike the consistent collaboration with the UNFPA.

UNFPA is persistent, persuasive and adaptive in its communications with the Government on issues that are sensitive.

UNFPA is persistent, persuasive and adaptive in its communications with the Government on issues that are sensitive. The government expects that UNFPA will continue working on reproductive health, maternal health and family planning issues (including in rural areas and IDP communities); bringing down stereotypes on selective abortions, early marriages and sexual education; and conducting surveys on extra-marital births, causes of divorces, infant and under-5 children mortality, early and illegal marriages.

The Government’s perception is that when compared with other UN agencies, who have relatively narrowly defined mandates (e.g. UNHCR focuses only on IDPs, UNICEF on children’s issues, OHCHR on human rights, etc.), UNFPA’s focus is wider and more flexible, which allows more holistic interventions in Family Planning, Reproductive Health, domestic violence, GBV, gender mainstreaming, and population statistics.

From the perspective of UN agencies, since UN Women is not present in Azerbaijan, the UNFPA is the key partner in gender related issues, especially in the area of GBV, through its active role in Gender Theme Group. The Gender Theme Group is the main platform for UN joint efforts in gender area, and it’s been very successful due to UNFPA’s leadership. UNFPA maintains its “gender leader” stature even among a number of UN and international agencies active with gender programming. However, as one government representative put it, “UNFPA’s core advantage is their expertise in gender issues, but now that they are weaker due to fewer funds available and are doing fewer projects with the State Committee for Family, Women and Children’s Affairs, they are losing the “market” to other organizations (UNDP, IOM, OSCE).”

UNFPA engages youth in program implementation and has gender as the cross-cutting element in Reproductive Health activities.

UNFPA had a significant role in promoting evidence-based policy making in Azerbaijan. Due to this comparative advantage, UNFPA has been also engaged in UNCT's theme groups on Governance and Economic Development, although UNFPA's mandate does not cover these areas.

UNFPA has a strong international expertise in data mining and statistical research methodologies, which cannot be provided by any other UN agency present in Azerbaijan.

UNFPA is also establishing itself as a strong M&E player, however, this requires more training on results-based management and better tracking of outcomes and outputs using realistic indicators. M&E is generally the weak point of UNCT. UNFPA will be expected to have a critical role in UNCT's new M&E Theme Group, currently chaired by UNICEF and WB.

There are a number of limitations that were highlighted during the Stakeholder Engagement Workshop. These were:

- Limited and declining financial resources – integrated budget contradicts with expected amounts for 5 years;
- Limited human resources – UNFPA has lost 2 critical staff members during this Country Programme
- Insufficient coverage of the rural areas, or little direct outreach of the most vulnerable groups in the regions;
- Visibility - UNFPA lacks the necessary resources (both financial and human) necessary for emphasizing its role or contributions in joint projects either with Government or other partners;
- Internal bureaucracy – UNFPA has complex rules on grants or cost-sharing, which inhibits financial inflows for complementary initiatives.

Summary of Findings:

Finding 32: UNFPA has a long-lasting track record of steady, positive and supportive relationship with the key government partners.

Finding 33: UNFPA had a significant role in promoting evidence-based policy making in Azerbaijan.

Chapter 5. Conclusions and Recommendations

The following matrix presents the evaluation conclusions and recommendations by number. Both conclusions and recommendations are grouped under strategic or programmatic headings. Each conclusion mentions the associated Evaluation Question (EQ) from the Evaluation Matrix (see annex 7), as well as relevant recommendation(s).

5.1. Strategic Level Conclusions and Recommendations

CONCLUSION 1: Evaluation Question (EQ) 1 Relevance
<p>The UNFPA 3rd Country Programme is highly relevant to Reproductive Health and Rights, Population and Development and Gender Equality needs in Azerbaijan. The evaluation found that there was an excellent alignment between State policies and programmes and UNFPA's Country Programme in Reproductive Health and Rights, Population and Development and Gender equality. UNFPA should continue its efforts to advocate in these key areas and in particular place emphasis on a number of laws that still require legislation with regards to reproductive health and gender based violence.</p> <p>Family planning efforts also need to be stepped up and the reproductive health rights and options of women and men need to be more aggressively explored. A focus on interpersonal communication and decision-making within the family needs to refocus reproductive choices such as condoms and vasectomies on the role of men in reproduction. Women should not be burdened with the responsibility of reproduction and abortion should be used for unwanted and high-risk pregnancies rather than as a contraception measure.</p> <p>While the Country Programme responds to the overall needs of key population groups like youth, survivors of violence or women of reproductive age, there is still a need to increase the voices of such groups in overall Programme planning and implementation, including the rural poor and marginalized groups.</p>
RECOMMENDATION 1
<p>The next country programme should place an increased focus on advocacy especially with regards to a number of important laws touching reproductive health and domestic violence and place increased emphasis on rural and vulnerable populations.</p>

➔ Priority Level: High

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- UNFPA has successfully supported evidence based research and policy-making and has helped push boundaries on important and neglected issues like sex selection abortion, early marriages, family planning, Reproductive Rights, domestic violence, Cost-benefit analysis of Abortion.
- UNFPA support has not been enough in the practical implementation of the National Reproductive Health Strategy. While a policy exists, measures need to be taken to ensure its practical application.

- In planning the next Country Programme, more of the vulnerable, marginal and high risk groups including women, youth and LGBT groups' voices should be included in planning and programming.

CONCLUSION 2: Evaluation Question (EQ) 3 Efficiency

With the shrinking of its budget, UNFPA needs to leverage its expertise and shrinking budget to 1) increase its cost-sharing with Govt. (Ministry of Labour, Ministry of Sport and Youth and other Government partners) ; 2) increase joint initiatives with other UN agencies and other donors.

Indeed, both the Ministries of Labour and Sport and Youth demonstrated interest in contributing to UNFPA on some of its key initiatives with regards to gender disaggregated data and youth initiatives. Joint initiatives could also be interest to other donors as well.

RECOMMENDATION 2

UNFPA should leverage its expertise and shrinking budget to 1) increase its cost-sharing with Govt. (Ministry of Labour, Ministry of Sport and Youth and other Government partners) ; 2) increase joint initiatives with other UN agencies and other donors.

➔ Priority Level: High

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS

- There are opportunities for UNFPA to increase its cost-sharing with Government and increase joint initiatives with other UN agencies and other donors. This will involve resource sharing strategies as part of the UNFPA sustainability strategy and incrementally increasing government funding over the next Country Programme Cycle.
- Continue to capitalize on the thematic working groups to create synergies that can lead to joint programming with other UN agencies, in the spirit of the UN delivering as one.

CONCLUSION 3: Evaluation Question (EQ) 4 & 5 Sustainability

The Country Programme included insufficient strategies for ensuring stronger sustainability of program results and benefits.

In order to strengthen sustainability, there is a need to strengthen the national ownership and buy-in early on by involving UNFPA primary and potential stakeholders (e.g. key decision making interlocutors within the government, including the Presidential Administration) at every step of country programming) in order to strengthen sustainability.

From the onset of programme design, there needs to be a clear action plan for sustainability for the Country Programme IV with a handover plan to government which would ideally include clear

government budget allocations and indicators that would measure the achievement of sustainability.

RECOMMENDATION 3

In order to strengthen the national ownership and buy-in, UNFPA should involve primary and potential stakeholders (e.g. key decision-making interlocutors within the government, including the Presidential Administration) at every step of country programming. UNFPA needs a clear action plan of sustainability for Country Programme IV with hand-over plan to government which would ideally include clear Government budget allocation and action plan.

➔ Priority Level: High

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS

- UNFPA needs to work closely with various Government Ministries to create clear action plans for sustainability that reflects incremental increases in Government contributions and a clear handover plan for Government.
- As part of the action plan of sustainability, there should be key milestones that reflect increasing government ownership.

5.2. Programmatic Level

CONCLUSION 4: Effectiveness for Population and Development: Capacity-building Evaluation Question (EQ) 2.

There is a need to continue building the capacity of staff through internships with other government agencies, study tours or workshops on demography.

One persistent challenge in regards to Outcome 7 is the lack of qualified national specialists on demography and population statistics (except only one demographer who completed post graduate studies under UNFPA assistance). This concern was voiced both by the MLSPP and the SSC, the key government institutions involved in population policies, and offered introducing a faculty/chair in local universities to enable academic studies at bachelor's and master's levels.

RECOMMENDATION 4

UNFPA should continue building capacity by 1) supporting Ministry of Labour staff in Population and Development through internships with other government agencies, study tours or workshops on demography; 2) support academic institutions with introducing courses on population studies. One option would be to establish a faculty/chair to further advance population studies and foster national specialists in Azerbaijan.

➔ Priority Level: High

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS

- A needs assessment should be undertaken on the Ministry of Labour staffs that seek to identify learning gaps and areas requiring strengthening.
- There is a need to develop a cohesive capacity-building plan in Population and Development that can build capacity in the short-term for Ministry of Labour staffs and in the long-term build the next generation seeking to work in the area of Population and Development.
- Efforts will be required to bring in experts in population statistics and demography that can help design and deliver the curriculum.

CONCLUSION 5: Evaluation Question 2. Effectiveness for Population and Development

<p>UNFPA's evidence based research was highly praised, appreciated and informed policy-making and programming. Interviews with key stakeholders revealed the need to support more evidence based research that reveals population dynamics among youth, elderly and other marginalized groups that can inform decision-making.</p>

<p>Youth in the stakeholder engagement workshop also felt that more modern methods are needed for disseminating publications and recommended that demographic studies and publications be available online.</p>

RECOMMENDATION 5:

<p>UNFPA should support more evidence-based research that reveals population dynamics among youth, elderly and other marginalized groups that can inform decision-making. Demographic studies & publications should be available online.</p>

➔ Priority Level: Medium

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS

- The next Country Programme should define key areas and niches where UNFPA supported evidence-based studies can make a difference to policy making and programming.
- The evaluation identified some key areas as population and development issues related to youth, the elderly, migrants and other marginalized groups.

CONCLUSION 6: Evaluation question (EQ) 2 Effectiveness. Reproductive Health

<p>It was felt that gender needed to be better mainstreamed into the reproductive health component in general. In particular, the gender dimensions of reproductive health needed to be more explored including the role of women men and in decision-making, contraception and vasectomy. Male doctor to male patient communication was also seen as a good practice that should be encouraged in the future.</p>

RECOMMENDATION 6

Mainstream gender equality into Reproductive Health as a basic reproductive health as per the Azerbaijani Reproductive Health Strategy and explore the gender dimensions of Reproductive Health including the role of women & men in Reproductive Health (interpersonal communication and joint decision-making, Male doctor to man communication, contraception, vasectomy).

➔ Priority Level: HIGH

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- Evidence based study is required to examine the gender dimensions of reproductive health. Such a study should explore the role of women and men in decision-making with regards to reproductive choices, interpersonal communication and male reproductive health options like vasectomy or condoms.

CONCLUSION 7: Effectiveness. Evaluation Question (EQ) 2. Effectiveness of Reproductive Health

While Azerbaijan has a Reproductive Health strategy, it needs to be implemented in practical terms with the preparation of an action plan with indicators and regular monitoring, a protocol to guide doctors and mid-wives and simple communication materials.

With the current Country Programme coming to an end, there is a need to review the current Reproductive Health Strategy for the next 5 years and encourage multi-stakeholder consultations with Government, WHO and other key stakeholders.

RECOMMENDATION 7

Advocate for the approval & implementation of the Azerbaijani Reproductive Health Strategy in practical terms (preparation of an action plan, protocol to guide doctors and mid-wives, simple communication materials). In line with Government priorities, encourage multi-stakeholder consultations with Government, WHO and other key stakeholders to review current Strategy on Reproductive Health & develop next 5-year strategy.

➔ Priority Level: HIGH

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- Efforts need to be directed at operationalizing the current Reproductive Health strategy in ways that are practical and user-friendly. In this regard, an action plan should be developed, protocols prepared to guide doctors and simple communication materials prepared and disseminated.
- Multi-stakeholder consultations with Government, the WHO and key stakeholders will need to be encouraged to review the current 5 year Reproductive Health plan and inform the next 5 year strategy for Reproductive Health.

- Consultations with Government should be participatory and include small group discussions.

CONCLUSION 8: Evaluation Question (EQ) 2. Effectiveness. Gender Equality
The field visits revealed that domestic violence training needs to be directed at antenatal care and include mid-wives for two reasons. First, antenatal care is a better phase for receiving training or awareness on domestic violence as it approaches women early on in their pregnancy. Secondly, mid-wives are the main actors in helping women through their pregnancies so including them in the training on domestic violence is essential.
RECOMMENDATION 8
Domestic violence training needs to be directed to antenatal care and include mid-wives and doctors; developing a module on domestic violence for last year medical students and midwives.

➔ Priority Level: HIGH

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- Domestic violence training needs to be directed to antenatal care and include mid-wives given their important role in reproductive health counselling.
- A module on domestic violence should be developed for the last year of medical students and mid-wives given their front-line work with women and men.

CONCLUSION 9: Evaluation Question (EQ) 2. Effectiveness. Family Planning
It should be noted that condoms distributed by the UN stopped in 2004 as Azerbaijan no longer became eligible for free condoms given its advanced economy status. Condoms are also not on the essential drug list making it less accessible to the population. The most readily available forms of contraception nevertheless are the pill, IUD, condoms and abortion for unwanted pregnancies. Indeed, all too often abortions are used as a form of fertility control before other forms like the pill, IUD or condoms. While some have noted resistance by decision-makers to openly promote family planning because of traditional Muslim family values, the evaluators found doctors and patients highly open to discuss family planning and its options. Intense advocacy is required by UNFPA to get family planning firmly put on the agenda with State resources for its implementation.
RECOMMENDATION 9
UNFPA should continue strong advocacy & lobbying for Family Planning and maternal health including the inclusion of contraceptives including the Pill, IUD and condoms on the essential drug list of the Ministry of Health which would improve affordability and accessibility. UNFPA should also provide Reproductive Health communication materials & training for mid-wives, young girls & boys (i.e.

responsible sex & contraception, interpersonal communication), UNFPA target groups, pharmacies and doctors and expand options for contraception involving men (condoms, vasectomies).

There is also a need to expand options for contraceptives among men with the use of condoms or the option of undergoing vasectomies.

Youth felt that there was a need to receive communication materials on Reproductive Health that speak to responsible sex and contraception and interpersonal communications.

In discussions with Reproductive Health staffs, they recommended more communication materials geared towards mid-wives and training for mid-wives that could build on the training already received. Communication materials also need to be targeting UNFPA target groups, pharmacies and doctors as well.

➔ Priority Level: HIGH

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- Advocacy efforts for family planning need to be stepped up given the demand for such services.
- Special efforts will be required to convince the Ministry of Health to include the Pill, IUD and condoms on the essential drug list of the Ministry of Health. This would improve affordability and accessibility.
- Getting state resources to cover these contraceptives would make them more readily available.
- Reproductive health materials should be user-friendly and practical and used for a varied audience including youth, mid-wives and those of a reproductive age including men. Target groups like doctors, mid-wives and pharmacies must also be included.

CONCLUSION 10: Evaluation Question (EQ) 2 Effectiveness and Youth

Up to now, there has been little if any involvement of the Ministry of Youth and Sport in UNFPA activities. There is an overall need to Improve coordination and continuity with Ministry of Youth and Sports in the future and to establish an Annual Work Plan with Ministry of Youth and Sports in upcoming Country Programme as this could be a very good source of revenue or cost-sharing for UNFPA youth activities.

Greater efforts are still required to link Peer education networks to the Ministry of Youth and Sport in the next Country Programme. In particular, there are also 30 Regional Youth Centres part of the Ministry of Youth network that should be connected to UNFPA's work with youth and youth activities

RECOMMENDATION 10

UNFPA needs to improve the coordination and continuity with Ministry of Youth and Sports and establish an Annual Work Plan with Ministry of Youth and Sports in upcoming Country Programme and connect youth activities with the planned 30 regional Youth Centres and ensure participation of youth in projects concerning youth.

➔ Priority Level: HIGH

➔ Addressee: Country Office

OPERATIONAL IMPLICATIONS:

- Develop a work plan with the Ministry of Youth and Sport to coordinate youth activities.
- Special attention need to be given to Peer Education Networks and linking them to the Regional Youth Centres.
- Explore opportunities of cost-sharing with the Ministry of Youth and Sport.

**Annex 1: TERMS OF REFERENCE FOR THE EVALUTAITON OF THE UNFPA 3RD
COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT OF AZERBAIJAN
(2011-2015)**

1. INTRODUCTION

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA aims at developing the policies and programs that are envisioned to contribute to the reduction of poverty as well as to ensuring that every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.

UNFPA Azerbaijan Country Office is planning to conduct the independent evaluation of the UNFPA's third Country Programme of Assistance to the Government of Azerbaijan in 2014 as part of its work plan, and in accordance with the UNFPA evaluation policy.

As per the UNFPA evaluation policy, evaluation at UNFPA serves three main purposes:

- iv. demonstrate accountability to stakeholders on performance in achieving development results and on invested resources;
- v. ii. support evidence-based decision-making;
- vi. iii. contribute important lessons learned to the existing knowledge base on how to accelerate implementation of the Programme on Action of the International Conference on Population and Development (ICPD).

The evaluation results will inform the formulation of the 4th Country Programme of UNFPA support to the Government of Azerbaijan.

The primary users of the evaluation are the decision-makers within UNFPA (Country Office, Regional Office, Headquarter divisions). The UNFPA Executive Board, government counterparts in the country, and other development partners are also seen as part of the audience of the evaluation results.

The evaluation will be conducted by a team of independent evaluators in close cooperation with country office evaluation manager and regional office monitoring and evaluation adviser, and evaluation reference group members formed for this evaluation.

2. COUNTRY CONTEXT

The Republic of Azerbaijan became independent after the dissolution of the Soviet Union in 1991. The country has a population of about 9 millions. The country is ranked as upper middle-income country (WB, 2013).

The economy is heavily dependent on industry. Petroleum and petroleum products play a leading role in the industrial sector, and their export generates a positive trade balance. The economic growth is largely propelled by the exploitation of the country's oil and gas reserves. This has allowed major investments in infrastructure and has contributed to a decline in poverty rates.

High levels of economic growth in recent years contributed to improved social indicators as well. Nevertheless, the economic growth has had a limited impact on improving income-generating opportunities for those not employed in the oil sector.

Although significant resources are devoted to improving social infrastructure, there is a need for institutional reforms and capacity development to ensure long-term improvements in service delivery. Series of concerns do remain regarding the reproductive and sexual health indicators such as rather low prevalence rates of modern contraceptive methods, extensive use of abortions as the major means of birth control, increasing rates of the sexually transmitted diseases, etc.

Gender disparities are also of concern. The discrepancies existing between de-jure protection measures rendered to country's women and their de-facto implementation create major impediments to women's advancement and empowerment.

The disparities between official and alternative survey data constrain the ability of the Government and other stakeholders to plan and implement development programmes. Although data disaggregated by sex and age are updated and available at the national level, there is still a need for reliable data at the sub national level, especially on reproductive health and gender-related indicators.

During the post-independence years, conflicting trends have been observed for some reproductive health indicators. The contraceptive prevalence rate for modern methods increased from 13.3 per cent in 2005 to 18.5 per cent in 2009, but decreased to 14% in 2011 (DHS, 2011). 49 per cent of women do not use any contraception. Unmet needs to family planning decreased from 23% in 2007 to 10, 8% in 2011 (DHS, 2011). This, however, was not achieved at the expense of the increase of modern CPR, but rather for account of traditional CPR. According to the 2011 DHS, infant mortality rates are higher than those reported by official sources (22 as opposed to 11.3 deaths per 1,000 live births). In 2011, the number of abortions was 11.7 per 1,000 women of ages 15-49. Almost half of pregnancies (49%) end in an induced abortion (DHS, 2011). Most of these abortions occurred among women between the ages of 20 and 34. Abortion continues to be used as a fertility regulation method and is a serious health concern.

HIV/AIDS prevalence is increasing. As of December 2011, there were 4,023 officially registered HIV cases. However, the Joint United Nations Programme on HIV/AIDS estimated the number of cases to be 10 times higher. Limited condom use (2.2 per cent) and the increasing use of intravenous drugs are contributing to an expansion of the epidemic.

Gender disparities are of concern. Customary laws and traditional practices often deny women and girls their rights to inheritance and decision-making. Women's participation in public life is limited. Contributing factors to gender-based violence include gender stereotypes, women's economic dependence on men, cultural norms, and weak legislation to protect women's human rights, and the lack of preventive measures or a referral system for victims of violence. The 2011 DHS indicated that 14.8 per cent of women experienced physical violence at least once in their lives.

3. BACKGROUND INFORMATION ON THIRD UNFPA AZERBAIJAN COUNTRY PROGRAMME (CP)

UNFPA has been active in Azerbaijan Republic since 1994. Currently UNFPA Azerbaijan is implementing its third Country Programme (2011-2015). The Programme has been aligned with the National Priorities, the MDGS, the ICPD Programme of Action, UNFPA Strategic Plan 2008-2011 as well as the Mid-Term UNFPA Strategic Plan 2012-2013.

The five-year Programme commenced in January 2011 and will run through the end of 2015.

The major goal of the third Country Programme is to contribute to improving the quality of life in Azerbaijan by supporting the following UNDAF outcomes:

- (a) by 2015, non-oil development policies result in better economic status, decent work opportunities and a healthier environment in all regions and across all social groups;
- (b) by 2015, vulnerable groups enjoy increased social inclusion and improved and equal access to high-quality health, education and social protection services;
- (c) by 2015, the Government strengthens the system of governance with the involvement of civil society and in compliance with international commitments, with an emphasis on vulnerable groups.

The third Country Programme has three components: Population and Development, Reproductive Health and Rights, and Gender Equality and Empowerment of Women. The emphasis of the Country Programme's component on Population and Development is on building national capacity to incorporate population issues into national development frameworks. Increased access to quality reproductive and maternal health services and promotion of reproductive rights is the focus of the Country Programme's component on Reproductive health and Rights. The component on Gender Equality mainly targets improving national mechanisms to implement CEDAW and support women's empowerment. Interventions related to young people and HIV prevention, marginalized populations, emergency preparedness and humanitarian response are cross-cutting issues that are addressed throughout the programme.

In 2012 UNFPA Azerbaijan 2011-2015 CPAP Results and Resources Framework has been aligned with the new UNFPA MTSP 2011-2013. Currently the third Country Programme programme contributes to all seven Mid Term Strategic Plan outcomes and relevant outputs. (Please see annex 1 for details on country programme outcomes and outputs)

The third Country Programme is being implemented in close partnership with Azerbaijani Government: the Ministry of Health, Ministry of Labor and Social Protection, State Statistics Committee, State Committee for Family, Women and Children's Affairs.

4. OBJECTIVES AND SCOPE OF THE EVALUATION

The objectives of this evaluation *are as follows*:

- a. To provide the UNFPA country office in Azerbaijan, national stakeholders, the UNFPA Regional Office, UNFPA headquarters as well as the wider audience with an independent assessment of the progress of the Programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- b. To assess the relevance, effectiveness, efficiency, and sustainability of the approaches adopted by the current Country Programme;
- c. To provide an analysis of how the country office (CO) has positioned itself to add value in an evolving national development context.
- d. To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the new programming cycle.

The evaluation will focus on the outputs and outcomes achieved through the implementation of the Country Programme to date. The evaluation should consider UNFPA's achievements since January 2011 against intended results and examine the unintended effects of UNFPA's intervention and the Country Programme's compliance with UNFPA's Strategic Plan, as well as its relevance to national priorities and those of the UNDAF. The evaluation will assess the extent to which the current Country Programme, as implemented, has provided the best possible modalities for reaching the intended objectives, on the basis of the results achieved to date. The scope of the evaluation will include an examination of the relevance, effectiveness/coherence, efficiency, and sustainability of the current Country Programme, and reviewing the country office positioning within the development community and national partners in order to respond to national needs while adding value to the country development results.

The evaluation will cover the Azerbaijan Country Programme from 2011 to 2014 (present). The evaluation is expected to take place during the period of March – August 2014.

5. EVALUATION CRITERIA AND EVALUATION QUESTIONS

Relevance, effectiveness, efficiency, sustainability as well as coordination with the United Nations Country Team (UNCT) and added value will constitute core evaluation criteria for the subject assignment. The guiding questions will be as follows:

Relevance

- To what extent is the current Country Programme consistent with and is tailored to the needs and expectations of the final beneficiaries and partners;
- To what extent is the current Country Programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs;
- To what extent was the country office able to respond to changes in the national development context?

Effectiveness

- Were the Country Programme's intended outputs and outcomes achieved? If so, to what degree? To what extent did the outputs contribute to the achievement of the outcomes and, the degree of achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?
- What was intervention coverage – were the planned geographic area and target group successfully reached?

Efficiency

- Were the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?
- What was the quality of output and outcomes achieved in relation to the expenditures incurred and resources used?

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

Sustainability

- Did programme design include strategies to ensure sustainability? Were any of these strategies on sustainability used in the course of programme implementation?
- To what extent has UNFPA Country Office been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- Are stakeholders ready to continue supporting or carrying out specific programme/project activities; replicate the activities; adapt programme/project results in other contexts?

UNCT Coordination

- To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?
- To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? Have any UNDAF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?

Added Value

- What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?
- To what extent would the results observed within the programmatic areas have been achieved without UNFPA support?
- What is the main UNFPA added value in the country context as perceived by national stakeholders?

6. METHODOLOGY AND APPROACH

Data Collection

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

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

Validation mechanisms

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

Stakeholders' participation

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

7. EVALUATION PROCESS

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

Preparation phase

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

Design phase

During this phase evaluation team will conduct:

- Documentary review of all relevant documents available at UNFPA Head Quarters and Country Office levels regarding the country programme for the period being examined;
- Stakeholder mapping – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation. The mapping exercise will include state and civil-society stakeholders and will indicate the relationships between different sets of stakeholders;
- Analysis of the intervention logic of the programme, - i.e., the theory of change meant to lead from planned activities to the intended results of the programme;
- Finalization of the list of evaluation questions; and preparation of evaluation matrix;
- Development of a data collection and analysis strategy as well as a concrete work plan for the field phase.

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

Field phase

After the design phase, the evaluation team will undertake a three-week in-country mission to collect and analyze the data required in order to answer the evaluation questions final list consolidated at the design phase.

At the end of the field phase, the evaluation team will provide the Country Office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Synthesis phase

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

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

Dissemination and Follow-up

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

EXPECTED OUTPUTS/ DELIVERABLES

The evaluation team will produce the following deliverables:

- Design report including (as a minimum): a) a stakeholder map ; b) the evaluation matrix (including the final list of evaluation questions and indicators) ; c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase; (the report should be maximum 40 pages)
- Debriefing presentation document (Power Point and/or two -three pages overview) synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the Country Office during the debriefing meeting foreseen at the end of the field phase;
- First and second draft final evaluation reports
- Final report prepared taking into account all the comments made. (the report should be maximum 40 pages plus annexes)

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

WORK PLAN/ INDICATIVE TIMEFRAME

	PHASES/DELIVERABLES	RESPONSIBLE	PARTNERS	DEADLINE
Preparation phase	Drafting of ToR by with input by Regional Office M&E Adviser: approval of ToR by Independent Evaluation Office (IEO).	Evaluation Manager (EM), Assistant Representative (AR)	Regional Office M&E adviser, IEO	20 March
	Selection of potential evaluators by Country Office with input by Regional Office M&E adviser; pre-qualification of potential evaluators by Evaluation Office. Recruitment of external evaluators.	Evaluation Manager, Admin Finance Associate (AFA)	Admin/Finance Associate, Regional Office M&E adviser, IEO	30 May
	Assembly of Evaluation Reference Group (ERG).	Evaluation Manager, Assistant Representative	Country Office staff	20 March
	Compilation of Initial list of documentation\Stakeholder mapping and compilation of list of Atlas Projects.	Evaluation Manager, Assistant Representative	Country Office staff	30 June
Design phase	Preparation and submission of a design report including (as a minimum): a) a stakeholder map; b) the evaluation matrix (including the final list of evaluation questions and indicators); c) the overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.	Evaluators	Evaluation Manager, Regional Office M&E adviser, Country Office staff, Evaluation Reference Group	21 August
Field phase	Conducting data collection and analysis.	Evaluators	Evaluation Manager, Country Office staff, Evaluation Reference Group	1-14 September
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations.	Evaluators	Evaluation Manager, Country Office staff, Evaluation Reference Group	15 September
Sy nt	Production of the first draft final report.	Evaluators	Evaluation	25 September

			Manager	
	Comments by the evaluation reference group.	Evaluation Reference Group	Evaluation Manager	30 September
	Production of the second draft final report.	Evaluators		6 October
	EQA of the second draft final report.	Evaluation Manager	Representative, Assistant Representative	10 October
	Production of the Final Report.	Evaluators		12 October
	EQA of the final evaluation report.	Evaluation Manager, Regional Office M&E adviser,	Representative, Assistant Representative	15 October
	Final EQA.	IEO	Evaluation Manager, Regional Office M&E Adviser	20 October
Dissemination and Follow-up	Management response.	Representative, Assistant Representative	Evaluation Manager, Country Office staff	22 October
	CPE report, final EQA and Management response published on Country Office website and UNFPA evaluation database.	Evaluation Manager, IT Associate	IEO	30 October

COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

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

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

- Advanced university degree in social science or relevant field
- At-least 10 years of experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset.
- Familiarity with UNFPA's work and mandate

- Familiarity and experience of working in the Eastern Europe and Central Asia Region (EECA) will be considered as an asset.
- Excellent analytical, communication and writing skills
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams
- Fluency in English is required

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

- Advanced university degree
- Proven thematic expertise in Health, Sexual and Reproductive Health, Population and Development, researcher, data collection and analysis or other related field.
- Familiarity with UNFPA's work and mandate
- Strong interpersonal skills and ability to work in a multi-cultural team
- Excellent analytical, communication and writing skills

Fluency in English, Azerbaijani and Russian is required.

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

REMUNERATION AND DURATION OF CONTRACT

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

- 50 workdays for the International Consultant/Evaluation Team Leader;
- 50 workdays for Evaluation National Consultant;

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

PHASES/DELIVERABLES		RESPONSIBLE	PLACE	TIME-FRAME	No. of Workdays
Design phase	Preparation and submission of a design report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home based	11-21 August	10 days

	Review of evaluation inception report	Evaluation Manager, Regional M&E Adviser, Evaluation Reference Group members	Baku, Azerbaijan	21-26 August	5 days
Field phase	Conducting data collection and analysis	All evaluation team	Baku, selected provinces of Azerbaijan	1-14 September	14 days
	Debriefing meeting on the preliminary findings, testing elements of conclusions and tentative recommendations	All evaluation team	Baku, Azerbaijan	15 September	1 day
Synthesis phase	Production of the first draft final report	All evaluation team	Home - based	16-25 September	10 days
	Comments by the evaluation reference group	Evaluation Reference Group, M&E Adviser, Country Office Management	Baku	25-30 September	5 days
	Production of the second draft final report	All evaluation team	Home - based	1-6 October	6 days
	EQA of the second draft final report	Evaluation Manager	Baku, Azerbaijan	6-10 October	4 days
	Production of the Final Report	International Consultant /Evaluation Team Leader, Evaluation National Consultant	Home - based	11 October	1 day

Workdays will be distributed between the date of contract signature and the end date of the evaluation. Payment of the Evaluation Team will be made in three tranches, as follows:

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

Daily Subsistence Allowance (DSA) will be paid per night spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

MANAGEMENT AND CONDUCT OF THE EVALUATION

The Country Programme Evaluation will be conducted according the above Work Plan/ Indicative Timeframe. Overall guidance to the CPE will be provided by the UNFPA Representative with support of

Evaluation Reference Group. Evaluation will be managed and coordinated by the UNFPA Country Office Evaluation Manager.

The UNFPA Country Office Evaluation Reference Group composed of representatives from the UNFPA country office in (country), the national counterparts, and the UNFPA regional office as well as from UNFPA relevant services in headquarters. The main functions of the reference group will be:

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

The UNFPA Country Office Evaluation Manager will support the team in designing the evaluation; will provide ongoing feedback for quality assurance during the preparation of the design report and the final report. The UNFPA Country Office Evaluation Manager produces the EQA for the final draft evaluation report and the final evaluation report in consultation with the Regional Office M&E adviser and approves deliverables of the evaluation and sends final report and EQA to Evaluation Office. The UNFPA Country Office Evaluation Manager ensures dissemination of the final evaluation report and the main findings, conclusions and recommendations.

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

BIBLIOGRAPHY AND RESOURCES

1. UNFPA Azerbaijan 3rd Country Programme Document
2. UNFPA Azerbaijan 3rd Country Programme Action Plan
3. United Nations Development Assistance Framework (2011-2015) Azerbaijan
4. UNDAF Midterm Review Report – Azerbaijan
5. UNFPA Strategic Plan (2008-2011)
6. Revised UNFPA Strategic Plan (2012-2013)
7. Final Country Programme Evaluation of the UNFPA Azerbaijan 2nd Country Programme
8. Annual Work Plans
9. Field Monitoring Visit Reports
10. Yearly Standard Progress Reports
11. Country Office Annual Reports (COARs) to the UNFPA Executive Director
12. Handbook to “How to Design and Conduct a Country Programme Evaluation at UNFPA”
13. UNFPA Independent Evaluation Office webpage: [//www.unfpa.org/public/home/about/Evaluation](http://www.unfpa.org/public/home/about/Evaluation)

ANNEXES

- *Ethical Code of Conduct for UNEG/UNFPA Evaluations*
- *List of Atlas projects for the period under evaluation*
- *Information on main stakeholders by areas of intervention*
- *Short outlines of the design and final evaluation reports*
- *Evaluation Quality Assessment template and explanatory note*
- *Management response template*
- *Country Programme Outcomes and Outputs*

Ethical Code of Conduct for UNEG/UNFPA Evaluations

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

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent**, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>
http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

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Annex-2: Logical Diagram

UNFPA MTSP Outcomes	UNFPA MTSP Outputs	UNFPA Country Programme Outputs
National priorities: <ul style="list-style-type: none"> increasing income-generating opportunities and decreasing the number of citizens living in poverty; continuing the process of institutional reform and improving good governance; improving the quality of and ensuring equal access to affordable basic health and education services; continuing the process of institutional reform and improving good governance promoting and protecting gender equality 		
Outcome 1: population dynamics and its inter-linkages with the needs of young people (Including adolescents). sexual and reproductive health (Including family planning), gender equality and poverty reduction addresses in national and sectoral development plans and strategies	Output 1. Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people (incl. adolescents), SRH (incl. family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes	Output 4. Women, men and young people have increased access to high-quality information and skills conducive to responsible and healthy sexual and reproductive health behaviour
	Output 2. Strengthened capacity for development of national health policies and plans with integrated SRH services (incl. family planning)	Output 5. Policies and legislation on reproductive health and rights are formulated or revised with the participation of non-governmental organizations (NGOs), decision makers, and national experts
	Output 3. Strengthened national capacity of young people (incl. adolescents) for participation in policy dialogue and programming	
Outcome 2: Increased access to and utilization of quality maternal and newborn health services	Output 4. Strengthened national capacity to implement comprehensive midwifery programmes	
	Output 5. Strengthened national capacity for emergency obstetric and newborn care (EmONC)	
	Output 6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula	
	Output 7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings	
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	Output 9. Strengthened national capacity for community-based interventions for family planning	Output 3: Access to high-quality reproductive health and youth-friendly services and commodities is improved
Outcome 4: Increased access to and utilization of quality HIV and STI- prevention services especially for young people (including adolescents) and other key populations at risk.	Output 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV	Output 3: Access to high-quality reproductive health and youth-friendly services and commodities is improved
	Output 11. Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community led organizations and networks	

Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy	Output 12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality & reproductive rights	Output 7. The national capacity for providing victims of violence with preventive, protective and rehabilitative services including referral systems, is strengthened
	Output 13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings	Output 7. The national capacity for providing victims of violence with preventive, protective and rehabilitative services including referral systems, is strengthened
	Output 14. Enhanced promotion of gender equality & reproductive rights through engagement of community-led organizations and networks	Output 6. Increased understanding and improved knowledge of the public on GBV, related national legislation and human rights instruments through education and awareness campaigns to combat all forms of gender discrimination
Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)	Output 15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people	
Outcome 7: Improved data availability and analysis around population dynamics, SRH(including family planning) and gender equality	Output 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings	Output 1. The availability and use of population data, disaggregated by sex and age, are improved as a basis for formulating, implementing and monitoring national policies and programmes
	Output 18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH	Output 2. An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions

End of Terms of Reference for the Evaluation Consultants

Annex 2: List of Documents Consulted

CPAP Statistical Yearbook Women and Men in Azerbaijan.

DHS Azerbaijan 2011. Final Report Demographic & Health Survey, Baku, 2011.

ICPD Country Implementation Profile – Azerbaijan. July 2012

EUD Azerbaijan Interim Narrative Report. Empowering Women Victims of Domestic Violence with Improved Socio-Economic Capacity and Gender Awareness in Azerbaijan. 2014.

Ministry of Health of the Republic of Azerbaijan. DHS Azerbaijan 2011. Final Report. Baku-2013

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- _____, UNFPA, Ministry of Youth and Sport & NAYORA. Post-2015 Development Agenda. Dialogue with Civil Society and Other Actors: Youth. Final Report. July 2014
- UNFPA. UNFPA Strategic Plan and Mid-term Review, Development and Management Results Framework 2012-2013.
- _____. PowerPoint Presentation on Gender; Population and Development and Reproductive Health, by Programme Staff, Baku, 2014.

_____. Mechanisms behind the Skewed Sex Ratio at Birth in Azerbaijan: Qualitative and Quantitative Analyses, Baku, 2013.

_____. Improving the Availability and Use of Gender Statistics in Azerbaijan: A Practical Guide, , Baku 2013.

_____. Joint Project Document on the Protection and Promotion of Women's Rights, and Women's Social and Economic Empowerment.

_____. The UNFPA Strategic Plan 2014-2017, Report of the Executive Director, July 29, 2013, DP/FPA/2013/12.

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Annex 3: Interview Guides

Meeting with Assistant UNFPA Representative

Evaluation Question 1. How is the current Country Programme reflective of UNFPA policies and strategies as well as global priorities including the goals of the UNDAF, ICPD Program of Action and the MDGs?

Evaluation Question 1. How has the country programme responded to changes in the state policies?

Evaluation Question 6. How has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country?

Is there evidence of active participation in UN working groups and/or joint initiatives corresponding to its mandate areas apart from leading the Gender Theme Group?

What is the quality of UNFPA participation in existing UNCT coordination mechanisms, as well as its extent?.

Evaluation Question 7. What are the strengths and weaknesses of the current Country Programme particularly in comparison to other UN Agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features? How does the UNFPA define its comparative advantages to be (given the incomplete representation)?

Evaluation Question 8. How has the country office (CO) positioned itself to add value in an evolving national development context? (alternatively: How has the Country Office positioned itself to be relevant to the needs of its national partners, or to bring value-added to national initiatives?)

Other questions:

1. What are some key lessons from past and current cooperation?
2. External aid accounts for what percentage of the budget?
3. In a shrinking aid environment, where UN agencies are caught in a situation of decreasing amount of core resources, how important is Government cost-sharing contributions for UNFPA in terms of organizational relevance and national ownership? (note most UNDP Projects funded by Government)
4. How would you assess the capacity of Implementing Partner for national execution to ensure programme implementation? (Sustainability issue)
5. Do you have any clear and forward looking options that can lead to strategic and actionable recommendations for the new programming cycle? What are the Government's priority issues in Population and Development, Gender Equality and RHR areas, and what kind of assistance does the Government need in the future?

Meeting with Senior Government Officials

Evaluation Question 1. UNFPA is currently supporting initiatives in Population and Development, Reproductive Health and Gender. What importance are these programmatic areas to the Ministry? (or, to the national development context from the point of view of the Ministry)

Evaluation Question 2. Have there been any notable results since 2011-2014, the period of the 3rd Country Programme or changes in the context that might have affected the achievement of results?

Questions about Reproductive Health, Population and Development and Gender

1. SRH:

1.1. How are SRH services integrated? For example, are women with HIV offered contraceptive choices? Are women attending antenatal services given the option of an HIV test?

1.2. How are family planning services gender responsive?

1.3. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?

1.4. Do you have the latest statistics covering reproductive health (maternal health, HIV/AIDS, domestic violence, etc.)

2. Population and Development:

2.1. How has the UNFPA addressed critical population dynamic issues (fertility, shifts in age structures, urbanization, and migration)? How were the activities tailored to mainstream the vulnerable groups (i.e. to address gender and regional disparities and to accommodate the IDPs/refugees, youth, the disabled, etc.)?

2.2. How have you received support for advocacy and policy dialogue/advice, and knowledge management, capacity development?

3. Gender:

3.1. What do you view as the key priority areas for gender in the country?

3.2. Do you find that that national mechanisms like CEDAW or work on domestic violence and IDP has been strengthened?

3.3. What do you feel has been the impact of UNFPA's support for gender? (to be specified, if possible: What results have been the most resilient ones? What outputs could have been better and why?)

3.4. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?

Evaluation Question 3. Could more results have been produced with the same resources? Could different interventions have solved the same problem at a lower cost?

Evaluation Question 4. Can you give examples of how programme results, technical assistance and capacity-building made a difference in policy-making or programming? Have any of these UNFPA supported initiatives been integrated into regular government programming? Are there government sources of funding for future activities?

Evaluation Question 7. What do you see as the comparative strengths and weaknesses of UNFPA support?

Evaluation Question 8. What is the value added of UNFPA support?

- What is the degree of satisfaction of Implementing Partner and Government representatives with UNFPA programmatic support to Population and Development, Reproductive Health and Gender

Other questions:

1. What is the ability of the Government to cost share with UNFPA?

2. If you have three wishes for the 4th Country Programme what would they be?
3. How else would the government/Ministry have tried to resolve the thematic problem (Population and Development, Gender Equality, Reproductive Health issues), if UNFPA was not present? Who else do you collaborate with on similar issue areas besides the UNFPA?

Meeting with UNFPA Programme Staff

1. What are the strengths and weaknesses of the current Country Programme?
2. What key challenges has the programme faced in Population and Development, Reproductive Health or Gender?

Relevance

Evaluation Question 1. To what extent is the current Country Programme: (1) responsive to changes in the national development context?

(2) reflective of UNFPA policies and strategies as well as global priorities including the goals of UNDAF, ICPD Programme of Action and MDGs; (3) consistent with and tailored to the expectations and needs of the final beneficiaries and partners;

Effectiveness

Evaluation Question 2. How and to what degree were the Country Programme's intended outputs and outcomes achieved? To what extent did the outputs contribute to the achievement of the outcomes? What were the constraining and facilitating factors and the influence of context on the achievement of results?

Questions about Reproductive Health, Population and Development and Gender

1. Reproductive Health:

- 1.1. How are SRH services integrated? For example, are women with HIV offered contraceptive choices? Are women attending antenatal services given the option of an HIV test?
- 1.2. How are family planning services gender responsive?
- 1.3. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?
- 1.4. What is the evidence of improved access to high-quality reproductive health and youth-friendly services and commodities
- 1.5. What is the evidence of increased access for women, men and young people to high-quality information and skills conducive to responsible and healthy sexual and reproductive health behaviour

2. Population and Development:

- 2.1. How has the UNFPA addressed critical population dynamic issues (fertility, shifts in age structures, urbanization, and migration)? How were the activities tailored to mainstream the vulnerable groups (i.e. to address gender and regional disparities and to accommodate the IDPs/refugees, youth, the disabled, etc.)?
- 2.2. How have you received support for advocacy and policy dialogue/advice, and knowledge management, capacity development?
- 2.3. What is the contribution of evidence-based policy research and studies available for the policy makers at central and local levels
- 2.4. What is the content of publications are disseminated and utilized related to demography and social and economic development issues

3. Gender:

- 3.1. How has gender been mainstreamed in the other components like SRH, Population and Development?
- 3.2. Elaborate on the number and quality of education and awareness campaigns to combat all forms of gender discrimination
- 3.3. What is the evidence of strengthened national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems Policy and legal instruments developed with UNFPA assistance for promoting and protecting the rights of women and girls, and for combating violence against women
- 3.4. How does the gender component address key gender issues facing the country?
- 3.5. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?
- 3.6. What results have been the most resilient ones? What outputs could have been better and why?

Efficiency

Evaluation Question 3. To what extent were the scope and sustainability of the outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? Were funds disbursed in a timely manner?

What evidence is there that the resources provided by UNFPA triggered the provision of additional resources from the government at national and sub-national levels, other partners or from communities?

Sustainability

Evaluation Question 4. Did the country programme include strategies for ensuring sustainability during programme design and in the course of program implementation?

What are the number and/or extent to which national and sectoral plans are incorporating population, reproductive health and gender issues?

What is the level of state budgetary resources allocations for integrating Population and Development, RHR and Gender Equality in Government budget? Is it adequate?

Evaluation Question 5. To what extent are stakeholders willing to 1) continue supporting or carrying out specific programme/project activities; 2) replicate the activities; 3) adapt programme/project results in other contexts?

What is the extent to which the Country Programme benefits continued to flow and their existing coverage upon completion of component activities?

What is the scope of ownership, participation and equity elements implemented throughout the Country Programme components to ensure the buy-in and engagement of the beneficiaries?

UNCT Coordination

Evaluation Question 6. How has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms and ensured the attribution of accomplished UNDAF outputs-outcomes to UNFPA performance?

Is there evidence of active participation in UN working groups and/or joint initiatives corresponding to its mandate areas?

What is the quality of UNFPA participation in existing UNCT coordination mechanisms, as well as its extent?
What evidence of joint programming initiatives (planning) is there?

Added Value

Evaluation Question 7. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?

Evaluation Question 8. What is the main UNFPA added value in the country context as perceived by national stakeholders?

What are your key recommendations for the next Country Programme? What do you think the priority areas and modalities of assistance should be for the UNFPA's next programming? “Do you have any clear and forward looking options that can lead to strategic and actionable recommendations for the new programming cycle?”)

Meeting with Finance Officer

Introductory Questions:

1. Did you have a chance to review the financial tables in the Design Report? Any modifications to suggest?
2. How has been the overall disbursement of funds? Any bottlenecks to highlight?
3. Any discrepancies to highlight with regards to each component (Population and Development, Reproductive Health or Gender) or Implementing Partner?

EQ4. Efficiency

1. Were the outputs achieved reasonable for the resources spent?
2. Is there any evidence that the resources provided by UNFPA triggered the provision of additional resources from the government at national and sub-national levels, other partners or from communities?
2. Could more results have been produced with the same resources?
3. Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost?
4. Can you comment on the quality of output and outcomes achieved in relation to the expenditures incurred and resources used?
5. What was the timeliness of inputs (personnel, consultants, travel, training, equipment and miscellaneous costs); timeliness of outputs? Timeliness of reports and disbursements?
6. How successful has the programme been in securing additional funding? Any obstacles?
7. How do you find the overall financial performance of the Country Programme?
8. What are your recommendations for the next Country Programme?

Meeting with Implementing Partners

1. Tell us about UNFPA support you have received to date?

Relevance

Evaluation Question 1. How were the needs and expectations of the beneficiaries, Implementing Partner, in particular those of vulnerable and special groups, such as women, youth, disabled, and the people living in remote or less developed geographic areas, were well taken into account during the planning and implementation processes.

Effectiveness

Evaluation Question 2. Tell us about the key results achieved with UNFPA support?

What were the constraining and facilitating factors and the influence of context on the achievement of results?

For IOM:

What has been the impact of the joint IOM/UNFPA project on operationalization of the center of support for the women victims of violence and their children located in the target district of Khachmaz?

Questions about Reproductive Health, Population and Development or Gender depending on Implementing Partner

1. Reproductive Health:

- 1.1. How are SRH services integrated? For example, are women with HIV offered contraceptive choices? Are women attending antenatal services given the option of an HIV test?
- 1.2. How are family planning services gender responsive?
- 1.3. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?
- 1.4. What is the evidence of improved access to high-quality reproductive health and youth-friendly services and commodities?
- 1.5. What is the evidence of increased access for women, men and young people to high-quality information and skills conducive to responsible and healthy sexual and reproductive health behaviour?

2. Population and Development:

- 2.1. How has the UNFPA addressed critical population dynamic issues (fertility, shifts in age structures, urbanization, and migration)? How were the activities tailored to mainstream the vulnerable groups (i.e. to address gender and regional disparities and to accommodate the IDPs/refugees, youth, the disabled, etc.)?
- 2.2. How have you received support for advocacy and policy dialogue/advice, and knowledge management, capacity development?
- 2.3. What is the contribution of evidence-based policy research and studies available for the policy makers at central and local levels?
- 2.4. What is the content of publications disseminated and utilized related to demography and social and economic development issues?

3. Gender:

- 3.1. How has gender been mainstreamed in the other components like SRH, Population and Development?

3.2. Elaborate on the number and quality of education and awareness campaigns to combat all forms of gender discrimination

3.3. What is the evidence of strengthened national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems Policy and legal instruments developed with UNFPA assistance for promoting and protecting the rights of women and girls, and for combating violence against women

3.4. How does the gender component address key gender issues facing the country?

3.5. Can you comment on UNFPA support for advocacy, policy dialogue/advice, and capacity development and its impact?

3.6. What results have been the most resilient ones? What outputs could have been better and why?

Efficiency

Evaluation Question 3. Could more results have been produced with the same resources? Were resources spent as economically as possible: could different interventions have solved the same problem at a lower cost? Were budgeted funds disbursed in a timely manner?

Sustainability

Evaluation Question 4. What plans or strategies do you have in place to ensure sustainability of UNFPA initiatives? Do you have other sources of funding in place?

What are the number and/or extent to which national and sectoral plans are incorporating population, reproductive health and gender issues?

What is the level of state budgetary resources allocations for integrating Population and Development, RHR and Gender Equality in Government budget? Is it adequate?

Evaluation Question 5. To what extent are stakeholders willing to 1) continue supporting or carrying out specific programme/project activities; 2) replicate the activities; 3) adapt programme/project results in other contexts?

What is the extent to which the Country Programme benefits continued to flow and their existing coverage upon completion of component activities?

What is the scope of ownership, participation and equity elements implemented throughout the Country Programme components to ensure the buy-in and engagement of the beneficiaries?

Value-added

Evaluation Question 7: What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?

Were you satisfied with UNFPA support?

Evaluation Question 7b. What is the value added of UNFPA support in comparison to other UN agencies or donors? What unique competencies did UNFPA bring to the table that is not available otherwise?

What is your degree of satisfaction of Implementing Partner and Government representatives with UNFPA programmatic support to Population and Development, Reproductive Health and Gender?

What are your key recommendations for the next Country Programme?

Meeting with other UN Reps

Evaluation Question 2. What have been key results of joint UNFPA support that you would like to highlight?

Evaluation Question 6. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms, and ensured the attribution of accomplished UNDAF outputs/outcomes to UNFPA performance?

Is there evidence of active participation in UN working groups and/or joint initiatives corresponding to its mandate areas?

How and to what extent has the UNFPA country office contributed to the functioning of the UN Gender Theme Group?

What is the quality of UNFPA participation in existing UNCT coordination mechanisms, as well as its extent?.

What evidence of joint programming initiatives (planning) is there?

Evaluation Question 7. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the Country Office features?

Other questions:

1. Have there been any efforts to Deliver as One?
2. Are there new areas that UNFPA should be pursuing in the 4th Country Programme or areas/components that need deepening?
3. What are your key recommendations for the next Country Programme?

Other questions:

UNDP:

1. What account for the success of UNDP cost-sharing?
2. Has the joint UNDP/UNFPA project to prepare a Population Situation Analysis for Azerbaijan had an impact? If so, what impact has it had?

UNHCR:

4. What has been the impact of the joint UNHCR/UNFPA project targeting the IDP community members/male groups in both Baku and the country's regions through the series of awareness raising sessions on gender based violence and domestic violence? Have violence rates decreased as a result of these awareness raising sessions?

Annex 4: List of Persons and Institutions Met With

Friday, August 29, 2014

Meeting with Bahija Aliyeva, Programme Analyst, Gender, and Evaluation Manager for UNFPA Azerbaijan

Meeting with Antonius Broek, UN Resident Coordinator, United Nations Office

Meeting with Farid Babayev, Assistant Resident Representative and responsible for Reproductive Health and Ramiz Huseynov, Program Assistant

Meeting with Narmina Melikova, Programme Analyst, Population and Development

Focus Group with UNFPA programme staff: Ramiz Huseynov; Elkhan Khalilov, Administrative/Finance Assistant; Narmina Melikova, Population and Development; Yegana Ismayilova, Secretary

Monday, September 1, 2014

Meeting with Samir Abdullayev, Head of International Relations Department, Ministry of Health

Meeting with 11 members of Evaluation Reference Group:

- UNFPA Azerbaijan Country Office:
 - Narmina Melikova, Programme Analyst (Population and Development)
 - Bahija Aliyeva, Programme Analyst (Gender), Evaluation Manager
 - Ramiz Huseynov, Programme Assistant
- Ministry of Health:
 - Leyla Mamedova, Institute of Obstetricians and Gynecology National Reproductive Health Office (Implementing Partner)
 - Gulnara Rzayeva, Reproductive Health Center National Reproductive Health Office (Implementing Partner)
 - Teymur Huseynov, Public health and Reforms Center
- Ministry of Labor and Social Protection of the Population:
 - Naila Verdiyeva, Head of Sector on demography and population development/Department of Employment Policy
- State Statistics Committee:
 - Rza Allahverdiyev, Head of Department on Population and Gender Statistics
- State Committee for Family, Women and Children's Affairs:
 - Sabina Manafova, Head of International Relations Department
- Local partner NGOs:
 - Mehman Kerimov, Director of NGO "Sport for development"
 - Anar Khalafov, Program Officer, "Sport for development"

Meeting with Farid Babayev, UNFPA Assistant Representative

Meeting with Faiza Aliyeva, National Reproductive Health /Family Planning Coordinator and 11 key staff in Monitoring, Adolescence and Training including Elmira Eldarova, M&E, Reproductive Health Coordinating Dept; Kamila Dadashova, Reproductive Health and Reproductive Health Coordinating Unit on Gender and Reproductive Health

Meeting with Mehman Kerimov and Anar Khalafov, Director, Program Development of Sport and Development, Healthy Lifestyle

Briefing with Mahbub Alam, M&E Officer UNFPA Regional Office, Turkey

Tuesday, September 2, 2014

Meeting with Marat Kengerlinskiy, Head of Department of Humanitarian and Social Issues, UNFPA focal Point, Ministry of Foreign Affairs, and two staff members (Vusala and Farid)

Meeting with Ms. Kamilla Dadasheva, Reproductive Health at the Reproductive Health Coordination Centre

Meeting with Irada Ahmedova, UN RC Coordination Analyst, UNCT, UN

Meeting with Ms. Hijran Huseynova, Head of the State Committee of Azerbaijan Republic for Family, Women and Children's Affairs, and Sabina Manafova, Head of International Relations Department

Meeting with Rza Allahverdiyev, Head of the Department on Population and Gender Statistics, State Statistical Committee

Wednesday, September 3, 2014

Meeting with Elkhan Khalilov, Finance Officer, UNFPA

Meeting with Ahmad Jalil Sahibzada, Admin and Programme Officer, and Bela Ismayilova, Associate Protection Officer, UNHCR

Meeting with Vahab Mammadov, Head of the Department on Employment Policy, Ministry of Labour and Social Protection of the Population; Nailya Verdlyeva, Sector Head of Demography and Population

Meeting with Farid Babayev, UNFPA Assistant Representative

Meeting with Fuad Huseynov, Cabinet of Ministers on IDP, Mahammad Maharramov, Head of Apparatus, and Elchin Gadimov, Head of International Relations

Meeting with Ms. Narmin Aslanbekova, Chief of Promotion of Healthy Lifestyle, Ministry of Youth and Sport.

Meeting with Youth Peer Education Network: Aysel Asgarova, Sevinj Samadzade, Ulviyya Babazade, Leyla Zulfugarli, Agil Mamedzade

Thursday, September 4, 2014

Stakeholder Workshop with 27 persons:

-Ministry of Health/National Reproductive Office: Zemfira Hajiyeva; Jamila Kerimova; Leyla Mamedova; Gulnara Rzayeva;

-Institute of Obstetrics and Gynecology: Elmira Eldarova

-Ministry of Health/Public Health and Reforms Centre (Implementing Partner): Teymur Huseynov

-Ministry of Labour and Social Protection of the Population: Vahab Mammadov; Naila Verdiyeva

-State Committee for Family, Women and Children's Affairs: Sabina Manafova; Kamala Haqverdiyeva; Elgun Safarov;

-State Statistics Committee: Rza Allahverfiyev

-Ombudsperson's Office: Rashid Rumzade

-Local Partner NGO: Anar Khalafov; Kamila Dadasheva

-Ministry of Youth and Sport: Narmin Aslanbekova

-Youth Peer Network: Sevinj Samadzade; Ulviyya Babazade; Mammadli Aqil

UNFPA: Farid Babayev; Bahija Aliyeva; Narmina Melikova; Ramiz Huseynov

Ad hoc meeting with Elgun Safarov, Head of Department on Analytical Research and Information, SCFWCA

Meeting with Sabina Babazade, Head Project Coordinator and Teymur Huseynov, Public Health Reform Centre

Meeting with Nato Alhazishvili, Deputy Resident Representative, UNDP

Meeting with Dr. Kamran Garakhanov, WHO Representative

Meeting with Naila Jafarova, Project Coordinator, IOM

Friday, September 5, 2014: Guba and Khachmaz

Meeting with Perinatal Centre, Guba: Rahima Mammadova, Head of Perinatal Centre:

Leyla Efendiyeva, Gynecologist; Sefura Mirzakhanova; Elmira Eldarova, M&E, Reproductive Health Coordinating Dept.

Leyla Marzayeva, Saadat Suleymanova; Shirinnaz Mammadova, Antenatal Service, Women's Consultant

Visit to Women's Referral Centre in Khachmaz: Lala Rahmatullayeva, director; Gulshan Ahmedova, psychologist; Naila Dursunova, social worker.

-Focus group with 4 women survivors of domestic violence

Meeting in Khachmaz Central District Hospitals, Gynecology Dept. with Myslymova, Chief of Dept. of Birth Department; Yasman, Head of Primary Health Centre; Jafarov Farid, Gynecologist; Rahyan Subhanova, Chief Nurse; Hajar Babayeva, Obstetrician, midwife.

Monday, September 8, 2014: Ganja

Meeting with Tarana Hasanova, Regional Perinatal Centre in Ganja; Kamila Dadashova, Reproductive Health and Reproductive Health Coordinating Unit on Gender Reproductive Health

Focus Group with 9 women and one man at the Perinatal Centre in Ganja

Tuesday, September 9, 2014: Ganja

Meeting with the Family Planning Centre in Ganja: Farida Yusifzada, Obstetrics & gynecology; Sevinc Rzayeva, doctor in Laboratory; Rana Bagirova, General Head Gynecologist of Ganja City;

Gulnara Rzayeva, Expert in Family Planning

Tuesday, September 9, 2014 & Wednesday, September 10, 2014: Data Analysis

Thursday, September 11, 2014

Ramiz Huseynov, Programme Assistant

Friday, September 12, 2014

Meeting with Reference Group and Key Stakeholders:

- UNFPA Azerbaijan Country Office:

- Farid Babayev, Assistant UNFPA Representative
- Narmina Melikova, Programme Analyst (Population and Development)
- Bahija Aliyeva, Programme Analyst (Gender), Evaluation Manager
- Ramiz Huseynov, Programme Assistant

-Ministry of Health/National Reproductive Office: Leyla Mamedova; [Leyla Idrisova](#); [Hijran Kazimova](#);

-Institute of Obstetrics and Gynecology: Elmira Eldarova,

-Ministry of Health/Public Health and Reforms Centre (Implementing Partner): Teymur Huseynov

-Ministry of Labour and Social Protection of the Population: Naila Verdiyeva

-State Committee for Family, Women and Children's Affairs: Kamala Haqverdiyeva;

-State Statistics Committee: Rza Allahverdiyev

-Local Partner NGO: [Mehman Kerimov](#); Kamila Dadasheva

-Youth Peer Network: Sevinj Samadzade; Ulviyya Babazade; Mammadli Aqil

ANNEX 5: CPE Agenda July 26, 2014-September 14, 2014

Date	Activity/Institution	People to Meet/Title	Location	Link with the Country Programme	Selection Criteria	Justification
Week 1						
Arrival of International Consultant 1. LH 6797 T 26AUG YOWFRA HK1 1655 #0615 O* OPERATED BY AIR CANADA 2. LH 612 T 27AUG FRAGYD HK1 1325 2100 O*						
Thursday, August 28, 2014	Cancelled					
Friday, August 29, 2014	8:30-9:00 Evaluation team meeting	Francoise Coupal and Nadir Quluzade	Country Office	N/A	N/A	
	9:30-10:00 Meeting with Senior UNFPA Management, UNFPA Resident Representative	Antonius Broek RR, Farid Babayev, Assistant Representative	UN Office	N/A	N/A	
	10:30-11:00 Portfolio Presentation by Programmatic area: Reproductive Health Farid Babayev, Assistant Representative (AR) and Ramiz Huseynov, Programme Assistant	Farid Babayev, Assistant Representative and Ramiz Huseynov, Programme Assistant	Country Office	N/A	N/A	Key UNFPA Programme Officer for Reproductive Health
	11:00-12:00 Interview with Assistant	Farid Babayev, Assistant	Country Office	N/A	N/A	Head of Country Office and Key UNFPA

	Representative and Programme Assistant	Representative and Ramiz Huseynov, Programme Assistant				Programme Officer for Reproductive Health
	12:00-12:30 Portfolio Presentation by Programmatic area: Population and Development Narmina Melikova, Programme Analyst	Narmina Melikova Technical Officer of Programmatic Area Population and Development	Country Office	N/A	N/A	Key UNFPA Programme Officer for Population and Development
	12:30-13:30 Interview with Officer in charge of Population and Development	Technical Officer of Programmatic Area Population and Development Narmina Melikova	Country Office	N/A	N/A	Key UNFPA Programme Officer for Population and Development
	13:30-14:30	Lunch				
	14:30-15:00 Portfolio Presentation with TO in charge of Gender Bahija Aliyeva, Programme Analyst	Technical Officer in Charge of Gender Bahija Aliyeva	Country Office	N/A	N/A	Key UNFPA Programme Officer for Gender
	15:00-16:00 Interview with TO in charge of Gender	Programme Analyst in Charge of Gender Bahija Aliyeva	Country Office	N/A	N/A	Key UNFPA Programme Officer for Gender
	16:00-18:00 UNFPA staff meeting	Francoise Coupal, Nadir Quluzade, UNFPA staff	UN Office	N/A	N/A	Senior decision-maker
Week 2						
Monday, September 1, 2014	9:00-10:00	Mr Samir Abdullayev, Head of International Relations Department, Ministry of Health	Ministry of Health	N/A	N/A	UNFPA focal point at the Ministry of Health

	10:00-11:00 Evaluation Reference Group	Evaluation Reference Group	UNFPA Office (9 th floor)	Outcomes 1-7	N/A	--
	11:30-12:30 Ministry of Health	Interview with Farid Babayev, Assistant Representative	Country Office	Outcomes 1-7	N/A	--
	14:00-17:30	Dr. Faiza Aliyeva National Reproductive Health /Family Planning Coordinator	Ministry of Health	Outcomes 3 and 6		Key Implementing Partner
	17:30-18:00	wrap-up of the day	Country Office		N/A	Debrief of day
Tuesday, September 2, 2014	9:00-10:00	Interview with Farid Babayev, Assistant Representative	Country Office	Outcomes 1-7	N/A	--
	10:00-10:45	Ministry of Foreign Affairs, Marat Kengerlinskiy	Ministry of Foreign Affairs			UNFPA focal point at the Ministry of Foreign Affairs
	12:00-13:00	Ms Kamilla Dadasheva	Ministry of Health	Outcomes 3 and 6		Key Implementing Partner
	13:00-14:00	Lunch				
	14:00-14.45	Meeting with UN Coordination Analyst, Ms Irada Ahmedova	UN Office	N/A	N/A	--
	15:00-16:00	Ms Hijran Huseynova, Head of the State Committee of Azerbaijan Republic for Family, Women and Children's Affairs	State Committee of Azerbaijan Republic for Family, Women and Children's Affairs	Outcome 5, MDG 3		Key government stakeholder for projects AZE3G31A and AZE3G41A Development of legal and policy papers on GBV, conduction of research on GBV, awareness raising activities and capacity building to address GBV

	16:30-17:30	Mr Rza Allahverdiyev, Head of Department on Population and Gender Statistics, State Statistical Committee	SSC	Outcome 7		Key government stakeholder for projectAZE3P31A Establishment of a dept/bureau specifically targeting population and gender data/indicators.
	18:00-19:00	Interview with Farid Babayev, Assistant Representative	Country Office	Outcomes 1-7	N/A	--
Wednesday, September 3, 2014	9:30-10:30	Meeting with Jalil Sahibzade and Bela Ismailova, UNHCR	UNHCR	Outcome 5		UNFPA partner for the GBV awareness activities
	11:00-12:30	Mr Vahab Mammadov, Head of the Department on Employment Policy, Ministry of Labour and Social Protection of the Population	Ministry of Labour and Social Protection of the Population	Outcome 1,7		Key project partner for AZE3P41A Development of 2 nd cycle of the State Program on Demography and Population and Development 2014-2025; Evaluation of the State Program on Strengthening the Social Protection of the Elderly 2006-2010); One week training seminar on ageing.
	13:00-14:00	Lunch				
	14:30-15:30	Mr Fuad Huseynov, Cabinet of Ministers	Cabinet of Ministers			UNFPA focal point at the Cabinet of Ministers
	16:00-17:00	Ms Narmin Aslanbekova, Ministry of Youth and Sport	Ministry of Youth and Sport			Master trainers from the Azerbaijan Youth Peer Education Network; Youth Peer Education Toolkit

	17:30-18:30	Youth Peer Education network				Youth Peer Education Toolkit
	18:30-19:00	UNFPA Program staff. 30 minutes about workshop role	UNFPA Office	Evaluation		Set up workshop
Thursday, September 4, 2014	9:30-13:00 Workshop with Stakeholders	Workshop with Key Programme Stakeholders up to 24 persons who are <u>most knowledgeable of UNFPA</u> projects: Min. Health, Min. of Labour and Social Protection, SWFCA, SSC, PHRC, NRHO, Ministry of Youth and Sports, Azerbaijan Youth Peer Education Network, Sport for Development, 2 Mid-wives, Women Welfare Centres Reps, UNFPA Programmatic heads, UNFPA Program staff, 2 IDP beneficiaries	A hotel venue: Large room to accommodate 4 discussion tables with 6 chairs per table arranged café style. Equipment: 4 flipcharts, powerpoint projector Coffee, tea and snacks			Agenda focuses on key aspects of evaluation: key results in Population and Development; Reproductive Health and Gender, lessons learned, best practices, sustainability, recommendations for 4th Country Programme.
	13:00-14:00	Lunch				
	14:00-15:00	Ms Sabina Babazade and Mr Teymur Huseynov	Hyatt Regency Hotel			Key Implementing Partner
	16:00-16:30	UNDP	UN Office			UN sister agency partnered in the framework of Population and Development projects
	16:30-17:00	WHO	UN Office			UN sister agency partnered in the framework of Reproductive Health

						projects
	17:00-17:30	IOM	UN Office			UN sister agency partnered in the framework of Gender projects
	18:00-19:00	Meeting with Bahija Aliyeva, Programme Analyst in Charge of Gender	Country Office			Key UNFPA Programme Officer for Gender
Friday-Saturday, September 5-6, 2014			Field Visit Khachmaz and Quba			Support Centre for Women Victims of Violence and their Children (Model GBV referral Centre) (Khachmaz) Participation at monitoring of Reproductive Health services in the region (TBC) (Khachmaz and Quba)
Week 3						
Monday-Tuesday, September 8-9, 2014			Field Visit to Ganja			Visit to Reproductive Health /Family Planning Center Visit to Perinatal Center
Wednesday, September 10, 2014		X Individual Work. Analysis				Prepare debriefing
Thursday, September 11, 2014		X Individual Work & Analysis				Prepare debriefing
Friday, September 12, 2014	14:00-16:00 Debriefing with UNFPA & Reference Group	All Country Office staff and members of the Reference Group	Country Office	N/A	N/A	Debriefing

	16:30-17:30	Internal evaluation team wrap up meeting, Country Office	Analysis of the outcome of the debriefing, distribution of tasks, next steps.
Sunday, September 14, 2014	Departure of Ms. Coupal	LH 613 W 14SEP GYDFRA HK1 0420 0630 O* ?? LH 6796 W 14SEP FRAYOW HK1 1300 1510 O* OPERATED BY AIR CANADA	

Annex 6: Invitation for key UNFPA Stakeholders

Subject: Feedback and Reflections on UNFPA's Country Programme

You are cordially invited to attend a special workshop on Thursday, September 4, 2014 9:30 am-1:00 pm at UNFPA located at the Hyatt Regency Hotel. The workshop will reflect on the achievements and challenges of the UNFPA Country Programme from 2011-2014 & will help inform the current evaluation of the programme and the next UNFPA programme cycle. It is important that those attending the workshop are very familiar with the UNFPA's programme activities. You have been specifically identified as a key stakeholder that is very familiar with the UNFPA's Country Programme and could provide valuable insight about the programme. Should you nominate a replacement, the replacement must have knowledge of UNFPA's Programme.

The workshop will use a very participatory and interactive method that is called World Café that seeks to deepen conversations on questions that matter. The workshop will be organized around a number of topics that you will be able to provide feedback on such as:

1. Strengths and Limitations of the 3rd UNFPA Country Programme
2. Lessons Learned from the current UNFPA Country Programme and Best Practices
3. Strategic and Actionable Recommendations for the next 4th Country Programme and Possible Challenges Going Forward
4. Sustainability. What is needed to ensure local capacity in programme implementation and long-term viability of the programme?

We will also explore the key results of the UNFPA Country Programme.

We have attached a copy of the agenda for your information and look forward to your participation. Please confirm your participation in the workshop with Ms. Yegana Ismailova at telephone #+994 12 4922470:

Warmest Regards,

UNFPA Country Representative

Agenda for Workshop: Feedback and Reflection on UNFPA's Country Programme

September 4, 2014

Hyatt Regency Hotel, Nizami Room

9:30	Registration
10:00-10:20	Introductions: Welcoming Remarks by UNFPA Country Representative Introduction of Evaluation Team: Françoise Coupal and Nadir Gulazadeh Introduction of Workshop Participants
10:20-10:30	World Café, Objectives of the Workshop, Methodology
10:30-11:00	Key Results of the UNFPA Country Programme
11:00-11:15	Prioritizing Key Results
11:15-11:30	Coffee break
11:30-12:30	World Café. Small group discussion on the following topics: Table 1. Strengths and Limitation of the UNFPA Country Programme Table 2. Lessons Learned from the Current UNFPA Cooperation and Best Practices Table 3. Strategic and Actionable Recommendations for the Next 4 th Country Programme & Challenges Going Forward with the next UNFPA Country Programme Table 4. Sustainability. What is needed to ensure local capacity in programme implementation and long-term viability of the programme?
12:30-1:00	Plenary and Prioritizing Results
1:00-1:30	Concluding remarks
1:30-2:30	LUNCH

ANNEX 7: EVALUATION MATRIX

Evaluation Matrix

Evaluation Question 1: To what extent is the current Country Programme: (i) reflective of state policies; (ii) reflective of UNFPA policies and strategies as well as global priorities including the goals of the ICPD Program of Action and the MDGs; (iii) consistent with and is tailored to the needs and expectations of the final beneficiaries and partners?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
1.1 The objectives and strategies of the Country Program are consistent with current state policies and programs and take into account the needs and capabilities of local stakeholders.	<ul style="list-style-type: none"> Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectoral policies Extent to which the objectives and strategies of the CPAP have been planned with the national partners 	<ul style="list-style-type: none"> National policies and state programs relevant to Population and Development, Gender Equality, and RHR Joint plans and agreements (MoUs, field level agreements, etc.) Government and other national stakeholders 	<ul style="list-style-type: none"> Review of relevant national documents Key Informant interviews Visits to target groups, communities and areas
<p>Findings: Findings: The objectives and strategies of UNFPA supported work is in alignment with national and sectoral policies in each component area.</p> <p>“Azerbaijan 2020: Vision to the Future” Development Concept (approved in 2012) is the first and foremost strategic document which sets out the key national development priorities of Azerbaijan in a number of areas such as non-oil economy, environmental protection, social security, health, gender equality, family development, and youth. The Vision 2020 Concept envisions reforms in health sector towards decentralized healthcare management, mandatory medical insurance, improvement of in-patient and out-patient clinical services, implementing preventive measures, sanitary-educational work, healthy lifestyle, improving children and adolescent health, and professional capacity building of medical personnel, among others⁶⁶. In terms of gender equality, the main direction of the state policy in this sphere will be to take measures to prevent gender violence, create equal opportunities for women and men on the labour market, promote women at work, and expand their opportunities to occupy leading positions. Vision 2020 sets the stage for drafting “Family Strategy” and “National Action Plan on Gender Equality”, establishing a monitoring system on early marriages, and supporting the centers and shelters for women subjected to domestic violence.⁶⁷</p> <p>UNFPA was a member in the steering committee that was responsible for development of the Vision 2020 strategy. UNFPA ensured that the national development agenda included the key issues from UNFPA mandate, thus helping align its programming to current and forthcoming state policies in relevant areas (gender, health, youth, and population policies).</p> <p>Another main national document is the State Programme on Poverty Reduction and Sustainable Development in 2008-2015, aligned with Azerbaijan’s MDG commitments. SPPRS defined 9 strategic directions, including targeting vulnerable segments of the population (the older age groups, low-income families, refugees/IDPs and others), improving the quality of health services, and promoting gender equality.⁶⁸</p> <p>Aside from overall national development policies, UNFPA’s Population and Development component made specific references to the State Programme on Population Development and Demography (SPPDD) in 2004-2010, the State Programme on Strengthening the Social Protection of Elderly (SPSSPE) in 2006-2010, and two consecutive State Programmes on Development of Official Statistics in Azerbaijan (for years 2008-2012 and 2013-2017). UNFPA’s association with the SPPDD and SPSSPE was mentioned among the reasons behind the government’s choice of UNFPA for conducting the evaluation of these two state programs before drafting new ones.</p> <p>The Gender component built its programming based on the principles and guidelines set forth by the UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and national legislation (namely, the Law on Guarantees for Gender Equality, the Law on Prevention of Domestic Violence, and other key legislative codes).</p> <p>UNFPA’s key national partners (SCFWCA, SSC, and MLSP), as well as other interviewed government officials (Ministry of Health, the State Committee on IDP Affairs, Ministry of Foreign Affairs) complimented on the level of UNFPA’s responsiveness to national development priorities.⁶⁹</p> <p>With regards to reproductive health, the National Policy for Reproductive Productive Health (2008-2015) provides the overall principles, program areas, , the monitoring and assessment of the Strategy and Action Plan. The national strategy is based on internationally agreed human rights and strategic documents and the objective is to improve reproductive health of all groups of the Azerbaijan population.</p> <p>The National Strategy on Reproductive Health 2008-2015 adopts the 1994 WHO definition of reproductive health: “Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of</p>			

⁶⁶ “Azerbaijan 2020: Vision to the Future” Development Concept, pages 21-22

⁶⁷ Ibid, pg. 27

⁶⁸ SPPRS 2008-2015, Chapter 3.

⁶⁹ Interviews with state officials

men and women to be informed of and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.”⁷⁰

The definition of reproductive health includes the following components: sexual health (responsibly, satisfying and safe sex life), family planning to reproductive freedom, access to information, methods and services and safe maternity (safe pregnancy and childbirth and healthy children). ⁷¹ Key program areas of the National Strategy, are fully complementary to UNFPAs areas of intervention, and include:

- Health of the mother and infant
- Reproductive choice (family planning and safe abortions)
- Sexually transmitted infections (including cervical cancer , HIV/AIDS)
- Reproductive health of teen-agers
- Gender violence and sexual exploitation.⁷²

A number of state policies and strategies cover different elements of reproductive health including the National Strategy on Reproductive Health 2008-2015, National Strategic Plan on Prevention of HIV and the June 2005 law on Fighting Human Trafficking. The definition, components and strategies for Reproductive Health are in total alignment with UNFPA in theory. In practice there are discrepancies in family planning in particular which is highlighted by inadequate access to contraceptives and the high rates of abortion. Specifically, contraceptives are not on the essential drug list of the Ministry of Health, which would improve affordability. As per the 2006 Demographic and Health Survey, the contraceptive prevalence rate of modern methods among married women of reproductive age constitutes only 13.3 %, 49% of those women do not use any contraception and 23% have unmet needs for family planning, thus exposing themselves to abortion widely misused in Azerbaijan. Almost half of pregnancies end in an induced abortion. ⁷³

1.2 The objectives and strategies of the components of the Country Programme are consistent with the priorities put forward in the ICPD Program of Action, MDGs, UNDAF, and UNFPA strategic documents	<ul style="list-style-type: none"> • The objectives and strategies of the CPAP and the AWP are in line with the goals and priorities set in the UNDAF, ICPD and MDGs 	<ul style="list-style-type: none"> • CPD and CPAP • UNDAF and its mid-term reviews • UNFPA Strategic Plan 2008- 2013 and its mid-term review • UNFPA Strategic Plan for 2014-2017 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA representatives • Interviews with UNCT members and government stakeholders
<p>The Country Program is in line with the ICPD Programme of Action with regards to reproductive health, gender and population and development. With regards to reproductive health, “all couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so...”⁷⁴ . The ICPD Programme of Action seeks to provide universal access to family planning and sexual and reproductive health services and reproductive rights; deliver gender equality; address impact of urbanization and migration; and support sustainable development. This is very much in keeping with the UNFPA Country Programme and the Government ‘s vision 2020.⁷⁵</p> <p>The Country Program is also in line with the following MDGs :</p> <ul style="list-style-type: none"> • MDG 3. Promote Gender Equality and Empower Women; • MDG5. Improve Maternal Health • MDG 6. Combat HIV/AIDS. <p>The Third Country Programme was based on the United Nations Development Assistance Framework (UNDAF) for 2011-2015 and is in line with UNFPA’s Strategic Plan 2008-2013 and the Mid-term Strategic Plan. It builds on lessons learned from the previous country programme as well as consultation with partners. The programme contributes to all three outcomes of the UNDAF 2011-2015: a) economic development; b) social development; and c) effective governance. ⁷⁶ In the Mid-term Review of the UNDAF, the Ministry of Health considered that more than 50% of the UNDAF goals are related to health (global Partnership on HIV/AIDS, maternal and infant mortality, pre-natal care, health issues of IDP); key areas of UNFPA’s interventions. ⁷⁷</p>			
1.3 The needs and expectations of the beneficiaries, in particular those of vulnerable and special groups, such as women, youth, disabled, and the people living in remote or less developed geographic areas, were well taken into account during the planning and implementation processes.	<ul style="list-style-type: none"> • Extent to which the targeted people, IPs were consulted in relation to program design and activities throughout the program. 	<ul style="list-style-type: none"> • Key informants from implementing partners, UN agencies • Beneficiaries and other stakeholders involved 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA Country Office staff • Interviews with implementing partners and UNCT members • Interviews/Focus groups with beneficiaries and target communities

⁷⁰ Ministry of Health of the Azerbaijan Republic, National Strategy on Reproductive Health 2008-2015, p. 6.

⁷¹ ibid, p.6.

⁷² . ibid, p.11.

⁷³ . United Nations, Post 2015 Development Agenda, ‘The Future We Want’, Pre-Final Report, July 2013, p.34-35.

⁷⁴ United Nations, the UNFPA Strategic Plan, 2014-2017 Report of the Executive Director, p.4.

⁷⁵ ICPD Programme of Action.

⁷⁶ . United Nations, Executive Board of the UNFPA, DP/FPA/DCP/AZE/3, April 8, 2010, p.3.

⁷⁷ Private, Christine, Mid-term Review of UNDAF, December 12, 2013, p.10.

			• Visits to targeted areas and people
<p>Findings: Family Planning, maternal health and domestic violence are recognized priorities in State policies like Vision 2020 MDGs, and emerging areas of critical importance. The Youth voice has been the most present and vocal in consultations with beneficiaries. Youth participated in the post 2015 Development Agenda consultations and will be present in the upcoming UNDAF. In the Reproductive Health component, doctors were involved in various roundtables that informed the preparation of the survey on domestic violence and the manual on domestic violence. Most of these doctors were women. The Youth Peer Manual was also tested with the input of teachers and youth. More consultation could take place in the future, which can offer UNFPA a different perspective on issues that could help enrich its interventions. For example, the Ministry of Youth and Sport, while not an implementing partner, in the current Country Programme, expressed interest in linking up the Youth peers trainers to its current Youth Networks across the country.</p> <p>Concluding Remarks:</p> <ol style="list-style-type: none"> 1. There is an excellent alignment between State policies and programs and UNFPA's Country Programme. 2. The objectives and strategies of the components of the Country Programme are consistent with the priorities of ICPD, MDGs, UNDAF and UNFPA strategic documents. <p>Recommendation:</p> <ol style="list-style-type: none"> 1. Give greater voice to beneficiaries, particularly the vulnerable and special groups like women, youth and disabled in upcoming Country Programme design, programme design and implementations (development of AWP, monitoring visits) in consultation processes. <p>Source: Interviews with staff</p>			

Evaluation Question 2: To what degree were the Country Programme's intended outputs and outcomes achieved and to what extent did the outputs contribute to the achievement of the outcomes? What were the constraining and facilitating factors on the achievement of results?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<p>2.1 The Country Programme activities have contributed to strengthening the national strategies, policies and capacity to address regional and gender disparities in decent work opportunities, with a focus on increasing the ability of vulnerable groups to manage and mitigate risks (from CPAP Outcome on Population and Development)</p> <p>2.2. Country Programme activities have led to Outputs 1-3 and 17-18 which in turn contribute to Outcomes 1 and 7</p>	<ul style="list-style-type: none"> • Contribution of evidence-based policy research and studies available for the policy makers at central and local levels • The content of publications are disseminated and utilized related to demography and social and economic development issues 	<ul style="list-style-type: none"> • Periodic progress reports • COARS • Consultations with government stakeholders and other institutions (academic, think tanks, etc.) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA Country Office staff • Monitoring and study visit reports review • Interviews with government officials • Interviews with beneficiaries / stakeholders • Site visit to target communities • Stakeholder workshop
<p>Findings:</p> <ul style="list-style-type: none"> • Key points on the achievement of Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies. <ul style="list-style-type: none"> - Through DRF Indicators Metadata, UNFPA uses only two indicators to track any progress at outcome level, but since these indicators are relevant to global level only ("number of countries..."), they are not conveying much dynamics in the national context. However, further information can be deduced from output-level indicators. - There are at least three documents that address population dynamics and its interlinkages with the multisectoral needs: the Azerbaijan Vision 2020, the SPPRS 2008-2015, and National Reproductive Health strategy. Also, Ministry of Health has its Strategic Plan for 2014-2020, and a Law on Reproductive Health and Rights was drafted (pending approval). - UNFPA provided its health, population and gender-related inputs for Vision 2020 and contributed to drafting the State Programme on Population Development and Demography (2014-2025) - Total of 25 persons were trained on how to incorporate population dynamics issues in national plans and programmes • Key points on the achievement of Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality <ul style="list-style-type: none"> - The M&E (i.e. DRF Indicators Metadata) on this outcome is almost lacking: one of two global-level indicators refers to previous COUNTRY PROGRAMME period (prior to 2010), and the other only tracks presence of "a national household survey that allows for the estimation of all MDG 5b indicators". In latter case, such survey document is the Demographic Health Survey 2011, developed by the Ministry of Health without UNFPA participation. - A number of surveys and statistical researches have been conducted, including surveys on early marriages, out of wedlock births, major causes of divorces, ICPD beyond 2014, statistical yearbook on men and women in Azerbaijan, skewed SRB in population, violence against person, and UNFPA/UNDP demographic study for Azerbaijan - 75 national staff of state institutions were covered by international capacity building activities on development, use and dissemination of population data • UNFPA has a three-layered system for organizing its activities: 1) Activities as per 7 outcomes and 18 outputs, 2) Activities as per the Business Model (4 modalities), and 3) Activities as per the Components (Reproductive Health, Population and Development, and Gender Equality). As the result, some activities are simultaneously grouped under different outcomes/outputs and components. For example, Peer Education is reported under Reproductive Health (outcome 3, output 9), and Population and Development (outcome 1, output 3); SRB survey is under Outputs 12 (outcome 5, Gender Equality) and 17 (outcome 7, Population and 			

Development); Survey on Violence against Person is under Gender Equality/Outcome 5/Output 12 and Population and Development/Outcome 7/Output 17.

• **Key achievements towards outputs:**

- Advocacy and Policy Dialogue (3 key activities):
 - Output 1: UNFPA was requested to conduct the evaluation of the State Programme on Population Development and Demography (2004-2010) and the State Programme on Strengthening the Social Protection of Elderly (2006-2010). Until these two evaluations, the implementation, coordination and reporting of state programs had remained solely in government domain;
 - Output 1: UNFPA contributed to drafting the 2nd cycle of the State Programme on Demography and Population Development 2014-2025;
 - Output 2: The National Reproductive Health Communication Strategy was developed to build better coordination in behaviour change interventions in the areas of Reproductive Health/Family Planning/RHCS;
 - Output 3: Two regional youth consultations on post-2015 Agenda in Azerbaijan were held in Guba and Ganja (along with UNDP);
 - Output 3: Simulation of Model UN General Assembly meeting on youth participation in new SDGs framework was held in Baku in partnership with UNDP, the Ministry of Youth and Sports, National Assembly of Youth Organisations (NAYORA), and Azerbaijan Diplomatic Academy.
- Knowledge Management (12 key activities):
 - Output 2: The BCC Strategy for Key Populations on HIV/AIDS was developed and distributed
 - Output 3: National Peer Education Toolkit developed and tested to build the capacities of peer master trainers
 - Output 17: Solid population projection until 2050 produced jointly with SSC and MLSPP
 - Output 17: 4 country-wide statistical researches to provide evidence for informed policy making:
 - Country-wide survey on “Early marriages entered by girls and out of wedlock births”, extensively disseminated (19,711 women were covered by the survey)
 - Country-wide survey on the major causes of divorces, extensively disseminated (7,433 men and 7,341 women participated in the survey);
 - Survey on the skewed SRB in the population was held to analyze the factors that led to highly skewed sex ratios at birth;
 - Country-wide survey on Violence against the Person
 - The publications were widely disseminated among government counterparts, UN agencies, and UNFPA’s implementing partners
 - Output 18: The Department on Population and Gender Statistics was established in SSC in 2012 to ensure that a set of comprehensive population sex-disaggregated data is available as an evidence base for informed gender-sensitive policies and programs
 - Output 18: “Population and Gender” section was developed and introduced on the official webpage of the SSC to ensure the sustainability of the data development efforts undertaken to date as well as availability and accessibility of the existing sex-disaggregated data
 - Both SSC and MLSPP mentioned the lack of qualified demographers as a major concern, and offered to consider introducing academic studies in local universities at bachelor’s and master’s levels.
- Capacity Development (4 key activities):
 - Output 1: 30 national personnel covered by international capacity building initiative on population policy formulation, planning and implementation
 - Output 18: 25 national staff of the state institutions covered by international capacity building activities on population data analysis
 - Output 18: Purchasing the relevant books and specialized literature for the national libraries

• **Concluding remarks:**

- Population and Development component has sufficiently focused on developing the Government’s institutional capacity for statistical research and data mining through knowledge sharing and capacity building as per Outputs 1-2 and 17-18. However, achievements under Output 3 qualify more as “Advocacy/Awareness-raising” than the expected “Strengthened national capacity of youth for participation in policy process.” Also, it is evident that the sustainability of all key achievements is strongly dependent on the continued support and commitment from the Government.
- UNFPA determined the themes of statistical researches in participatory manner with the government counterparts to ensure that the findings and analysis feed into the existing policy agendas. Yet it was not clear how exactly these researches were used by the government decision-makers or other development stakeholders.
- Population and Development component has mainly focused on upstream assistance (i.e. at policy and public administration level) for demographic policy-making. Only few activities invited participation of non-governmental stakeholders and had limited coverage (information on wider impact is lacking).
- Gender has been the most important and permanent, cross-cutting element in almost all Population and Development activities.
- There is a need for Population and Development research that focuses on youth, elderly, migrants, and other marginalized groups.

• **Recommendations:**

- Continue building the capacity of staff through internships with other government agencies, study tours or workshops on demography.
- Support the establishment of a faculty/chair in population statistics and demography including the design of curriculum.
- Support more evidence-based research that reveals population dynamics among youth, elderly and other marginalized groups that can inform decision-making.

Source: Interviews, Stakeholder workshop materials, COARs, DRF indicators metadata.

2.2 The Country Programme activities have contributed to the national health system’s capacity to ensure improved, equitable and high-quality services, particularly for

- Existence of baseline to track changes over time.
- Evidence that activities are leading to outputs and outcomes.

- Periodic Progress Reports and COARs
- Consultations with government stakeholders and other institutions (academic, think tanks,

- Document review
- Interviews with UNFPA Country Office staff

<p>vulnerable groups, in line with international standards (from CPAP Outcome on Reproductive Health and Rights) 2.3. Country Programme activities have led to Outputs 4-7 & 9-11 which in turn contributes to Outcomes 2-4 & 6.</p>		<p>etc.)</p>	<ul style="list-style-type: none"> • Monitoring and study visit reports review • Interviews with government officials • Interviews with beneficiaries / stakeholders • Site visit to target communities • Stakeholder workshop and focus group with staff
<p>Findings: Key reports have had a tendency to report on the achievement of activities. While a wide range of activities have been undertaken, it is difficult to state with absolute precision on the achievement of outputs and outcomes. This is because there is a general lack of quantitative data and surveys related to the results framework that enables a rigorous tracking of results. For example, we know how many mid-wives have been trained in reproductive health or number of peer youth trainers. But, some of the projects do not collect post training evaluations so it is difficult to gauge whether or not they have increased their capacity. However, the monitoring done by Reproductive Health coordinating Institute is the best example of monitoring of maternal health in general as this unit looks at the application of protocols that seek to improve maternal health and morbidity rates. Perinatal clinics provide detailed statistics on the state of their departments (i.e. Equipment, HR), antenatal and perinatal care, and birth outcomes. Rigorous follow-up is done with all perinatal clinics on an-ongoing basis to improve the quality of maternal health care.</p> <p>Making notable progress on Outcomes</p> <ul style="list-style-type: none"> • Making notable progress on Outcomes • Outcome 2: Increased access to & utilization of quality maternal and newborn health services <ul style="list-style-type: none"> • -Maternal mortality ration gone from 35.2/100,000 in 2010 to 14.5/ 100,000 • Outcome 3: Increased access to and utilization of Family Planning services <ul style="list-style-type: none"> • -Contraceptive prevalence rate went from 14 (DHS) in 2010 to 15.8 (DHS in 2011). High abortion rates used as means of contraception. • Outcome 4: Increased access to utilization of quality HIV and STI prevention services <ul style="list-style-type: none"> • -Limited activity. Low prevalence rate. Some training of sex workers. (30) • Outcome 6: Improved access to SRH services and sexuality education for young people <ul style="list-style-type: none"> • -Limited achievement of this outcome as SRH services and sexuality education was not fully contemplated in original Country Programme. This only became a UNFPA outcome mid-way through the current Country Programme making the development of new interventions to respond to this outcome too late. <p>Reproductive Health Achievements:</p> <ol style="list-style-type: none"> 1. Advocacy & Policy dialogue: (11/22 key activities). Important Evidence-based research and advocacy on key issues like sex selection; gender bias; cost-benefit analysis of abortions and early marriages. 2. Capacity-building. 4 key activities. Over 2243 persons trained in: <ul style="list-style-type: none"> -Mid-wife training on management of midwifery workforce policies -National training staff trained in Logistics Inform. Systems -Training of sex workers & key UNFPA target groups on SRH and HIV 3. Knowledge Management. 7 key activities. UNFPA has contributed to a series of follow-up orders by the Cabinet of Ministers on combatting domestic violence. Pending approval of National Strategy of domestic violence & National Action Plan of Prevention of domestic violence. <p>Monitoring of Protocol Implementation; Capacity-building and Health Outcomes at the Perinatal Level Best Practice \$ 62,261 (HR, transportation & data analysis). Successfully lobbied for amending the Family Code for increasing the minimum legal age for marriage to 18 years (2011)</p> <p>Reproductive Health and Domestic Violence</p> <ul style="list-style-type: none"> • Domestic Violence training has been important in raising awareness, in identifying victims of abuse and identifying types of violence and necessary treatment: psychological, physical, emotional, economic. Need for more coordinated efforts with Police and Justice, key medical institutions & Ministry of Labour and Social Protection and Education, Ministry of Youth (i.e. Social workers) for an integrated protocol and SOPs. • Some of the domestic violence training has targeted perinatal centres and doctors. Antenatal clinics, doctors and women consultation centres are more appropriate as they see women the first 9 months of pregnancy and can provide greater follow-up. • Man to man counselling for domestic violence is important. <p>Testimonials on the Referral Centre in Khachmaz:</p> <ul style="list-style-type: none"> • “We learned more about the problems of the pregnant women and negative effects of the (inflicted) violence on health of the pregnant woman and the newborn. There must be 3-year interval between the births, but are forced to bear children every year.” Director of the Perinatal Centre • “With the training I learned that violence is not only physical, (it has) also economic, social, male, female, domestic classifications. Aside from physical violence, there is moral violence too.” Male doctor in Perinatal Centre in Ganja 			

- Need to focus training to doctors and midwives providing antenatal care, as this period more relevant for pregnant women.

Key Achievement in Reproductive Health and Youth:

- 8 TOTs on SRH were conducted during last 5 years.
- UNFPA supported 12 young trainers (peer educators of Y-peer; 40% boys; 60% girls) to participate in one regional & intl. training.
- Around 200 youth (50% girls, 50% boys) aged 18-25 were educated to become a trainer on SRH, human trafficking, project development and management. Training based on Peer-to-Peer Manual at 2 schools in Baku.
- More than 500 youth became members of Y-peer.
- UNFPA Peer to Peer Manual was finalized and tested.
- Social inclusion of people with disability providing work opportunity for 10 disabled people.

Efforts still required to:

- Ensure sustainability (i.e. State or donor funding) of referral centres of domestic violence as project ending in December 2014.
- Sustainability of Peer Education Network and capacity building of youth.
- Link Peer education networks to the Ministry of Youth and Sport
- Outcome 4 & 6 and Outputs 15 related to increased access of sexual and reproductive health services for youth; MISP and Training on Live Birth Definition

Source: Interviews with staff and trainees, COAR reports, Review of DPS indicators and review metadata.

<p>2.3 The Country Programme activities have contributed to the capacity of the Government and civil society to provide social protection services for vulnerable groups, and have contributed to improving the access to and response of legal institutions, along with legal assistance, particularly for vulnerable groups, in compliance with international commitments and norms on human rights (from CPAP Outcome on Gender Equality)</p> <p>2.4. Country Programme activities have led to Outputs 12-14 which in turn contribute to Outcome 5.</p>	<ul style="list-style-type: none"> • Number of education and awareness campaigns to combat all forms of gender discrimination • Evidence of strengthened national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems • Policy and legal instruments developed with UNFPA assistance for promoting and protecting the rights of women and girls, and for combating violence against women 	<ul style="list-style-type: none"> • Periodic Progress Reports • COARs • Consultations with government stakeholders and other institutions (academic, think tanks, etc.) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA Country Office staff • Interviews with government officials • Interviews with beneficiaries / stakeholders • Site visit to target communities
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Findings:

- **Key points on the achievement of Outcome 5:** Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy.
 - National Reproductive Health Strategy, Law on Gender Equality and Law on Prevention of Domestic Violence (2010), related orders of the Cabinet of Ministers are among the mechanisms in place to implement laws and policies advancing gender equality and reproductive rights;
 - International expertise provided to the government to develop the CEDAW progress report (2013) (Total CEDAW reports produced - 1), 3 reports on Violence Against women, 1 report on the compliance of national legislation with CEDAW
 - UNFPA has been instrumental in developing sex-disaggregated national statistics
 - Total of 6800 men covered by GBV sensitization trainings under different projects
- **Key achievements towards outputs:**
 - Advocacy and Policy Dialogue (3 key activities):
 - Output 12: The analysis of the national legislation for compliance with the provisions of the CEDAW Convention
 - Output 12: Support to the government with the development of the V Periodic State Report to the CEDAW Committee
 - Output 13: The Law on Prevention of domestic violence was adopted following the advocacy efforts and support provided by UNFPA
 - Output 13: Four orders of the Cabinet of Ministers on implementation of the law on domestic violence were issued
 - Output 13: The draft National Strategy and National Action Plan on Prevention of domestic violence
 - Knowledge Management (13 key activities):
 - Output 12: First nationally representative research exclusively dedicated to domestic violence
 - Output 12: Qualitative assessment of the major causes of domestic violence in IDP communities
 - Output 12: Survey on Violence against the Person
 - Output 12: Survey on the skewed SRB in the population, and population projections on different SRB scenarios
 - Capacity Development (5 key activities):

- Output 12: The training was held for 20 representatives of the Government's CEDAW delegation
- Output 12: CEDAW mock session facilitated by the international expert and bringing together the representatives of the Government's CEDAW delegation is held for 25 officials
- Output 12: The capacities of 25 women's rights activists, members of the symbolic CEDAW Parliament increased
- Output 12: The capacities of the 30 staff of the SCFWCA (25 women, 5 men) were built on gender equality, GBV and other related issues through the series of capacity building trainings
- Services (1 key activity):
 - Output 13: Five referral/support centres for the women victims of domestic violence were launched in the frames of the joint project (UNFPA, SCFWCA, HAF)
 - Output 13: 1 model referral centre is being currently operationalized in the target district of Khachmaz in the framework of the joint project with the local NGO, IOM and the SCFWCA
 - Output 13: 30 women applicants for the centre's services have benefitted from the centres services
 - Output 13: 50 women, victims of different forms of domestic violence, including the applicants of the Khachmaz centre trained for improving their skills and knowledge on how to establish a small business
 - **Testimonials**: When asked what the Women's Centre for Domestic Violence represented for them, four women aged 26, 38(2x) and 57 years responded: "The Centre is a refuge when I need it and has helped me to financially sustain my kids." "The Centre enabled me to escape a stressful environment, get shelter and food and to go back to my mother. It provided me with the transition I needed." "The Centre was a source of moral, psycho-social support. It's a family." "The Centre is a space to share stories, where one is listened to and where one can achieve positive outcomes." The Veteran's certificate my husband was able to receive, with the help of the Referral Centre, after our relationship was formalized gives "pride to our kids".
- **Concluding Remarks:**
 - UNFPA's Gender Equality is a standalone component addressing such issues as domestic violence, CEDAW, and gender-related law instruments.
 - As a cross-cutting theme, UNFPA support has facilitated the national capacities for gender sensitive statistical research, evidence-based policy making, and reproductive health services.
 - Through UNCT GTG and UN joint initiatives, UNFPA has helped expand the gender perspective to areas other than reproductive health and demography issues (sensitive but important issues such as child marriages, domestic violence, sex-selection abortions).

Sources: Interviews, Stakeholder workshop materials, DRF indicators metadata, COARS,

Evaluation Question 3: To what extent were outputs achieved reasonable for the resources spent? Could more results have been produced with the same resources, and were the resources spent as economically as possible? Could different interventions have solved the same problem at a lower cost?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
3.1: Country Programme components were allocated the resources that were planned, to the level foreseen, and in a timely manner	<ul style="list-style-type: none"> The planned inputs and resources were received as set out in the AWP and agreements with partners Budgeted funds were disbursed in a timely manner 	<ul style="list-style-type: none"> Annual reports from partner Ministries, and implementing partners UNFPA (including finance UNFPA project documentation (including finance / administrative departments) COARS 	<ul style="list-style-type: none"> Interviews with government counterparts to review the coordination and complementarity of Country Programme implementation Review of financial documents Interviews with administrative and financial staff
Findings: The budget for the Country Programme totalled \$ 3,032,468 million. IPs and NGOs all reported that funds were disbursed in a timely manner. AWP were negotiated on a yearly basis in consultation with the IPs and NGOs. While amendments sometimes happened they were not commonplace. Overall, planned inputs and resources were received as set out in the AWP and agreements with partners. Source: Interviews with staff and implementing partners, financial data provided by Finance Department			
3.2: UNFPA was successful in using its resources to leverage other resources to meet the CPAP objectives	<ul style="list-style-type: none"> Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government at national and sub-national levels, other partners or from communities 	<ul style="list-style-type: none"> UNFPA staff (including finance / administrative departments) and Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> Review of reports Review of financial documents at the UNFPA Interviews with admin and financial staff
Findings: Findings: The UNFPA has been successful in leveraging funds throughout the COUNTRY PROGRAMME period for a total of \$ 652,486. The most impressive leveraging of funds has taken place with gender particularly for domestic violence, child marriages and 16 Days of Activism, followed by Reproductive Health and Population and Development. The following initiatives have been noted: Population and Development: Survey on Demographic Situation of Azerbaijan (with UNDP), 2012: \$ 53,500			

Total: \$ 53,500

Reproductive Health:

Mid-term review of the National Reproductive Health Strategy, WHO, parallel, 2011: \$ 10,000

Procurement of condoms for GFATM project from UNFPA, GF, parallel, 2011: \$ 50,000

Size Estimation of Most at Risk Groups, UNAIDS, UNICEF, parallel, 2011: \$ 30,000

MISP country roll-out training, IPPF, parallel, 2012: \$ 20,000

Development of BCC HIV Strategy, UNAIDS, parallel, 2013: \$ 2013

Total: \$ 120,000

Gender:

Awareness raising project on domestic violence in IDP communities (with UNHCR and WARD): 2012,: \$ 55.000

Awareness raising project on early marriages in IDP communities (with UNHCR and WARD), 2013; \$ 55,000

Empowering Women Victims of Domestic Violence (domestic violence) with Improved Socio-Economic Capacity and Gender Awareness in Azerbaijan (with ALC, IOM, SCFWCA): \$ 323,986 over two years 2012-2014

16 Days of Activism (with SCFWCA and UNCT): 2012: \$ 12,000

16 Days of Activism (with SCFWCA and UNCT), 2013: \$ 15,000

16 Days of Activism (with SCFWCA and UNCT), 2014: \$ 18,000

Total: \$ 478,986

Grand Total \$ 652, 486

Concluding Remarks and Recommendations:

- There is an overall a very good efficiency in the UNFPA program.
- Funds are disbursed on a timely basis.
- There is joint planning with Implementing Partner, Govt. and NGOs.

Recommendations:

1. UNFPA needs to leverage its expertise and shrinking budget to 1) increase its cost-sharing with Govt (Ministry of Labour, Ministry of Sport and Youth, among others) ; 2) increase joint initiatives with other UN agencies and other donors.

Source: Joint project documents, Source UNFPA Program Officers, Interviews with Implementing Partner and government officials

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Evaluation Question 4: To what extent did the country program include strategies for ensuring sustainability during program design and in the course of program implementation?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
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4.1: UNFPA contributed to the integration of population issues, reproductive health and gender-equality into development planning and implementation at national, sectoral and local levels	<ul style="list-style-type: none"> • Number and/or extent to which national and sectoral plans are incorporating population, reproductive health and gender issues • Level of state budgetary resources allocations for integrating Population and Development, RHR and Gender Equality in Government budget 	<ul style="list-style-type: none"> • UNFPA staff • COARs • Partners (implementers, government counterparts and direct beneficiaries) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA Country Office staff • Interviews with government officials • Stakeholder workshop
<p>“Only things that are sustainable are those adopted by the government” “Need financial or other support from Government for sustainability”</p> <p>Findings: UNFPA’s fingerprint can be found on key Government Reproductive Health Strategies and Reviews. UNFPA and WHO are cited in government documents.</p> <p>The level of State budgetary resource allocations for Reproductive Health are difficult to obtain, but one can highlight the following⁷⁸:</p> <ol style="list-style-type: none"> 1. State Programme on Safe Motherhood and Newborns’ Care, Ministry of Health, 2014, USD 40 mln. 2. State Programme on Demography and Population Dynamics, Ministry of Labor and Social Protection of Population, 2014, 50 mln. 3. State Programme on Prevention of Cervical and Breast Cancers, Ministry of Health, 2013, 30 mln. 4. State Programme on Prevention of HIV Transmission, Ministry of Health, 2011, 10 mln. 5. State Programme on Combating Gender-based Violence, State Committee on Family, Women and Children’s Affairs, 2012, 10 mln. 6. State Programme on Youth Policies, Ministry of Youth and Sports, 2011, 30 mln <ul style="list-style-type: none"> • Research and survey methodologies remained at SSC, MLSPP, SCFWCA and UNDP for future utilisation as feasible. However, while the knowledge base is there, it is not always replicated due to funding limitations. • UNFPA helped the SSC to establish the permanent Department on Population and Gender Statistics in 2012 to ensure that sex-disaggregated population data is available on a permanent basis. • “Population and Gender” section was included in official webpage of SSC to ensure sustainability of data development and availability. 18 new indicators have been institutionalized into the gender statistics databank. • The model domestic violence referral centre in Khachmaz depends on the SCFWCA “adopting” the centre into its infrastructure with subsequent staff salaries and other material support. <p>Concluding:</p> <ul style="list-style-type: none"> • Results and deliverables of UNFPA Country Programme are usually developed as part of the existing legal systems or policy mechanisms and with strong engagement from the Government. However, the results still depend heavily on the Government upholding their initial commitments. <p>Recommendations</p> <ul style="list-style-type: none"> • In order to strengthen the national ownership and buy-in, UNFPA should involve primary and potential stakeholders (e.g. key decision-making interlocutors within the government) at every step of country programming. • From the onset of program design, UNFPA should ensure that exit strategies and sustainability mechanisms for expected results are included within every program and every annual work plan, and that these sustainability plans are agreed with the stakeholders. • Need clear action plan of sustainability for Country Programme IV with hand-over plan to government which includes clear Government budget allocation and action plan. 			

Evaluation Question 5: To what extent are the stakeholders willing to: (i) continue supporting or carrying out specific program/project activities; (ii) replicate the activities; (iii) adapt program/project results in other contexts?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
5.1 UNFPA activities are effective and worthwhile and merit continued support, replication or incorporation into UNFPA, State or other programming.	<ul style="list-style-type: none"> • The extent to which the Country Programme benefits continued to flow and their existing coverage upon completion of component activities 	<ul style="list-style-type: none"> • UNFPA staff • Partners (implementers, government counterparts and direct beneficiaries) 	<ul style="list-style-type: none"> • Document review • Interviews with UNFPA Country Office staff • Interviews with government officials • Interviews with beneficiaries / stakeholders • Site visit to target communities

⁷⁸. Source: UNFPA office in Azerbaijan.

Findings:

- **Fulfilment of Government Commitments key to sustainability**

See flipchart parts in Azerbaijani. What is needed to ensure continuity after the funding of UNFPA:

- To establish sustainable product/action which can be provoked/used by media/schools, organizations again and again.
- Fulfilment of government commitments (3 dots)
- Ensuring the sustainable development of achieved results
- Strengthen the relationship between the State and civil society (3 dots and 2 stars)
- Consideration of the opinions of the users/beneficiaries (2 dots)
- Strengthen M&E systems (5 dots)
- Legal normative acts for victims (1 dot)
- Reproductive Health law (2 dots)
- Attract government to promote sustainable development (1 dot)
- Need longer term national action plan
- Effective legal framework
- Improve national capacities (6 dots)

To ensure continuity the following is needed:

- Improve national capacities (6 dots)
- Improve national institutional mechanism (3 dots)
- Have long term national plans (1 dot)
- Increasing the state funding (1 dot)
- Effective legal framework
- Community based networks

Source: Stakeholder workshop, September 6, 2014

Continuation of the Referral Centre established with UNFPA, EC funding is still not secured although project terminates in December 2014. Need a Reproductive Health Action Plan + state budget to secure State Funding.

Reproductive Health centres and Referral Centres have limited sustainability due to lack of State funding

- Sustainability of UNFPA Country Programme results depend more on the continuity of material and financial support (especially by the Government), than stakeholders being willing to continue, replicate, adapt or otherwise learn from specific project activities or deliverables.

Evaluation Question 6: To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms, and ensured the attribution of accomplished UNDAF outputs/outcomes to UNFPA performance?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
6.1 The UNFPA country office has actively contributed to UNCT working groups and joint initiatives in general, and towards attainment of UNDAF outcomes / outputs in particular	<ul style="list-style-type: none"> • Evidence of active participation in UN working groups and/or joint initiatives corresponding to its mandate areas • Quality of UNFPA participation in existing UNCT coordination mechanisms, as well as its extent. • Evidence of joint programming initiatives (planning) 	<ul style="list-style-type: none"> • Minutes of UNCT working groups • Programming documents regarding UNCT joint initiatives • UNDAF 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA Country Office staff • Interview with the UN RC Office • Interviews with other UN agencies

Findings:

EQ6. UNFPA “serious and committed” member of the UNCT, especially the gender team. MTR Evaluation highlighted the Gender Theme Group as the most active. Only theme group that has 5 or 6 joint projects. Every year there is a proposal to the UN Trust Fund on GBV. For 2 years, trying to draw attention on preventing domestic violence. 4 agencies engaged on child marriages, Violence Against Women. Gender theme group exemplary given shrinking budget.

“UNFPA an indispensable partner, member and contributor to UNDAF”. It has done timely and effective, more dynamic, productive gender group.

How is it contributing to UNDAF outcomes?

- UNFPA co-chairs with UNICEF a Results Group on Institutional Capacity Development, Human Capital Development, and meeting international commitments, as part of the next UN-Azerbaijan Partnership Framework for 2016-2020
- UNFPA has been contributing to the UNDAF Outcome Group on Social Development, Joint UN Team on HIV/AIDS, UN Communications Group, and Operations Management Team.
- UNFPA is contributing to gender as a cross-cutting theme in the current UNDAF implementation, focusing on mainstreaming gender into UN programming and encouraging joint UN initiatives.
- UNFPA chairs the UN Gender Theme Group. The work of the Gender lead is considered as “diligent and constructive”.
- Contributed to UNDAF MTR (November, 2013) at agency level.
- Birth ratio with birth rate favouring boys and leading to an imbalance in the sexes. Govt. did not want to hear about it. UNFPA supported research provided critical data to inform Government decision-making.
- Reproductive Health Law being discussed for many months in Parliament.
- Law on domestic violence. UNFPA instrumental. UNFP contributing to evidence based policy making. Producing evidence to help with policy making, improving legal standards, SOP, Violence Against Women, chairing of Gender Theme Group.
- UNICEF employs 2 officers in M&E. UNFPA focusing on M&E as an integral part of programming process. Other UN agencies are more limited in M&E.

In the future, we will no longer have technical assistance; there will be a partnership framework for UNDAF for the next 5 years aligned with vision 2020 at the end of 2014. Now establishing results group where there should be a specific outcome on gender. Gender will be a cross-cutting issue in three outcomes with 3 strategic groups and three M&E groups. UNFPA will co-chair one social block (human capital, HR, economic diversity, environment) to be led by UNICEF and co-chair UNFPA. UNFPA will lead M&E group.

Future of next Country Programme :

1. “UNFPA indispensable”. Important to look at maternal health in the future.
2. Women’s rights. Continue playing a leading role in Gender Equality and women’s empowerment due to existing staff and expertise. Adequate budget to maintain staff for next 5 years.
3. Youth issues given in post 2015 agenda. Youth is a niche area for UNFPA. Need a dedicated staff + budget and addressing wide spectrum of youth issues. In the past, there was no follow-up of HIV initiative and youth. There will be a Global Forum of Youth Policies to be hosted in Azerbaijan 28-30

October and attended by the UN Envoy. UNDP, UNESCO and UNFPA need to raise their voices.

“I love my UNFPA team.”

Examples of Joint UN activities:

- ❑ **UNFPA and UNDP** supported the Government to undertake a **demography study** aimed to better understand the implications of the demographic trends for the socio-economic development of the country and adequately address the emerging challenges.
- ❑ Chaired by UNFPA, the **UN Gender Theme Group (GTG)** supported the Government in the preparation of the 5th national periodic CEDAW report, achieving gender-sensitive policies, more coherently integrating gender equality priorities into broader development programmes, and in the development of a road map for short- and longer-term national plans for CEDAW implementation.

The GTG initiated three joint projects addressing a wide range of issues such as:



domestic violence and gender-based violence (GBV) (UNHCR/UNFPA);



addressing GBV and Early Marriages among displaced persons and refugees in Azerbaijan (UNHCR/UNFPA); and



empowering women victims of domestic violence with improved socio-economic capacity and gender awareness in Azerbaijan (IOM/UNFPA).

Joint efforts are being made to help the Government to launch an annual campaign promoting 16 days of activism against gender-based violence and to raise awareness of media on detrimental effects of child marriages.

In January 2013, UNFPA, UNICEF, UNDP and IOM applied to the UN Trust Fund to address the problem of child marriages in Azerbaijan. Although, the application was declined by the UN Trust Fund, the four agencies kept trying to explore other funding sources for the joint action.

In February 2014, UNHCR UNFPA, UNICEF, UNDP and IOM pooled their efforts again to develop a joint proposal for UNCT's applying to the UN Trust Fund to End Violence against Women. The proposal aimed to strengthen national capacity to eliminate domestic violence through a series of inter-related strategies contributing to the following outcomes: i) creating an enabling legal and policy environment for the implementation of the Law on Prevention of Domestic Violence; ii) improving the access to services for vulnerable women in a selected urban area; and iii) increasing women's safety in urban areas. The response is due in May 2014.

Concluding Remarks and Recommendations:

- UNFPA is an active and highly valued member of UNCT.
- UNFPA lead on gender issues can be considered best practice for the region.

v with UNCT Coordinator, Resident Coordinator, Key UNFPA programme staff. UNCT Minutes were not available to consult.

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Evaluation Question 7a: What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
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7a.1 The main comparative strengths of UNFPA have been identified and built upon in designing and implementing the UNFPA country program for Azerbaijan	<ul style="list-style-type: none"> Comparative strengths of UNFPA, both corporate and in-country, particularly in comparison to other UN agencies, have been identified and built upon 	<ul style="list-style-type: none"> CCA UNDAF UNFPA strategic documents, including Strategic Plans, Country Programs, CPAP COARs 	<ul style="list-style-type: none"> Documentary analysis Interviews with UNFPA Country Office staff Interview with the UN RC Office Interviews with other UN agencies Stakeholder workshop
<p>“UNFPA is seen as trusted UN partner agency that can assist the Government in transitioning from economic development to social and health protection.” (Government official)</p> <p>Findings: Findings: From Stakeholder workshop, the following strengths have been identified: -unique mandate -adherence to national development goals -effective and long lasting partnership with the Government -best practices at an international level -Using the capacity of youth in the implementation -International expertise (2 stars) -Regional level-evaluation/assessment (1 star) -Presentation of results achieved at an international level and organization of exchanges. -Strengthening national capacity of HR</p> <p>Key Limitations highlighted included:</p> <ul style="list-style-type: none"> Insufficient funding (9 dots) Not surrounding the rural areas/lack of reaching direct most vulnerable groups (3 dots) Lack of networking between the stakeholders (2 dots) Local context Visibility/advocacy Limited timeframe for the adoption Bureaucracy <p>Flipchart best practices: -Using the capacity of youth in the implementation; -Experience of other countries; -Integrating Gender in Reproductive Health -Technical assistance by UNFPA -engagement/involvement of NGOs, international organization and State Legislative system -working group on MISP achieved collaboration of main stakeholders -Forming the expert group for trainings on Gender Equality; -Improving legislation of Gender Equality and GBV; -Preparing CEDAW Progress reports; -Training and Resource Centre on Population and Development and Demography; -State policies and programs are in line with Cairo principles/ICPD -Demographic profile of Azerbaijan -Theatre based TOT; -Adoption of gender friendly equality law; -Involvement of youth and civil society organizations.</p> <p>Lessons Learned: -gender aspects are very important in Reproductive Health. Need financial support from Ministry; -Prevention of maternal mortality requires the participation of midwives and community to reduce maternal mortality -Monitoring of maternal and newborn deaths -“Adolescents are the foundation of a healthy future”; -“Only things that are sustainable are those adopted by the government.”; -Implementation of the legislation through national policy;</p>			

--“Active participation of all partners concerned is a key to success”;

-Collaboration of stakeholders important for implementation;

Strengths

- UNFPA has a long-lasting track record of steady, positive and supportive relationship with the government partners
- UNFPA is persistent, persuasive and adaptive in its communications with the Government on issues that are sensitive
- UNFPA engages youth in program implementation and has gender as the cross-cutting element in Reproductive Health activities

Limitations

- Limited and declining financial resources – integrated budget contradicts with expected amounts for 5 years
- Limited human resources – UNFPA has lost 2 critical staff members during this Country Programme
- Insufficient coverage of the rural areas, or little direct outreach of the most vulnerable groups in the regions
- Visibility - UNFPA is not keen on emphasizing its role or contributions in joint projects either with Government or other partners
- Internal bureaucracy – UNFPA has complex rules on grants or cost-sharing, which may potentially inhibit financial inflows for complementary initiatives. UNFPA also has preference for Direct Execution DEX Modality which allows UNFPA greater flexibility and responsiveness in management of activities (as opposed to National Execution NEX Modality, where all decision-making depends on approval of government counterparts.) Cost-sharing would mean shift from DEX to NEX.

Source: Staff interviews, Stakeholder workshop, September 4, 2014, Semi-structured interviews

7a.2 UNFPA’s comparative strengths are acknowledged in the development sector and inform UNFPA cooperation with other partners, particularly the government structures and UN agencies	<ul style="list-style-type: none"> • Perceptions by the Azerbaijani national stakeholders of the comparative strengths of UNFPA • Evidence that UNFPA comparative strengths are reflected in its cooperation with other development partners 	<ul style="list-style-type: none"> • UNFPA strategic documents, including Strategic Plans, Country Programs, CPAP • COARs • Previous evaluation reports (CPE, outcome evaluations, thematic evaluations) <p>See also relevance or EQ1</p>	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA Country Office staff • Interviews with other UN agencies • Interviews with government counterparts • Interviews with other stakeholders in the development sector (e.g. international donor agencies)
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See answers above

EQ7b. What is the main UNFPA added value in the country context as perceived by national stakeholders?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
7b.1. UNFPA’s focus on Population and Development, Reproductive Health and Gender contribute to Government efforts in the areas and bring added value	<ul style="list-style-type: none"> • Degree of satisfaction of Implementing Partner and Government representatives with UNFPA programmatic support to Population and Development, Reproductive Health and Gender 	UNFPA programme staff Implementing Partner Government representatives	Semi-structured interviews
Findings: Findings: Implementing Partner and Government representatives expressed in meetings their overall satisfaction with UNFPA programmatic support in all key component areas. Planning was done in a consultative way with participation of IPs and NGOs. Disbursements were timely. UNFPA’s international expertise in reproductive health, for example, was instrumental in providing input into the National Strategy for Reproductive Health. The Reproductive Centres launched in the 2cd Country Programme, while partly inactive, were the first in the country serving reproductive health needs. UNFPA’s expertise in reproductive health is well-established and drawn on for international expertise. Evidence based research and policy-making is recognized as bringing added value to Government policy-making.			
Value added <ul style="list-style-type: none"> • UNFPA had significant role in promoting evidence-based policy making in Azerbaijan. Due to this comparative advantage, UNFPA has been also engaged in UNCT’s theme groups on Governance and Economic Development, although UNFPA mandate does not cover these areas • UNFPA has strong international expertise in data mining and statistical research methodologies, which cannot be provided by any other UN agency present in Azerbaijan • UNFPA is establishing itself as strong M&E player, however, this requires more training on results-based management and better tracking of outcomes and outputs using realistic indicators. M&E is generally the weak point of UNCT. UNFPA will be expected to have a critical role in UNCT’s new M&E Theme Group, currently chaired by UNICEF and WB. 			
7b.2. UNFPA’s global core competencies in Population and Development, Reproductive Health and Gender are recognized by national	<ul style="list-style-type: none"> • Recognition of UNFPA’s Core Competencies 	UNFPA programme staff Implementing Partner Government representatives	Semi-structured interviews

stakeholders			
Findings: National stakeholders including Government, IPs, and NGOs have all recognized UNFPA's unique core strengths in Reproductive Health, Population and Development and Gender. While Reproductive Health sometimes touches sensitive issues, it also illuminates key findings to the government that require its attention whether we are talking about selective sex abortion, child marriages, domestic violence or family planning. UNFPA, drawing on its international expertise, can shine a light on these important issues, demonstrate their relevance for Azerbaijan policy making and provide the ammunition to inform decision and policy making for future investments in these critical areas. For example, the work on child marriages has led to raising the minimum age of girls for marriage to 17 years of age. Projects in family planning, have shown to have an impact on the prevalence rate and usage of contraceptives. Training in domestic violence is raising the awareness of the importance of domestic violence and the need to protect women and reprimand perpetrators. Source: Meetings with IPs and Government representatives.			

Current Status of Reproductive Health in Azerbaijan

The protection of maternity and childhood is in the focus of state attention: the state program: the State programme of activities on the protection of maternity and childhood was adopted in 2006 (order no. 211, 15 September 2006. There is a health infrastructure for the provision of help to pregnant and infants in the republic. But, it should be noted that these services are not equally accessible to the population due to socio-economic parameters and geographical conditions. Due to ethic and cultural peculiarities and historically shaped gender stereotyping, people's attitude to their own reproductive health is affected.⁷⁹

Reproductive Health health indicators in Azerbaijan are lagging behind those of other countries of Europe in spite of the development of medical science and practical healthcare as well as the introduction of new modern methods for the provision of qualified medical aid. The global tasks facing everyone engaged in maternity and childhood protection services include reduction of maternal mortality, improvement of newborn infant's health, and decrease of their morbidity and mortality. A number of trends⁸⁰ have been noted:

- Total number of pregnancies and childbirths has been on an upward trend.
- The antenatal coverage of pregnant women constitutes about 94%. At the same time, an increase in the incidence rate among pregnant women is observed. The structure of diseases is dominated by anemia, which represents a threat to the health of both more and the infant.
- The rate of maternal mortality remains high and exceeds the average indicator for the WHO European region by six to seven times. The structure of causes for maternal mortality in Azerbaijan is not changing, the main cause being obstetrical bleeding.
- There is an absence of a single system for data collection and analysis.
- Official statistics put infant mortality in the republic at 10.1 per 1,000 live born children (2006), while a survey commissioned jointly by UNICEF and USAID (2002-3006) identified infant mortality at the level of 43 per 1,000 live babies on average.

Family planning programmes started developing in Azerbaijan in 1996 with support from UNFPA, USAID and others. Technically equipped family centres were set up and supplied with contraceptives and competent medical personnel. Special attention was paid to the development of information mediums for the population and improvement of public awareness in this sphere. However, donor support for the provision of contraceptives for the Azerbaijan population was stopped in 2004. This is one of the main reasons in the growth in the trend in abortions. Of the total number of 19,806 registered abortions in 2004, 69% is made up of induced abortions with gestation of up to 12 weeks, while in 2006-70%. According to the latest available information, the average number of abortions per woman is 3.2 (CDC, 2001) which are one of the highest indicators among countries of WHO European region.⁸¹

According to the Centre for Disease Control and Inspection (CDC) only 12% of married women in Azerbaijan are using modern methods of contraception, while 48.1% of women indicated their latest pregnancy was unplanned

Starting in 2002, an increase in the rate of sexually transmitted infections has been observed in Azerbaijan including pregnant women. According to UNFPA survey results in 2006, about 40% of teenagers have information about AIDS and only 30% know about other sexually transmitted diseases. At the same time, about 60% of teenagers have no idea of where to apply in the event of such problems.

⁷⁹ . National strategy on Reproductive Health 2008-2015, p. 7-8.

⁸⁰ . ibid, p.8.

⁸¹ . ibid, p.9

In 2006, the number of HIV infected doubled as compared to 2004. Although 91% of pregnant women are examined for HIV upon entering obstetrical institutions, the absence of express tests at such clinics makes it difficult to detect and prevent vertical transmission of the infection from mother to child.

At present, there is no system in place to provide organized screening for cervical cancer in Azerbaijan, but the incidence of the disease is on the increase.⁸²

At the beginning of 2007, a fifth of Azerbaijan residents were made up of teenagers (10-19 years). According to the Ministry of Health, the overall disease rate among teenagers is rising, including such diseases as psychic and behavioural disorders, injuries and diseases of the urogenital system.

According to a pilot survey in 2006, 70% of teenagers and students think they are not sufficiently informed of Reproductive Health issues. Overall, the reproductive health of teenagers is neglected among the network of teenagers physicians' offices in children outpatients clinics and clinics for adults..⁸³

Over the last 5 years, the number of childbirths and abortions at under 19n years of age has been on an upward trend. The same tendency is observed with the number of registered cases of sexually transmitted infections in teenagers.

The situation in reproductive health is preconditioned by the following reasons. See. P.10.

Gender violence is on page30

Flipchart Recommendations from Stakeholder Workshop (high priority recommendations indicated in yellow highlight. Note number of dots:

- Ensure participation of youth in projects concerning youth (6 dots)
- Internship for young people (1 dot)
- Establishing the network of stakeholders to exchange experiences, programs and get to know each other twice a year
- Provide more resources, funds for youth activities and youth groups from the Government
- Expand activities to regions, impact the direct target and vulnerable population
- Strengthen gender Reproductive Health (1 dot)
- Strengthen the collaboration between the Government and Gender Programme of UNFPA (5 dots)
- Attract men to Reproductive Health
- Advocacy for Family planning involving government, NGOs, youth. UNFPA, Ministry of Health
- Services for youth/ Reproductive Health to be included into the primary level of health care (2 dots)
- Prepare study materials for doctors (i.e. clinical) on Reproductive Health and youth (1 dot)
- More evidence based for informed decision-making (5 dots)

⁸² . ibid p.9.

⁸³ . ibid, p.10.

- Partnerships with private sector (1 dot)
- UNFPA to coordinate all activities of other UN agencies toward implementation of ICPD principles (4 dots)
- Improving the human resource capacity (i.e. new training programs) and establishing a chair or department at the University in Population and Development (2 dots) and study tours, etc.
- Active participation in monitoring of state programmes and policies (3 dots)
- Awareness raising particularly in the regions about draft Reproductive Health and family planning laws through collaboration with the SCFWCA. State Committee should be more active in advocacy in Reproductive Health and Family Planning.
-

Annex 8: The Logic Model for the 3rd Country Programme

Title	UNFPA Country Program	No.		UNFPA Representative	
Country/Region	Azerbaijan	Budget	\$ 3.950 million	Duration	2011-2015

NATIONAL PRIORITIES

National priorities:

- increasing income-generating opportunities and decreasing the number of citizens living in poverty;
- continuing the process of institutional reform and improving good governance;
- improving the quality of and ensuring equal access to affordable basic health and education services;
- promoting and protecting gender equality

UNFPA Overarching Goal: To achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and the MDGs.

UNFPA STRATEGIC PLAN OUTCOMES

OUTCOME 1: Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

OUTCOME 2: Increased access to and utilization of quality maternal and newborn health services

OUTCOME 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

OUTCOME 4: Increased access to and utilization of quality HIV- and STI- prevention services especially for young people (incl. adolescents) and other key populations at risk

OUTCOME 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

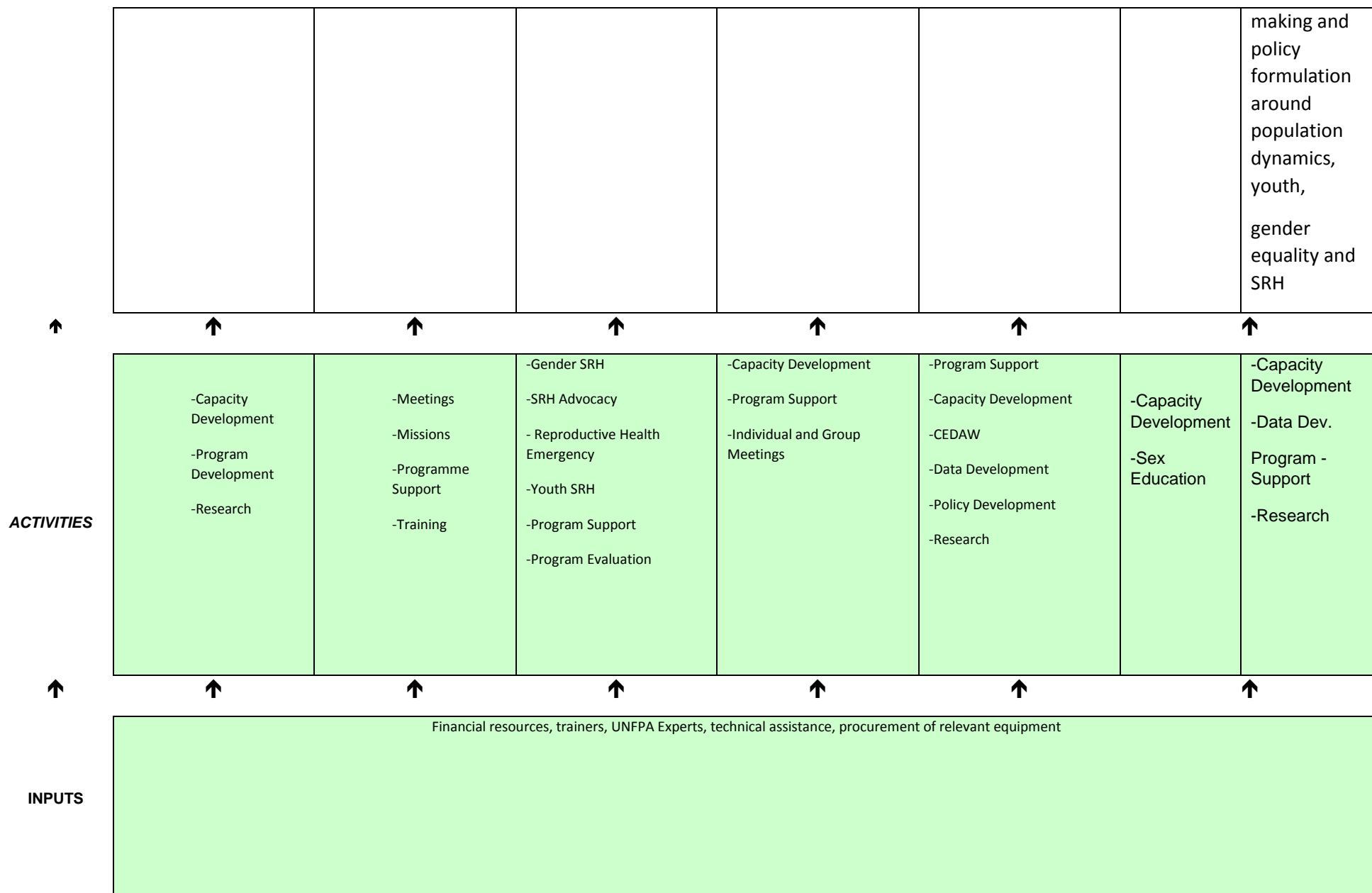
OUTCOME 6: Improved access to SRH services and sexuality education for young people (including adolescents)

OUTCOME 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

OUTPUTS

<p>CPAP Output: An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions</p> <p>AWP: An enabling environment is created and national capacity enhanced to strengthen public administration in mainstreaming population and gender dimensions</p> <p>Output 1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people, SRH, Gender Equality and poverty reductions in NDPs, PRPs and other relevant national plans and programmes as per COAR 2013.</p> <p>AZE3P41A</p> <p>Output 2: Strengthened capacity for development of national health policies and plans with integrated SRH services (incl. family planning)</p> <p>Output 3: Strengthened national capacity of young people (incl. adolescents) for participation in policy dialogue and programming</p>	<p>Output 4. Strengthened national capacity to implement comprehensive midwifery programmes</p> <p>Output 5. Strengthened national capacity for emergency obstetric and newborn care (EmONC)</p> <p>Output 6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula</p> <p>Output 7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings</p>	<p>CPAP Output: Access to quality reproductive health and youth friendly services and commodities is improved</p> <p>CPAP Output: Policies and legislation on reproductive health and rights are formulated or revised with the participation of NGOs, decision-makers and national experts</p> <p>AWP Policies and legislation on reproductive health and rights are formulated or revised with the participation of NGOs, decision-makers and national experts</p> <p>AZE3R11A; AZE3R31A</p> <p>Output 9. Strengthened national capacity for community-based interventions for family planning</p> <p>Output 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV</p> <p>Output 11. Enhanced national capacity for addressing the</p>	<p>Output 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV</p> <p>Output 11. Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community led organizations and networks.</p> <p>AZE2013 and GL AZE3R11A 19 NOV.</p> <p>Within the Joint UN Team on HIV/AIDS, UNFPA together with other UN sister agencies (UNICEF, WHO), as well as GFTAM and World Vision, initiated the process of development of Behaviour Change Communication Strategy For HIV Prevention among Key Populations in Azerbaijan (2014 - 2018). The international expert, Dr. Barbara Franklin, was hired. Individual and group meetings with harm reduction network and UNFPA were held."</p>	<p>CPAP Output: Increased understanding and improved knowledge of the public on GBV, related national legislation and human rights instruments through education and awareness campaigns to combat all forms of gender discrimination</p> <p>AWP: Increased understanding and improved knowledge of the public on GBV, related national legislation and human rights instruments through education and awareness campaigns to combat all forms of gender discrimination</p> <p>AWP: Increased understanding and improved knowledge of the public on GBV, related national legislation and human rights instruments through education and awareness campaigns to combat all forms of gender discrimination</p> <p>CPAP Output: Strengthening national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems</p> <p>AWP: Strengthening national capacity for providing victims of violence with preventive, protective and rehabilitative services, including referral systems</p>	<p>CPAP Output: Women, men and young people have an increased access to quality information and skills conducive to responsible and healthy sexual and reproductive behaviour</p> <p>AZE3R51A</p> <p>Output 15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people</p>	<p>CPAP OUTPUT: The availability and use of population data, disaggregated by sex and age, are improved as a basis for formulating, implementing and monitoring national policies and programmes</p> <p>AWP: The availability and use of population data, disaggregated by sex and age, are improved as a basis for formulating, implementing and monitoring national policies and</p>
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		<p>HIV and SRH needs of young people and sex workers, including through community led organizations and networks</p>		<p>AZE3G41A</p> <p>AZE3G31A (AZE3U507)</p> <p>Output 12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality & reproductive rights</p> <p>Output 13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings</p> <p>Output 14. Enhanced promotion of gender equality & reproductive rights through engagement of community-led organizations and networks</p>		<p>programmes</p> <p>AZE 3P31A</p> <p>Output 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings</p> <p>Output 18. Strengthened national capacity for data analysis to inform decision-</p>
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Source: List of Atlas Projects 2011-2014. Sections highlighted in yellow are covered in Atlas projects.

ANNEX 9: EFFECTIVENESS. KEY ACHIEVEMENTS PER OUTPUTS AND OUTCOMES, RESULTS OF STAKEHOLDER WORKSHOP

Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents)., sexual and reproductive health (including family planning), gender equality and poverty reduction addresses in national and sectoral development plans and strategies.

Output 1. Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (incl. adolescents), SRH (incl. family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes

UNFPA Country Programme Outputs:

- International expert support was provided to the Government with the end-cycle evaluation of the State Programme on Population and Development and Demography (2004-2010) under the responsibility of the Ministry of Labour and Social Protection of Population of the Republic of Azerbaijan (2 of workshop point);
- International expert support was provided to the Government with the end-cycle evaluation of the State Programme on Strengthening the Social Protection of Elderly (2006-2010) under the responsibility of the Ministry of Labour and Social Protection of Population of the Republic of Azerbaijan (2 of workshop point).;
- The Draft of the 2nd cycle of the State Program on Demography and Population Development 2014-2025 was developed with UNFPA support in line with the principles of ICPD pan of Actions and is pending approval (3 of workshop points);
- 30 national personnel covered by international capacity building initiative on population policy formulation, planning and implementation (1 of workshop point);
- Advocacy campaign organized jointly with the Office of the Ombudsman devoted to the global campaign – 7 Billion Actions (3 roundtables held in Baku, Guba and Sheki; 1 article contest among journalists; 2 photo and art contests among youth)

Output 2. Strengthened capacity for development of national health policies and plans with integrated SRH services (incl. family planning)

- The National Reproductive Health Communication Strategy was developed to build better coordination in behaviour change interventions initiated by various national and international organizations active in the areas of Reproductive Health/Family Planning/RHCS;
- The BCC Strategy for Key Populations on HIV/AIDS was developed and distributed

Output 3. Strengthened national capacity of young people (incl. adolescents) for participation in policy dialogue and programming

- The National Peer Education Toolkit was developed;

- The field test of the Toolkit was conducted in schools of Barda, Yevlakh, Sumgayit and Baku regions in the form of trainings facilitated and observed by the project's young master trainers.
- 2 regional youth consultations on post-2015 Agenda in Azerbaijan were held in Guba and Ganja regions
- 1 simulation of a model UN General Assembly meeting on youth participation in new SDGs framework was held in Baku in partnership with UNDP, the Ministry of Youth and Sports, National Assembly of Youth Organisations and Azerbaijan Diplomatic Academy
- 1 promotional video clip on youth participation in SDGs was created.
- 1 Essay Contest among the young people on their rights to information and services

Outcome 2: Increased access to and utilization of quality maternal and newborn health services

Output 4. Strengthened national capacity to implement comprehensive midwifery programmes.

- This output has been achieved in a number of ways:) sowmy questionnaire (sent by headquarters to see health situation and status of midwives) has been developed by the Ministry of Health (Statistical Department), cleared by National Reproductive Health Office and distributed which has led to: overall assessment of mid-wives in the region and also country by country. As a result there is an overall assessment for Azerbaijan including recommendations for Azerbaijan (i.e. build managerial capacity of mid-wives).
- training of 120 midwives in 6 trainings held in Baku on the following subjects: reproductive health protocols on Family planning and contraception, GBV, abortion, post abortion consultations, HIV/AIDS. Trainers were women who were all women (4 dots)

Output 5. Strengthened national capacity for emergency obstetric and newborn care (EmONC).

- This output is too early to report on as a key output is the training on live-birth definition scheduled for September 2014. UNFPA is going to hold training jointly with Chiesi Foundation and National OBGYN Institute. Since 2008, UNFPA has been advocating for life-birth definitions. In 2014, Govt. ordered a new definition of live births (duration of pregnancy and child birth). The training will build capacities of health staff on the new LBD techniques.

Output 6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula - NA

Output 7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings

- This output was partially achieved with the needs assessment and the development of a training tool on MISPs in humanitarian settings. It is still too early to report on the MISP training as it will be developed in September 2014 (with participation of Ministry of Health, Ministry for Emergency Situations, and the Ministry of internal Affairs). (5 dots)

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

Output 9. Strengthened national capacity for community-based interventions for family planning.

- This output was achieved in 2011/12 with the training of 20 volunteers (members of community) who subsequently visited 120 households in 6 districts (Ganja, Kurdamir, Sumgait, Sheki, Gabala and Goychay. Questionnaire developed with volunteers going household to household and included question on family situations, questions on Reproductive Health, contraception, abortions. Disincentive: doctors receive money from abortions.
- the realization of the Peer Education toolkit (with participation of Ministry of Youth and Sport) and is using the publication by Peer educators and master trainers to raise awareness of young people and build knowledge of Reproductive Health basics and essentials (communication, harmful practices, sexual education, decision-making)
- condom social marketing in 2011 to women and men with the distribution of 130 gross of condoms. In 2011, the 14% of women and men using contraceptives totalled:
- on-going organization of summer camps to train 60 peer educators – 50% women and 50% men. (2 dots)

Outcome 4: Increased access to and utilization of quality HIV and STI- prevention services especially for young people (including adolescents) and other key populations at risk.

Output 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV.

- A key achievement has been the ongoing monitoring between 2011-2014 of 1) family planning, perinatal care and HIV which has had the following effect – the situation analysis on family planning, perinatal care and HIV, needs of beneficiaries to be met, planning framework for the activities, budgeting; 2) development of a behaviour change communication strategy has led to: development of HIV behavior change advocacy plan, partnerships strategy (10 dots)
- In 2012, training on Reproductive Health undertaken with the LGBT community involving 30 gays and 25 SW on the following key topics: transmission of HIV, preventive mechanisms, contraception, emergency contraception, PEP (post-exposure protocol).

Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of law and policy

Output 12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality & reproductive rights

- The analysis of the national legislation for compliance with the provisions of the CEDAW Convention was held and the corresponding report was developed and shared with the government stakeholders.

- Support was provided to the government with the development of the V Periodic State Report to the CEDAW Committee. The report was developed and submitted in 2013.
- The training was held for 20 representatives of the Government's CEDAW delegation who were closely engaged in the development of the V CEDAW Report (3 of workshop votes).
- CEDAW mock session facilitated by the international expert and bringing together the representatives of the Government's CEDAW delegation to be held in Nov. 2014 for 25 officials.
- The capacities of 25 women's rights activists, members of the symbolic CEDAW Parliament increased through the capacity building training on CEDAW implementation mechanism. The group was closely engaged in the development of the alternative NGO report presented to the CEDAW Committee in 2013.
- The assessment of the implementation of the UPR (2013) and CEDAW (2009) recommendations on SRHR was held and the study report developed with this purpose will contribute towards the establishment of the monitoring system for tracking the implementation of these recommendations.
- The capacities of the 30 staff of the SCFWCA (25 women, 5 men) were built on gender equality, GBV and other related issues through the series of capacity building trainings (2 of workshop votes)
- The first nationally representative research exclusively dedicated to domestic violence was held and the study report developed in 400 copies and extensively distributed among all interested stakeholders and different target groups to advocate for the adoption of informed policies and programmes to combat domestic violence in Azerbaijan Republic.
- The qualitative assessment of the major causes of domestic violence in IDP communities was held and the respective study report was published in 1,000 copies.
- The survey on Violence against the Person was held and the study report published in 500 copies and extensively distributed among the interested stakeholders and different population groups.
- The survey on the skewed SRB in the population was held to reveal the mechanisms behind the highly skewed sex ratios at birth. The report is currently being published and is planned to be used as the main advocacy tool with this purpose (3 of workshop points).
- The population projections on different SRB scenarios are being currently developed for December 2014 to present further evidence to the government on the importance of prompt intervention on the topic.
- The gender disaggregated data was developed in close cooperation with the SSC (4 yearbooks until September 2014).
- One guide on the development of sex disaggregated data for the staff of the SSC was developed (2012).

Output 13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian Settings

- The Law on Prevention of domestic violence was adopted following the advocacy efforts and support provided by UNFPA (6 of workshop votes)
- Four orders of the Cabinet of Ministers on implementation of the law on domestic violence were issued.
- Amendments regarding the equalization of the minimum legal age for entering the marriage for men and women (18 years of age) were introduced to the Family Code and the Criminal Code following the advocacy efforts and support provided by UNFPA
- The draft National Strategy and National Action Plan on Prevention of domestic violence were developed and are currently pending approval at the Cabinet of Ministers (4 of workshop votes)
- Five referral/support centers for the women victims of domestic violence were launched in the frames of the joint project (UNFPA, SCFWCA, HAF)
- 11 staff members of these referral centers were trained on how to provide effective preventive, protective and rehabilitative services for the victims of domestic violence.
- 1 model referral center is being currently operationalized in the target district of Khachmaz in the framework of the joint project with the local NGO, IOM and the SCFWCA (5 of workshop votes).
- 60 staff members of health and law enforcement institutions located in Khachmaz were trained on how to provide effective preventive, protective and rehabilitative services for the victims of domestic violence as well as the respective referral mechanisms established under the Law on Prevention of domestic violence (2010).
- To date 30 women applicants for the center's services have benefitted from the centers services: have either found a refuge to escape a violent partner/other family member or benefitted from the center's activities in psycho-social support and economic empowerment.
- Two training manuals for the staff of the Referral Centers and health and law enforcement institutions were developed to provide guidelines for these staff to provide improved services to the victims of domestic violence (1 of workshop votes).
- 50 women, victims of different forms of domestic violence, including the applicants of the Khachmaz center trained for improving their skills and knowledge on how to establish a small business. 20 of these women have submitted the business plans and will be awarded with the small grants to initiate their small business (2 of workshop votes).

Output 14. Enhanced promotion of gender equality & reproductive rights through engagement of community-led organizations and networks

- Three annual campaigns on 16 Days of Activism against Gender Based Violence were held in November-December 2011, 2012, 2013.
- Four family festivals to bring more public attention to the challenges faced by the families including the instances of the GBV were held in 2011, 2012 and 2013. Series of publicity PSAs were produced, of which 7 targeted the issues of GBV.
- One PSA on the skewed SRB is produced.
- 5,000 booklets on domestic violence were developed.
- 5,000 booklets on early marriages were developed.

- 5,000 community members were covered by the trainings on domestic violence.
- 5,000 community members were covered by the trainings on early marriages.
- 500 people were covered by the sensitization sessions on the skewed SRB in the population.
- 1,000 persons are being covered by GBV sensitization trainings in Khachmaz.

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)

Output 15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people (3 dots) + Communication strategy (4 dots)

- This output is too early to report on as peer education training will only take place in 2014.

Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality

Output 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings

- The country-wide survey on “Early marriages entered by girls and out of wedlock births” was held and study report developed, published in 2,000 copies and extensively distributed among the relevant and interested stakeholders (19,711 women were covered by the survey);
- The country-wide survey on the major causes of divorces was held and study report developed, published in 1,000 copies and extensively distributed among the relevant and interested stakeholders (7,433 men and 7,341 women participated in the survey);
- The survey on the skewed SRB in the population was held to analyze the factors that led to highly skewed sex ratios at birth. The report is currently being published and is planned to be used as the main advocacy tool with this purpose (2 of workshop points)
- The population projections under different SRB scenarios are being currently developed to present further evidence to the government on the impact of the skewed SRB on the future population structure
- 1 practical guide aimed at improving the availability and use of gender statistics in Azerbaijan was developed by the international expert for the staff of the SSC and published in 150 copies (1 of workshop point);
- The country-wide survey on Violence against the Person was held and the study report developed, published in 500 copies, and extensively distributed among the relevant and interested stakeholders;
- The solid population projection until 2050 (3 scenarios) was produced in joint efforts with the SSC and MLSP (1 of workshop point);

- 75 national staff of the state institutions covered by international capacity building activities on development, use and dissemination of population data (1 of workshop point)
- 18 sex-disaggregated indicators were worked-up on the basis of indicators identified at, and following the United Nations Statistics Division and incorporated into the national population data-bank (1 of workshop point).

Output 18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH

- The Department on Population and Gender Statistics was established under the auspices of the SSC in 2012 to ensure that a set of comprehensive population sex-disaggregated data is available as an evidence base for informed gender-sensitive policies and programs (3 of workshop points);
- “Population and Gender” section was developed and introduced on the official webpage of the SSC to ensure the sustainability of the data development efforts undertaken to date as well as availability and accessibility of the existing sex-disaggregated data (2 of workshop point);
- Population Situation Analysis for Azerbaijan was being currently developed within the ICPD Beyond 2014 review process lead by UNFPA in joint partnership and cooperation with UNDP (2 of workshop points);
- 1 PSA on the skewed SRB was produced to draw public attention to the alarming problem of outnumbering ratio of male to female population
- The gender disaggregated data was developed in close cooperation with the SSC (4 statistical yearbooks until September 2014) (1 of workshop point)
- Given the lack of systematic recording of migration-related data, the support was provided to the SSC in development of the comprehensive database on migration statistics (1 of workshop point)
- 25 national staff of the state institutions covered by international capacity building activities on population data analysis (1 of workshop point)
- Purchasing the relevant books and specialized literature on statistics, demography, sociology, gender, gerontology, etc., for the national libraries on demography, population and development established with support of UNFPA at the respective government institutions (1 of workshop point)

Annex 10: INDICATORS METADATA

Strategic Plan-Midterm review: Development Results Framework

UNFPA Country Office in Azerbaijan

INDICATOR	BASELINE DATA (2010)	MID-TERM DATA (2012)	ACTUAL DATA (2014)
OUTCOME 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies			
Number of countries that have national development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction	Yes (State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015)	Yes (State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015)	Yes (State Program on Poverty Reduction and Sustainable Development in the Republic of Azerbaijan for 2008-2015)
Number of countries that have integrated sexual and reproductive health (SRH) services (including family planning) into national health policies and plans	Yes (National Reproductive Health Strategy)	Yes	Yes (National Reproductive Health Strategy, Strategic Plan of the Ministry of Health for 2014-2020)
OUTPUT 1: Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes			
1.1 Newly developed relevant national plans and programmes incorporated population issues	Yes (State Program on Demography and Population Development 2004-2010; State Programme on Social Protection of Elderly 2006-2010)	Yes (in process: evaluation of the State Program on Demography and Population Development; and State Programme on Social Protection of Elderly)	Yes (draft of the State Program on Demography and Population Development 2014-2025; State Program on Improvement of the Official Statistics in the Republic of Azerbaijan for 2014-2020)
1.2 Number of persons trained on how to incorporate population dynamics issues in national plans and programmes	5	15	25

OUTPUT 2. Strengthened capacity for development of national health policies and plans with integrated SRH services (including family planning)			
2.1 National health policies and plans with integrated SRH services (including family planning)	Yes (National Reproductive Health Strategy)	Yes (National Reproductive Health Strategy, draft Law on Reproductive Health and Rights)	Yes (Strategic Plan of the Ministry of Health for 2014-2020)
OUTPUT 3. Strengthened national capacity of young people (including adolescents) for participation in policy dialogue and programming			
3.1 Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming	Yes	Yes	Yes
OUTCOME 2: Increased access to and utilization of quality maternal and newborn health services			
Maternal mortality ratio	35,7/100,000	24,9 / 100,000	14,5 / 100,000
Births attended by skilled health personnel	94,7%	92,3%	97,2%
OUTPUT 4. Strengthened national capacity to implement comprehensive midwifery programmes			
4.1. Assessment of midwifery management policies developed	No	No	Yes
4.2. N# of midwives who attended a training programme on management of midwifery workforce policies	0	30	120
4.3. N# of training session on management of midwifery workforce policies	0	2	6

OUTPUT 5. Strengthened national capacity for emergency obstetric and newborn care (EmONC)			
5.1 Conduction of needs assessment on EmONC	No	No	No
5.2. N# of training on EmONC for health care providers	0	0	2
OUTPUT 6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula			
6.1 Number of women treated for obstetric fistula with support from UNFPA	NA	NA	NA
OUTPUT 7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings			
7.1 N# of personnel trained on MISP through UNFPA support	0	0	0 (due September 2014)
OUTCOME 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions			
Contraceptive prevalence rate (modern methods)	14 (DHS)		15,8 (DHS)
Unmet need for family planning	23% (DHS)		5,5% (DHS)
OUTPUT 8. Strengthened national systems for reproductive health commodity security (RHCS)			
8.1 N# of national staff trained in Logistics Management Information System through UNFPA support	30 master trainers	40 master trainers	45 master trainers
8.2 N# of training on Logistics Management Information System through UNFPA support	6	10	12
OUTPUT 9. Strengthened national capacity for community-based interventions for family planning			
9.1 Development of IEC/BCC and advocacy materials for family planning	No	Yes (3 booklets)	Yes (8 booklets)
9.2 Dissemination of appropriate messages for family planning by the community level health workers	No	Yes (50 households)	Yes (120 households)

9.3 Advocacy on family planning at the community levels to involve the formal and informal leaders, N# of advocacy campaigns	No	Yes (3 campaigns)	Yes (9 campaigns)
9.4 Social marketing of modern contraceptives, N# of condoms distributed	No	Yes (130 gross) – 2011	Yes (130 gross) - 2011
OUTCOME 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk			
HIV prevalence in youth (15-24 years)			
OUTPUT 10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV			
10.1 Cost-benefit analysis on contraceptives versus abortions conducted and published	No	Yes	Yes
10.2 N# of advocacy campaigns conducted to sensitize decision makers on Comparative Cost–Benefit Analysis of Reproductive Health Commodities	0	0	4 campaigns in 3 districts
OUTPUT 11. Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community-led organizations and networks			
11.1 N# of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of sex workers	0	1 (Temiz dünya)	1 (Temiz dünya)
11.2 N# of training for sex workers on HIV and SRH through UNFPA support	0	3 sessions (2012)	3 session (2012)
11.3 N# of sex workers covered by training on SRH and HIV	0	30	30
Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy			
Percentage of women aged 20-24 who were married or in union before age 18	no data available	no data available	no data available
Mechanisms in place to implement laws and policies	Yes (Law on the provisions of	Yes (National Reproductive Health Strategy, Law on	Yes (Strategic Plan of the Ministry of Health for 2014-

advancing gender equality and reproductive rights	Gender Equality)	prevention of domestic violence, related orders of the CabMin)	2020)
Output 12: strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights			
12.1 International agreements and national legislation for gender equality and reproductive rights implemented with UNFPA support	yes (CEDAW progress reports, CEDAW Concluding Observations)	yes (international expertise provided to the government to develop the CEDAW progress report 2013, 2 reports on Violence Against Women, 1 report on the compliance of national legislation with CEDAW, sex-disaggregated data)	yes (CEDAW progress report, report on UPR recommendations on SRHR, 1 report on Violence Against Women, 1 report on the skewed SRB in the population, sex-disaggregated data)
Output 13: strengthened national capacity for addressing GBV and provision of quality services, including in humanitarian settings			
13.1 GBV (including female genital mutilation/cutting) policy and programmatic responses developed with UNFPA support	yes (1 draft National Strategy)	yes (1 draft National Action Plan)	yes (1 draft National Action Plan)
13.2 Number of persons trained through UNFPA support in programming for GBV in humanitarian settings			
13.3 Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting	n/a	n/a	n/a
Output 14: Enhanced promotion of gender equality and reproductive rights through engagement of community-led organizations and networks			
14.1 Civil society organizations/networks to engage men and boys in promoting gender equality supported by UNFPA	yes (1000 men covered by GBV sensitization trainings)	yes (3,800 men covered by GBV sensitization trainings)	yes (3,000 men covered by GBV sensitization trainings)
OUTCOME 6: Improved access to SRH services and sexuality education for young people (including adolescents)			

Adolescent birth rate	33 (DHS)		42 (DHS)
Comprehensive age-appropriate sexuality education out of school implemented at national scale	No	No	Yes (2013, Ministry of Youth and Sports)
OUTPUT 15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people			
15.1 UNFPA supported capacity development for the provision of essential SRH services to young people	No	No	Yes (needs assessment conducted in 2011)
OUTCOME 7: Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality			
Number of countries that have completed their 2010 round of population and housing censuses completed with UNFPA support	Yes (National Population Census in 2009)	Yes (National Population Census in 2009)	Yes (National Population Census in 2009)
Number of countries that have conducted (in the last five years) a national household survey that allows for the estimation of all MDG 5b indicators	Yes (DHS, 2006)	Yes (DHS, 2011)	Yes (DHS, 2011)
OUTPUT 17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings			
17.1 Number of census, survey and other statistical data produced and disseminated with UNFPA support	1 National Population Census 2009; 1 DHS 2006; 1 survey on migration; statistical yearbook "Women and Men in Azerbaijan" published since 1994; 1 sociological research on socio-economic problems of ageing and interrelations among the generations	1 statistical survey on Early marriages entered by girls and out of wedlock births; 1 statistical survey on the major causes of divorces; 1 ICPD Beyond 2014 Questionnaire; statistical yearbook "Women and Men in Azerbaijan" 2011-2012; 8 newly developed indicators	1 report on the skewed SRB in the population, 10 newly developed sex-disaggregated data; statistical yearbook "Women and Men in Azerbaijan" 2013-2014; 1 statistical survey on Violence against the person; 1 joint UNFPA/UNDP Demographic study for Azerbaijan;
17.2 Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data including in humanitarian settings	25	50	75

OUTPUT 18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH			
18.1 Capacity development activities supported by UNFPA to produce in-depth analysis of census and survey data	25	15	25

