



**REGIONAL INTERVENTIONS ACTION PLAN  
FOR EASTERN EUROPE AND CENTRAL ASIA  
2018-2021**

*Summary*

The countries and territories of Eastern Europe and Central Asia region have made progress in securing the right to universal access to sexual and reproductive health in recent years, however, that progress remains uneven. Eastern Europe and Central Asia are at the forefront of the global demographic transformation from population growth to population ageing and population decline. Use of modern contraception remains lower than expected, HIV incidence is on the rise, gender-based violence and stigma persist, young people cannot yet fulfil their potential, population data systems require strengthening and policies lag behind evidence. Sustained capacity development is required if the Sustainable Development Goals related to the Programme of Action of the International Conference on Population and Development are to be met. Through the regional interventions action plan, 2018-2021, UNFPA expects to make a significant contribution to ensuring that all people in the region achieve equal access to integrated and human rights-based sexual and reproductive health services and are empowered to claim their sexual and reproductive rights. It will support the advancement of the outcomes of regional and global processes, especially the outcomes of the International Conference on Population and Development beyond 2014 review, the Regional Forum on Sustainable Development, and specific thematic frameworks such as the World Health Organization regional action plan for sexual and reproductive health and the Istanbul Convention. The regional office will continue to collaborate closely with United Nations partner organizations in the implementation of its regional interventions action plan. The specific results of the regional interventions action plan are aligned to the UNFPA strategic plan, 2018-2021 and contribute to its four outcomes, contextualized according to regional priorities.

**Contents**

I. Situation analysis .....3

II. Lessons learned.....5

III. Proposed interventions.....5

IV. Action plan management, resource mobilization and partnership .....7

  

Annex 1. Results and resources framework.....9

Annex 2. Theory of change .....17

Annex 3. Resource mobilization plan.....51

Annex 4. Partnerships plan .....58

## I. Situation analysis

1. The countries and territories<sup>1</sup> of the Eastern Europe and Central Asia region<sup>2</sup> have made progress in securing the rights of people to universal access to sexual and reproductive health in recent years, which has led, for example, to a reduction in maternal mortality, new legal frameworks and steps towards building the necessary systems for responsive governance. However, that progress remains uneven and the broader context in the region is challenging for the ICPD agenda – politically, financially and socially.

2. Economic stability is uncertain, disparities are wide, and the region faces various vulnerabilities. While Central Asia is projected to experience growth of more than 20 per cent, Eastern Europe is the region with the highest projected negative GDP/per capita (PPP method) growth over the next 20 years at -7.4 per cent. People living in countries in the Eastern Europe and Central Asia region are also vulnerable to humanitarian emergencies sparked by conflicts, both within the region and in neighbouring countries, and to those created by natural disasters, as well as so-called “frozen conflicts”. Over the last four years, the number of people that were affected by natural disasters and conflicts in the Eastern Europe and Central Asia region increased dramatically, with approximately three million refugees in Turkey from Syria, Iraq and other countries affected by conflict. The World Bank estimates that an average of 6.93 million people are affected yearly by floods and earthquakes in the 17 countries of the Eastern Europe and Central Asia region.

3. Europe and Central Asia are at the forefront of the global demographic transformation from population growth to population ageing and population decline. These trends have critical implications for the achievement of the Sustainable Development Goals in a region where use of modern contraception remains lower than expected; HIV is rising; gender inequality, violence and stigma persist; young people cannot yet fulfill their potential; and where data is weak and policies lag behind evidence. Capacities at all levels (central/local; institutional/individual) are varied, and sustained capacity development is required if the International Conference on Population and Development-related Sustainable Development Goals are to be met.

4. Ten countries in the region (in the Baltics, Eastern Europe and the Balkans) are projected to see their population decline by more than 15 per cent by 2050. In 10 of 16 UNFPA programme countries in Eastern Europe and Central Asia, total fertility rates are recorded at below replacement level (2.1 children per woman). These relatively low fertility rates contribute to population ageing; 9 of the 17 UNFPA programmes in the region may be considered ageing societies. 10 of 16 Eastern European and Central Asian countries are experiencing negative migration balance. While the trends of migration have become less extreme over the past decades, in at least five countries of the region, migration is the main factor negatively affecting population growth. The policy responses to these demographic challenges are varied and not always consistent, nor evidence-based.

5. In some Eastern European countries, the rapidly decreasing fertility rates have been accompanied by adverse mortality trends, including significant declines in life expectancy among men. Eastern European countries face relatively high levels of secondary infertility – an estimated 6.3 million women have had one child but are unable to have a second. A significant cause of infertility is related to sexually transmitted infections, an issue where data and responses need to be strengthened in the region.

6. Since the early 1990s, the number and rate at which women die from pregnancy or childbirth-related complications has decreased by more than half in the region, but health systems are still weak and inequities within and between the countries are widening. Young

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<sup>1</sup> The UNFPA Eastern Europe and Central Asia region comprises 16 programme countries and Kosovo (as understood by United Nations Security Council resolution 1244). Data referring to the region draws on the UNDESA World Population Database (inter alia, which does not list Kosovo as a separate entry).

<sup>2</sup> Eastern Europe and Central Asia is primarily a “pink” region: 14 “pink” with 2 “orange” (Tajikistan, Kyrgyzstan); 1 “yellow” (Georgia).

people, people living in poverty, migrants, ethnic minorities, rural populations and key populations still face significant barriers in accessing quality health care services and the information they need to protect their health and well-being, to be able to fulfill their potential and make their contribution to society.

7. The 2015 lifetime risk of maternal death varies from as high as 1 in 390 per 100,000 in Kyrgyzstan to as low as 1 in 13,800 per 100,000 in Belarus. The Maternal Mortality Rate in Central Asia and South Caucasus countries is still high. The modern contraceptive prevalence rate (MCPR) in seven countries/territories of the Eastern Europe and Central Asia region are below the average (34 per cent) for the world's least developed countries, and there is an estimated unmet need for family planning of 10.5 million women. Unprotected sex has been one of the main challenges leading to growing numbers of sexually transmitted infections, including HIV and HPV, as well as high numbers of unintended pregnancies and induced abortions. Abortion rates among young women below 20 years of age are significantly higher than in the European Union, with the highest rates in Moldova, Belarus, Georgia, Serbia and Ukraine.

8. Eastern Europe and Central Asia is the only region in the world where MDG 6 on HIV was not met and where HIV incidence is increasing, with an annual increase of 57 per cent in new HIV infections since 2010. Cervical cancer incidence and mortality in the region is ten times higher than in the European Union: more than 18,000 deaths and 38,000 new cases registered annually make the burden of disease in Eastern European and Central Asian countries even more significant.

9. Adolescent birth rates are still about three times higher in the region compared with Western Europe. There are some 287,000 births to girls aged 15 - 19 each year. While tertiary enrolment for girls is relatively high, the quality of education as a whole needs to be further improved, especially in terms of gender-responsive rights-based comprehensive sexuality education. The adolescent fertility rate in the region is 32 per 1,000 women and girls aged 15 - 19, with differences among the countries and higher rates among marginalized groups, such as Roma populations. Tajikistan has a rate of 54 births per 1,000 compared to 8 births per 1,000 in Bosnia and Herzegovina. In Eastern Europe (excluding Russia and Turkey), 22 per cent of women aged 15–19 report the use of modern contraception versus only 13 per cent in Central Asia, and 3.6 per cent in the Caucasus.

10. The populations of some countries in the region, notably Central Asia, are still young. Providing these young generations with health care, education, a safe environment and employment opportunities is a major challenge of sustainable development and can potentially result in a demographic dividend. Failing to do so brings the risk of political and social instability, particularly if youth are disenfranchised or unable to develop the right skills and find meaningful work.

11. Twenty-six per cent of women in Eastern Europe and 23 per cent of women in Central Asia have experienced either physical and/or sexual violence by an intimate partner, or sexual violence by a non-partner. Harmful traditional practices including child marriage persist in areas across the region. Gender-biased sex selection persists in at least in six countries in the region, and there are alarming indications of the increase in female genital mutilation in certain communities.

12. The region is characterized by a high level of *de jure* equality between men and women established by laws. Domestic violence laws exist in 13 countries of the region but are generally not fully implemented or do not meet international standards, and in many countries in the region human rights protection systems are weak. The lack of sex-disaggregated data and focused studies addressing gender issues undermines the ability to ensure responsive policies.

13. Three countries in the region failed to carry out a population census in the 2010 round, while two more faced significant delays and quality control challenges with their census. A rapid assessment of the functioning of civil registration and vital statistics systems conducted

by the World Health Organization revealed that 10 of 17 Eastern European and Central Asian countries scored below-satisfactory levels (less than 85%).

## **II. Lessons learned**

14. An independent final evaluation of the Eastern Europe and Central Asia regional interventions, 2014-2017<sup>3</sup>, highlighted a number of key achievements: (a) strong relevance to the regional context and close alignment with UNFPA and global policies and priorities; (b) in most cases, the Regional interventions action plan 2014 - 2017 exceeded its intended objectives and targets; (c) humanitarian response fills a gap that is not currently addressed by other agencies; (d) the regional office approach of quality technical assistance has contributed to enhanced results in different countries; and (e) leveraging resources from partners is proving to be an important resource mobilization practice.

15. The evaluation provided a number of recommendations for the regional interventions action plan, 2018-2021, highlighting the following: (a) continue the current consultative planning process; (b) develop a comprehensive approach to capacity development to maximize investments; (c) develop a more holistic partnership plan; (d) diversify partnerships with civil society organizations based on robust environmental scanning of civil society actors at country and regional level; (e) develop multisectoral programme strategies to address the needs of vulnerable populations; and (f) invest in outcome documentation, through well-designed thematic evaluations.

## **III. Proposed interventions**

16. The proposed regional interventions action plan, 2018-2021 responds to the conclusions of the evaluation conducted of the regional interventions action plan, 2014-2017, as well as corporate thematic evaluations (on family planning; adolescents and youth; census) and assessments, including regular surveys among country offices. It draws on extensive consultation with Member States, sister agencies, country offices and other partners including Eastern Europe and Central Asia Regional Office's innovative International Advisory Panel on Population and Development (IAPPD), composed of leading academics and other strategic civil society partners.

17. The regional interventions action plan expects to make a significant contribution to ensuring that all people have equal access to integrated and human rights-based sexual and reproductive health services and are empowered to claim their sexual and reproductive rights. The action plan is driven by the Sustainable Development Goals framework and prioritizes working with those left "furthest behind, first". The programme will advance the outcomes of regional and global processes, especially the outcomes of the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014, the Regional Forum on Sustainable Development, the World Humanitarian Summit and Sendai Framework for Disaster Risk Reduction, as well as specific thematic frameworks such as the WHO Regional action plan on sexual reproductive health and the Istanbul Convention.

18. The comparative advantage of the regional interventions action plan combined with the findings of the evaluation and the outcomes of the regional planning meeting indicate that the action plan should do more to scan and influence the policy and fiscal space to implement Programme of Action of the International Conference on Population and Development-related Sustainable Development Goal targets and focus more on the most marginalized. The key strategies of the regional interventions action plan are to:

- (a) Strengthen policy scanning and advocacy through regional partnerships and alliances,

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<sup>3</sup> For the full text of the evaluation, see:  
<http://web2.unfpa.org/public/about/oversight/evaluations/docDownload.unfpa?docId=203>

including for regional frameworks and review processes, involving both member states and civil society at the regional level;

- (b) Provide complementary and strategic technical advice and tools for policy implementation for the benefit of country offices and regional networks;
  - (c) Continue to strengthen capacities in advocacy, communication, and resource mobilization in order to enhance the results of country programmes, including with global/regional frameworks such as Family Planning 2020<sup>4</sup>;
  - (d) Harness more systematically the expertise and knowledge from within the regional office and country offices to maximize results – the One Eastern Europe and Central Asia Team approach; foster the exchange of experiences within and from outside of the region; and build innovation into all actions;
  - (e) Ensure a more holistic interconnected approach between outcome areas for deeper impact and to address underlying constraining social norms;
  - (f) Improve the approach to ensure more meaningful and sustainable capacity development at central and decentralized levels. This includes more rigorous preparation and follow-up to capacity-building efforts and greater national commitment, financing and follow-up;
  - (g) Ensure programme effectiveness, efficiency and quality assurance support on both programme and operational policies and procedures, as well as overall management for the regional interventions action plan and country programmes in the region;
  - (h) Harness regional inter-agency collaboration and experience from other regions, to add value at country level, including through South-South cooperation.
19. The regional situation analysis and existing country programmes indicate that the regional interventions action plan should cover all four strategic plan outcomes, but with nuanced responses specific to the needs of priority groups of countries and countries within the region, and ensuring linkages between different outcomes.
20. The main results to which the regional interventions action plan will contribute are:
21. Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. This will be achieved through interventions that enhance accountability for advancing the implementation of regional and national SRH policies that prioritize equal and equitable access to SRHR of those furthest behind first, including in humanitarian settings; strengthening capacities in delivering quality integrated SRHR services, commodities and information for the most marginalized, including in humanitarian settings; and a comprehensive rights-based HIV response for key populations, their sexual partners and most marginalized women.
22. Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. This will be achieved by the regional interventions action plan through ensuring increasingly responsive policies to young people's sexual reproductive health and rights, including for comprehensive sexuality education standards; facilitating integration by the regional intergovernmental bodies of the Programme of Action of the International Conference on Population and Development into national youth policies; and enhanced youth leadership, participation and empowerment especially for the furthest behind.
23. Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings. This will be achieved in the

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<sup>4</sup> FP 2020 includes Kyrgyzstan, Tajikistan and Uzbekistan.

regional interventions action plan through support for strengthened national human rights protection systems, regional and national policies; and strengthened response and capacity to prevent and address gender-based violence and harmful practices.

24. Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. This will be achieved through regional and multi-country support for improved national population data systems to map and address inequalities to advance achievement of the sustainable development goals and the Programme of Action of the International Conference on Population and Development, and by providing support to assist countries in mainstreaming demographic evidence to improve socio-economic policies, programmes and advocacy.

25. Across all outcome areas, the regional interventions action plan will ensure strategic interventions that focus on ensuring benefits for the most vulnerable and marginalized, and will prioritize regional support to multi-country and cross-regional interventions. This approach includes setting more specific rights-based indicators and priority interventions for those countries that are most in need of support, and will include collaboration between both programme and non-programme countries.

#### **IV. Action plan management, resource mobilization and partnership**

26. The Director of the Eastern Europe and Central Asia regional office is responsible for the development, implementation, monitoring and evaluation of the regional interventions action plan. The regional office is responsible for ensuring that implementing partners, UNFPA and other stakeholders adhere to the UNFPA strategic plan and the internal control, accountability and security frameworks.

27. The Regional Director is supported by a Deputy Regional Director, international operations manager, human resource strategic partner, a monitoring and evaluation advisor, a special assistant and a regional security advisor. The regional office comprises national and international staff with expertise in technical areas, resource mobilization, partnerships, communication and advocacy, knowledge management and innovation, and programme and operational support. A re-alignment exercise will be completed to ensure that the regional office structure and profiles match the aspirations of the regional interventions action plan.

28. The action plan will be operationalized through workplans implemented both by UNFPA directly and through implementing partners, and will comply with all mandatory monitoring and quality assurance requirements. Progress updates will be submitted to the Executive Committee, as the internal global and regional interventions overall oversight and governing body, through semi-annual progress reports prepared by the regional office.

29. A key dimension to the regional interventions action plan is to raise additional resources, as set out in the regional resource mobilization plan. Specific objectives are to raise more resources for the regional programme, the country programmes and for UNFPA core resources, as well as to increase the diversity of resource partnerships, for example pursuing private sector partnerships. These objectives are in part shared with country offices and headquarters resource mobilization branch who also have an organizational responsibility for mobilizing resources. Only with the support of all internal actors, as well as a number of external counterparts, will UNFPA Eastern Europe and Central Asia Regional Office be able to achieve this objective.

30. Progress will be measured by tracking four outcomes covering revenue recorded for co-financing, core resources, programme country contributions and initiatives with the private sector. Again, the indicators reflect a dual purpose: to increase resources and increase the diversity of donors providing resources.

31. To achieve the above objectives, the Eastern Europe and Central Asia regional interventions action plan, 2018 - 2021, resource mobilization activities will focus on four pillars that aim to institutionalize and increase resource mobilization for the region:

- (a) capacity-building of country and regional offices in resource mobilization skills;
- (b) direct resource mobilization to potential donors;
- (c) mainstreaming resource mobilization activities in staff and processes; and
- (d) focusing on strategy, results and reporting.

32. The partnership plan for the region builds on the results achieved and lessons learned, informed by the evaluation report of the Eastern Europe and Central Asia interventions action plan, 2014-2017, and benefited from discussions with regional strategic partners, country offices and regional office teams. The strategy reflects the robust choices made on investment in collaboration: objective-driven, type of partnerships and partners, and modalities of engagement. The partnerships plan is fully aligned with the regional resource mobilization strategy and country offices' partnership plans.

33. The key highlights of the partnership plan are: delivering specific results, diversified partnership base, civil society organization's engagement with special attention to those led by marginalized groups, ability to achieve more with less, opportunities to combine resources and find innovative solutions, to leverage others' unique competencies and achieve win-win outcomes, and to tackle intrinsically multi-sectoral challenges.



## Annex 1. Results and resources framework

UNFPA strategic plan outcome	Regional programme outputs	Regional programme output: indicator(s), baseline and yearly targets	Partners <sup>5</sup>	Indicative resources by regional programme (in dollars)			
				2018	2019	2020	2021
Goal: Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality	Shorter Name: Universal access to sexual and reproductive health		<ul style="list-style-type: none"> <li>By 2030, reduced maternal mortality ratio in priority countries less than 23 (regional average) per 100,000 live births</li> <li>By 2030, zero unmet need for family planning (SDG target 3.1 indicator)</li> <li>By 2030, reduced adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group in priority countries to 32 (regional average)</li> <li>By 2030, universal access (90%) of key populations to HIV combination prevention services in priority countries</li> </ul>				
Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence <ul style="list-style-type: none"> <li>By 2021, proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods improved by 5 per cent in EECA countries (SDG target 5.3 indicator)</li> <li>By 2021, the regional average for lifetime risk of maternal deaths decreases to 1 in 1,500 (baseline 2015: 1,900 [source:</li> </ul>	Output 1: Enhanced accountability for advancing the implementation of regional and national sexual and reproductive health policies that prioritize equal access to sexual and reproductive health and rights of those furthest behind first, including in humanitarian settings in line with international and regional commitments.	<ul style="list-style-type: none"> <li>Proportion of EECA countries utilizing regional quality assurance and monitoring tool for development and reporting on implementation of rights-based sexual and reproductive health policies. Baseline 2018: 0; target 2021: 60%.</li> <li>Number of regional inter-agency thematic alliances supporting EECA countries in implementation of sexual and reproductive health policies. Baseline: 0, target: 2.</li> <li>Proportion of countries amongst those with high and medium INFORM Risk Index rating that have integrated minimum initial standard package (MISP) in their</li> </ul>	WHO, UNICEF, UNDP, EYP, EPF, AFPPD, IPPF, UNFPA DCS, SRB	Regular resources			
				270,665	272,795	284,178	286,703
				Other resources			
				100,000	400,000	400,000	100,000

<sup>5</sup> The list should identify key stakeholders whose contributions are key to the achievement of the output

<p>WHO, UNICEF, UNFPA, WB Group and UNDP estimates 2015]</p> <ul style="list-style-type: none"> <li>• By 2021, mortality of women of reproductive age caused by cervical cancer decreased by 20%</li> <li>• By 2021, EECA average adolescent birth rate for women aged 15-19 years per 1,000 women reduced by 10%</li> </ul>		national preparedness plans with the support of the regional office. Baseline 0, target 5 out of 9.					
	<p>Output 2: Capacities in delivering quality integrated sexual and reproductive health and rights services, commodities and information for the most marginalised, including in humanitarian settings, strengthened</p>	<ul style="list-style-type: none"> <li>• Number of priority countries with maternal mortality ratio (MMR) higher than the 2016 EECA regional average (Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, Kazakhstan, Azerbaijan, Armenia, Georgia) implementing World Health Organization guidelines and European sexual and reproductive health standards on maternal health with the support from the regional office. Baseline: 0; target: 5.</li> <li>• Number of EECA countries achieving the targets across the 5 Cs (focus areas) of the Regional Contraceptive Security Strategic Framework with the support from the regional office. Baseline 2017: 0, target: 12</li> <li>• No of functional bilateral (international-local) thematic cooperation platforms established through regional office support for institutionalization of regional training courses on priority sexual and reproductive health issues (maternal health, family planning, cervical cancer, adolescent sexual and</li> </ul>	<p>WHO, EBCOG, IFPCPC, IARC, ECCA, EEIRH, RHTC, UNFPA CSB, SRB, PSB, FP2020, UNFPA country offices, civil society organizations, global and regional and national professional associations, regional institutions/ universities</p>	Regular resources			
				292,343	294,718	313,652	316,489
				Other resources			
100,000	500,000	400,000	100,000				

		reproductive health and rights) Baseline 2018: 0; target 2021: 10					
	Output 3: Comprehensive rights-based HIV response is in place for key populations, their sexual partners and most marginalized women	<ul style="list-style-type: none"> <li>Comprehensive HIV packages (sex workers-, men who have sex with men-, and transgender implementation toolkit) for key populations implemented in priority countries with EECA regional office support; Baseline: 4 countries (Georgia, Kyrgyzstan, Tajikistan and Ukraine). Target: 10 countries (Albania, Belarus, Georgia, Kyrgyzstan, Macedonia, Moldova, Serbia, Tajikistan, Turkey and Ukraine).</li> </ul>	UNAIDS Co-sponsors and Secretariat, regional and country level networks and organizations of key populations, Global Fund and other development partners, AFEW, IPPF, community-led organizations of women and young people from marginalized communities, country offices, headquarters, regional offices	Regular resources			
				146,859	147,301	220,993	222,241
				Other resources			
Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	Output 1: National policies are increasingly responsive to young people's sexual and reproductive health and rights, especially those furthest behind	<ul style="list-style-type: none"> <li>Number of country offices that successfully applied regional office advocacy package and tools to align comprehensive sexuality education curriculum with international standards Baseline: 0, Target:4</li> <li>Priority countries that pilot a newly developed regional concept for UNFPA's national level engagement on Youth, Peace and Security. Baseline: 0, Target: 3.</li> </ul>	Country offices, UN agencies, IPPF-EN, NCPHA, Y-Peer, BGZA, MSs champions on the issue, regional youth networks(incl. Europe and Central Asia youth Alliance, EYP); regional parliamentarian	Regular resources			
<ul style="list-style-type: none"> <li>By 2021, number of countries that demonstrate progress in the Youth Development Index.</li> </ul>				232,789	233,255	234,795	235,371
Baseline: 0, Target 8.				Other resources			
				300,000	300,000	300,000	300,000

		<ul style="list-style-type: none"> <li>Priority countries that included sex and age disaggregated data at subnational level in publically available national preparedness or response plans to identify young people among manmade or natural disaster affected populations. Baseline: 0, Target: 5.</li> <li>Priority countries that pilot the implementation of a newly developed regional strategy for the Global Compact for Young People in Humanitarian Action. Baseline:0, Target:2</li> </ul>	networks, regional and sub-regional intergovernmental bodies				
Output 2: The regional inter-governmental bodies create an enabling environment for the integration of the ICPD agenda into national youth policies, with focus on the furthest behind.		<ul style="list-style-type: none"> <li>New regional outcome documents from regional bodies that recognized access to comprehensive sexuality education in non-school settings for all youth, including the marginalized; Baseline: 0, Target: 2</li> <li>New regional outcome documents from regional bodies that recognized access to sexual and reproductive health services and commodities for all youth regardless of marital status. Baseline: 0, Target: 4.</li> </ul>	UN Agencies, country offices, BZgA, IPPF-EN, European Youth Forum, European Youth Parliament, MSs champions on the issue, Y-PEER, World Bank, European Commission, NCPHA, regional parliamentarian networks, regional and sub-regional intergovernmental bodies, regional networks of key populations, young people	Regular resources			
				117,979	118,519	120,266	120,930
				Other resources			
				50,000	50,000	50,000	50,000
				Regular resources			
				134,911	135,380	161,144	161,966
Output 3: Enhanced youth leadership, participation and empowerment especially for those furthest behind		<ul style="list-style-type: none"> <li>Comprehensive HIV and sexual and reproductive healthr packages for young key populations and other marginalized young people implemented in priority countries with EECA regional office support.</li> </ul>		Regular resources			
				-	200,000	200,000	200,000
				Other resources			

		Baseline: 0, target: 8	from marginalized communities, TEENERGISER					
<p>Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> <ul style="list-style-type: none"> <li>Number of countries with policies and regulations that guarantee women aged 15-49 years access to multi-sectoral gender-based violence services, protection and information. Baseline: 2 Target: 13.</li> </ul>	<p>Output 1: Strengthened national human rights protection systems, regional and national policies from the perspective of gender equality and reproductive rights in EECA region</p>	<ul style="list-style-type: none"> <li>Priority country where National Human Rights Institutions (NHRIs) have adopted UNFPA national inquiry methodology with support of regional office; Baseline:2, Target:7</li> </ul>	<p>UNFPA EECA Country Offices, National Gender Machinery, UN Agencies Regional Based, Promundo-US, Global MenEngage Alliance; regional parliamentary networks, WB, AB, EIGE</p>	Regular resources				
				218,906	246,167	234,095	216,651	
					Other resources			
					100,000	100,000	50,000	50,000
					Regular resources			
					318,190	348,877	371,770	366,666
	<p>Output 2: Strengthened response and capacity to prevent and address gender based violence and harmful practices including among vulnerable groups</p>	<ul style="list-style-type: none"> <li>Priority countries with functional multisectoral coordination mechanism to address gender-based violence with support of regional office. Baseline:0, target:10</li> <li>Priority countries with highest INFORM Index that have integrated prevention of and response to gender-based violence in emergencies in their preparedness and response plans. Baseline:1, Target:9</li> </ul>	<p>UNFPA EECA country offices, UN Agencies Regional Based, OSCE, East European Institute on Reproductive Health/EEIRH, East Europe Institute for Gender Equality/EIGE, European Network of Civil Society, Research Institutes; CoE, regional parliamentary networks</p>	Other resources				
				500,000	800,000	800,000	800,000	

<p>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <ul style="list-style-type: none"> <li>Proportion of EECA programme countries whose national development plans that have prioritized populations groups that are furthest behind; Baseline: To be assessed, Target: 50%</li> </ul>	<p>Output 1 : Improved national population data systems to map and address inequalities to advance achievement of the Sustainable Development Goals and the International Conference on Population and Development</p>	<ul style="list-style-type: none"> <li>Number of countries with prioritized ICPD SDG indicators available at sub-national level estimates with support of regional office: Baseline: 0, Target: 6</li> <li>Number of ICPD/SDG indicators with agreed methodology and institutionalized data collection (Tier 1), Baseline: 11, Target 16</li> <li>Number of EECA countries and territories without reliable census data from the 2010 round that will conduct or have conducted a population and housing census in the 2020 census round in agreement with international standards and recommendations. Baseline: 0, Target: 3</li> <li>Number of EECA countries and territories whose Civil Registration and Vital Statistics rapid assessment scores exceed 80 with support of regional office Baseline: 10, Target: 17</li> <li>Number of EECA countries and territories with ODIN scores in excess of 50 with support of regional office Baseline: 7, Target: 15</li> </ul>	<p>UNFPA EECA Country Offices; National Statistical Offices, UNECE, Charles University, CISStat, EuroStat, Moscow Higher School of Economics, Conference of European Statisticians</p>	Regular resources			
				225,237	209,779	192,718	191,684
				Other resources			
	250,000	250,000	250,000	250,000			
	<p>Output 2: Mainstreamed demographic</p>	<ul style="list-style-type: none"> <li>Number of EECA countries and territories where regional office supported rights-based</li> </ul>	<p>UNFPA EECA Country Offices; National</p>	Regular resources			
				275,297	275,152	284,138	288,473

	intelligence to improve socio-economic policies, programmes and advocacy	<p>population policies to address demographic challenges or opportunities Baseline: 2, Target: 17</p> <ul style="list-style-type: none"> <li>Number of EECA countries and territories with ongoing work on National Transfer Accounts Baseline: 2, Target 8</li> <li>Number of priority EECA countries and territories with national development policies and programs in which ageing is mainstreamed with support of regional office Baseline: 0, Target: 11</li> </ul>	Statistical Offices, UNECE, IAPPD, CISStat, EuroStat, Moscow Higher School of Economics, Bilgi University, Hacettepe University	Other resources			
				250,000	250,000	250,000	250,000
Operational effectiveness and efficiency	OEE 1: Strengthened effectiveness of regional and country programmes by improving results based planning, monitoring and evaluation and technical support.	<ul style="list-style-type: none"> <li>Proportion of country programmes that meet quality criteria; Baseline: 100%, Target 100%</li> <li>Proportion of regional and country evaluation reports assessed at least good as per the UNFPA evaluation quality assessment tool. Baseline 100%, target: 100%</li> <li>Proportion of accepted programme evaluation recommendations for which the actions due in the year have been completed. Baseline: 90%, Target: 95%</li> </ul>		Regular resources			
				346,298	350,908	467,959	373,354
				Other resources			
	OEE2: Strengthened management of resources.	<p>Implementation rate of regular resources. Baseline: 97%. Target: 97%</p> <p>Budget utilization rate of co-financing (other resources). Baseline: 79%. Target: 85%.</p> <ul style="list-style-type: none"> <li>Proportion of internal and external audit observations</li> </ul>		Regular resources			
				265,802	263,797	290,074	301,142
				Other resources			

		implemented. Baseline: 100%. Target: 100%					
	OEE3: Strengthened Inter-agency collaboration and building partnership with regional bodies, institutions and civil society organizations.	<ul style="list-style-type: none"> <li>Percentage of country offices and regional office that reported at least 75 percent achievement of partnership plan annual milestone. Baseline: 90%, Target: 95%</li> </ul>		Regular resources			
				Other resources			
				259,027	261,028	282,802	285,402
	OEE4: Increased resource mobilization and improved result-based communication.	<ul style="list-style-type: none"> <li>Total non-core funds mobilized by regional office. Baseline:5.0m, Target: 9.3m</li> <li>Total core contribution to UNFPA from Programme and non-Programme countries in EECA. Baseline:0.7 million Target: 1.0 million</li> <li>Number of countries contributing to UNFPA core resources from Programme and non-Programme countries in EECA, Baseline 11 Target 20</li> <li>Number of media mentions in national media reported to regional office as part of region-wide media monitoring. Baseline: 2017, Target: 2570</li> <li>Number of social media followers (Facebook, Twitter or other major platform). Baseline: 2232,Target: 4000</li> </ul>		Regular resources			
				216,034	218,507	221,857	224,628
				Other resources			
<b>Total</b>				Regular resources			
				<b>3,320,336</b>	<b>3,376,181</b>	<b>3,680,442</b>	<b>3,591,699</b>
				Other resources			
				<b>1,620,000</b>	<b>3,000,000</b>	<b>2,850,000</b>	<b>2,250,000</b>



## **Annex 2. Theory of change**

### **Introduction**

1. The regional office has completed four theories of change – one for each of the four strategic plan outcomes. In doing so, the team identified underlying and root causes specific to the region. The work was collaborative to ensure cross-fertilization between outcomes and to integrate cross-cutting dimensions, including humanitarian. The summary of that work comes together in the regional interventions action plan itself. Inter-linkages between the outcomes are expressed within the outputs, strategic interventions and in indicators, and are based upon key principles, especially those of gender equality and human rights. In addition, specific synergies between outcomes include the following:

2. Linking sexual and reproductive health, gender and population and development, a deeper understanding of the causes and consequences of low fertility will help design and fine-tune more effective approaches to strengthen UNFPA efforts towards achieving universal access to reproductive health.

3. Strengthened data systems will benefit all thematic areas that UNFPA EECA regional office works on. For example, strengthening gender statistics and administrative data collection mechanisms on gender-based violence (GBV) and violence against women (VAW) in EECA countries will contribute to evidence-based advocacy and targeted prevention of gender-based violence/violence against women in the countries while the prevalence data is not available. Thus, collaboration between gender and population and development is envisaged in this area.

4. Seeing youth and adolescents through the gender lens: changing harmful gender norms and behaviours, promoting violence free behaviours and elimination of harmful practices is critical to be addressed within the youth programme. Therefore a gender component will be strongly linked to the interventions on comprehensive sexuality education, youth participation, awareness raising and education; activities among youth population including adolescent girls with disabilities and those most excluded and marginalized.

5. Gender and HIV/AIDS: Ensuring a gender perspective is of continued and utmost urgency as gender inequality fuels the HIV pandemic and gender-based violence contributes to HIV vulnerability among people from marginalised communities and key populations. Interventions need to be based upon an understanding of gender and sexuality within specific sociocultural and economic contexts to be effective, utilizing qualitative data research and analysis.

6. Linking sexual and reproductive health and rights and gender: Intimate partner violence (IPV) during the pregnancy is important to be highlighted within the sexual and reproductive health programme in addition to recognizing that often sexual and reproductive health services are the first entry point for women who suffer from abuse. EECA regional offices accomplishments on multi-sectoral response to gender-based violence and health sector system's response will lay the string basis for the optimal setting to identify and address intimate partner violence during pregnancy and beyond pregnancy period. The advocacy for the integration of gender-based violence prevention and response actions into country-level contingency, preparedness and response plans will be mutually reinforced by the advocacy for the integration of minimum initial service package (MISP) in the national preparedness plans.

7. Population and development, and youth: in ageing societies, smaller cohorts of young people will need to support increasing proportion of older people. This requires increased investments in young people to ensure that their education and health enable them to become productive members of society. In youthful populations, increased investments in young people bear the potential of unleashing a demographic dividend.

## **Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence**

### **A. Situation analysis**

8. The countries/territories of Eastern Europe and Central Asia (EECA) region have experienced uneven progress in securing the rights of people to universal access to sexual and reproductive health; the realization of reproductive rights; and the reduction of maternal mortality, to improve the lives of women, adolescents and youth. The Sustainable Development Goals provide a clear framework for working with those left furthest behind, first, ensuring that all people have equal access to integrated and human rights based sexual and reproductive health services and are empowered to claim their sexual and reproductive rights.

9. Since the early 1990s, the number and rate of women dying from pregnancy or childbirth has more than halved in the region. However, not everyone has benefitted equally from this progress. Despite many health reforms in the past twenty five years, health systems remain weak. Inequities within and between countries are widening; young people, people living in poverty, migrants, ethnic minorities, rural populations and adults and young people from key populations at higher risk of HIV, still face significant barriers in accessing quality health care services and the information they need to protect their health and wellbeing.

10. Much more needs to be done to ensure the elimination of preventable deaths and morbidity of women of reproductive age and that all individuals can exercise their basic human rights, including those related to the most intimate and fundamental aspects of life. Unintended pregnancies and unsafe abortions remain common, as do inequities in access to maternal health services and modern contraceptives.

11. Indicators of maternal health vary greatly across the region, both between and within countries, with the rates of preventable maternal mortality and morbidity generally higher in Central Asia. The 2015 lifetime risk of maternal death varies from as high as one in 390 in Kyrgyzstan to as low as one in 13,800 in Belarus<sup>6</sup>. While the maternal mortality rate (MDG 5A) has nearly halved in the region (although in Central Asia and South Caucasus it remains high), progress in the attainment of universal access to sexual and reproductive health (MDG 5B) – has not been met, with an estimated 17 million women having an unmet need for modern contraception. The modern contraceptive prevalence rate (MCPR) in eight countries/territories of the EECA region are below the average (34 per cent) for the world's least developed countries<sup>7</sup>.

12. Unprotected sex, including unprotected paid sex, contribute to increasing rates of HIV, and other sexually transmitted infections, including Human papillomavirus (HPV); high numbers of unintended pregnancies; and induced abortions. EECA is the only region in the world where MDG 6 was not met and where the HIV epidemic is increasing, with an annual increase of 57 per cent in new HIV infections since 2010. Cervical cancer incidence and mortality in the region is ten times higher than in the European Union: more than 18,000 deaths and 38,000 new cases, registered annually make diseases burden in EECA countries even more significant. Adolescent birth rates in EECA countries range from eight in Bosnia and Herzegovina to 54 in Tajikistan. Other countries with highest adolescent fertility rates are Georgia, Azerbaijan, and Turkey (average 40 per 1000 adolescents, significantly higher than the rates found in Western Europe (e.g. four in Switzerland). The birth rate among Roma adolescents is 10-15 times higher than the national average in Balkan countries and Turkey.

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<sup>6</sup> [http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1)

<sup>7</sup> United Nations Population Division Estimates and Projections of Family Planning Indicators 2017  
[http://www.un.org/en/development/desa/population/theme/family-planning/cp\\_model.shtml](http://www.un.org/en/development/desa/population/theme/family-planning/cp_model.shtml)

13. Availability of the comprehensive sexuality education (CSE), youth friendly sexual and reproductive health information and services and in particular, access to modern contraceptives is concern in the region. As a result, the overall use of modern contraceptives is very low and diverse in the sub-regions of EECA: Eastern Europe 22 per cent of women age 15–19 years report the use of modern contraception versus 13 per cent for Central Asia and only 3.6 per cent in the Caucasus. Abortion rates among young women below 20 years of age are significantly higher than in the European Union, with highest rates in Moldova, Belarus, Georgia, Serbia and Ukraine.

14. The underlying causes vary from political uncertainty and changing commitments to the agenda of the International Conference on Population and Development to those directly related to strengthening health systems. The slow progress towards achieving universal access to sexual reproductive health and rights and in ensuring the realization of the right to health for all, and particularly those left furthest behind, stems from a number of factors. At the policy level, the focus, funding and accountability of national sexual reproductive health and rights policies, as well as the capacities of the rights holders to implement them, impact on the availability and uptake of (or lack thereof) integrated sexual and reproductive health services at the primary health care level. Lack of accountability mechanisms at the national and regional levels present additional challenges. At the level of services, weak health systems, infrastructure and institutional capacities, outdated standards of sexual reproductive health care, an absence of quality assurance mechanisms, and capacity challenges of the sexual reproductive health service providers adversely affect sexual reproductive health and rights outcomes in the region. These systems constraints are exacerbated by poor health literacy, low levels of health seeking behaviour, gender inequalities, stigma, discrimination, social exclusion and other vulnerabilities, undermine utilisation of sexual reproductive health services and the realisation of sexual reproductive health and rights.

15. Significant political, economic and cultural environmental factors further adversely impact universal access to sexual and reproductive health and rights and integrated services. Three emerging trends, in particular, are of note: a) the pro-life and pro-natal movements which are expanding their sphere of influence through significant global and regional financial support; b) a dramatic decrease in development assistance to middle-income countries; and, c) high population mobility, including through labour migration and displacements aggravated by natural or manmade disasters.

16. The rapidly expanding HIV epidemic – an epidemic shaped by stigma, social exclusion, criminalisation and penalisation, lack of access to sexual and reproductive health services, gender inequalities, gender based violence and human rights violations – is also affecting the sexual and reproductive health and rights landscape. Ninety six per cent<sup>8</sup> of all new HIV infections across the region are among key populations (sex workers, men who have sex with men, people who inject drugs, transgender people, prisoners and migrants) and their sexual partners. The region has among the lowest rates of access to antiretroviral treatment (21 per cent); the highest rate of AIDS related deaths; and low rates of HIV testing and consequent late diagnosis. Most importantly, the HIV epidemic is shifting inexorably from onward HIV transmission through injecting drug use to one shaped by sexual transmission. The women partners of men who inject drugs are at increased risk of HIV and represent a significant proportion of new HIV infections in the region.

17. Men who have sex with men are the new face of the HIV epidemic in some countries in the region. Onwards transmission through male to male sex is exacerbated by lack of condom and lubricant use. Further, many men who have sex with men in the EECA region are married to women and fathers of children, or are expected to become so; this will inexorably lead to an increase in the heterosexual transmission of HIV. Migrant and mobile men, as clients of sex workers, are increasingly visible in rates of new HIV infections, particularly those working in

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<sup>8</sup> Source: Global AIDS Update 2016. UNAIDS

the Russian Federation where there is now a generalised HIV epidemic and limited HIV education and prevention approaches in place. Many do not know their HIV status and have unprotected sex with their wives and girlfriends, continuing the onwards sexual transmission of HIV. UNFPA has a crucial role to play in ensuring key populations and their sexual partners have access to HIV combination prevention services; without scaling up of responses addressing the sexual transmission of HIV the EECA region will not end the AIDS epidemic by 2030.

18. People living in countries in the Eastern Europe and Central Asia region are vulnerable to humanitarian emergencies sparked by conflict both within the region and in neighbouring countries, and those created by natural disasters. Over the past four years, the number of people affected by natural disasters and conflicts in the EECA region has increased drastically: approximately three million refugees received shelter in Turkey from Syria, Iraq and other countries affected by conflict. In Ukraine, 3.8 million people are in need of assistance; and, more than a million migrants and asylum seekers travelled through the Balkans and Eastern Europe in 2015 in an effort to reach Western Europe. Some 60,000 migrants and asylum seekers are still stranded in Greece following the closure of borders in Europe in 2016. In addition, the World Bank estimates that an average of 3.55 million people are affected yearly by floods and earthquakes in the 17 countries of the EECA region.

19. Most countries significantly improved their readiness to implement the Minimum Initial Service Package (MISP) at the onset of a crisis. To date, one country, the Former Yugoslav Republic of Macedonia, successfully integrated comprehensive chapters on sexual and reproductive health and the prevention of, and response to, gender-based violence in the national preparedness plan.

## **B. Lessons learned**

20. The issue-based approach to sexual and reproductive health and rights introduced by EECA regional office led to prioritization of the sexual and reproductive health “sensitive” and neglected issues in EECA countries and made UNFPA policy dialogue more purpose driven and oriented to universal access to sexual and reproductive health services.

21. EECA regional office advocacy efforts to strengthen regional interagency/intercountry policy frameworks and accountability of member states resulted in development and endorsement of the first ever sexual and reproductive health Action Plan for European Region (2017-2021), which united the commitments of the 50 members states including EU donor countries) to address universal access to sexual and reproductive health and rights in the 2030 agenda and report on progress at the regional level.

22. Development of the regional sexual and reproductive health action plan accelerated the process of development of the national sexual and reproductive health action plans, prioritizing the universal access to sexual and reproductive health in the national sustainable development goals frameworks. Regional support to quality assurance mechanisms, development of the national institutional capacities and the advocacy for sustainable funding are critical for implementation of the strategies.

23. EECA regional office support to cooperation of EECA countries with European institutions and professional associations was critical for bridging international policies, standards and evidences with policies development and implementation process in EECA countries.

24. Continuous regional support is needed to advocate for inclusion of priority sexual and reproductive health areas in the regional and national policies and to advance regional and national mechanisms and intersectoral networks for their implementation, with particular focus of the needs of those furthest behind, including in humanitarian settings.

25. More investments are needed to increase accountability for policies and quality service delivery, in terms of establishing regional reporting mechanisms, engaging meaningfully with civil society, including professional associations, marginalized and key populations, etc.

26. More focused approach is needed to establish and maintain purposeful intercountry, intersectoral and interagency cooperation and technical networks with leading institutions for issue based approaches for priority sexual and reproductive health areas.
27. Decreasing donors' assistance to EECA countries made significant impact on sexual and reproductive health and rights outcomes in EECA countries. Resource mobilization for the acceleration of the sexual and reproductive health programmes addressing top priorities is critical.
28. The regional EECA Inter-Agency Working Group (IAWG) for sexual and reproductive health supported all countries in the region to increase their readiness to deliver the minimum initial service package at the onset of a crisis, without focusing on any country specifically during the last regional interventions action plan. As a result, all countries increased their minimum initial service package readiness, but only one, the Former Yugoslav Republic of Macedonia, succeeded in integrating successfully the minimum initial service package in the national preparedness plan of the country. Therefore, UNFPA EECA regional office needs to prioritize its support to the countries the most exposed to conflicts and disasters.
29. The expanding HIV epidemic requires more, not less, regional investments. In the previous regional intervention action plan 2014-2017 there was no core funding for HIV. UNFPA cannot continue to rely on UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) as the funding source.
30. The regional interventions action plan evaluation report 2014-2017 determined that given the HIV trends in the region, the EECA regional office HIV programme (EHP) is essential. The increasing shift to the sexual transmission of HIV among key populations and their sexual partners makes the engagement of UNFPA in the HIV response more relevant than ever. All new country programme documents (CPDs) in 2015 and 2016 have included key populations among their target groups. The regional programme 2018-2021 is dedicating core resources to the HIV response, no longer relying on UBRAF (non-core) funds. The presence of a dedicated leader of the HIV response in the regional office was observed by all those consulted as value-added, efficient and effective.
31. EECA regional office regional partnerships with key populations networks addresses the needs of vulnerable populations and strengthened civil society but, through partnering with the most appropriate organisations, also leveraged other strategic partners and funding opportunities. EECA regional office is respected by community-led organisations, the Global Fund and other development partners, and the Joint United Nations Programme on AIDS (UNAIDS) as the key technical agency providing partnership support to community-led organisations from key populations. A small amount of seed money from the regional office (through UBRAF) to a small, relatively unknown civil society network (ECOM) facilitated them receiving 3.3 million dollars for five years over three years. This was an unprecedented achievement. The regional interventions action plan 2018-2021 has included a strategic intervention in outcome 1 (output 3), specifically addressing purposeful partnerships with regional and country level networks and organisations and a strategic intervention in outcome 2 (output 3), promoting community empowerment of marginalised young people at regional, national and local levels. Further, the regional office and country level staff will provide technical assistance to ECOM in the implementation of their Global Fund grant.
32. An innovative model of HIV non-profit organizations and HIV focal points working as thematic team leaders across key areas in the portfolio was deemed motivating, effective, and supporting extensive cross-regional collaboration. Dedicated HIV staff were funded through UBRAF, shifting to co-funding between UBRAF and country offices, and in 2017 to country offices and the regional office. The realignment process now being undertaken in country offices has seen the dedicated HIV posts becoming sexual and reproductive health/HIV; young people/HIV; young people/humanitarian/monitoring and HIV. The regional office will continue to provide support to the country offices for integrated HIV programming. The regional

interventions action plan evaluation 2014-2017 found many examples where the team model of technical support developed in the HIV team has led to innovations in programming, policy and advocacy across the region and strengthened the country offices, as well as being an effective and low-cost method for providing in-service capacity building and team management, contributing significantly to achievement of targets.

33. There is limited understanding of the difference between linkages, integration and mainstreaming of HIV with sexual and reproductive health, gender, and young people. The new regional interventions action plan has responded by developing specific strategic interventions (initiatives) within outcome 2 (output 3) on youth leadership, participation and empowerment, especially for those furthest behind, which addresses young key populations; outcome 3 incorporating gender based violence and gender inequalities experienced by women living with HIV and other key populations; outcome 1, with a specific output on HIV (output 3) consistent with the outcome statement and incorporation of HIV in several strategic interventions in output 2.

### **C. Strategic interventions**

34. The 2030 Agenda requires UNFPA to develop comprehensive, region specific, innovative programme, driven by EECA countries priorities and leading to the systemic changes and sustainable results in entire region.

35. The regional sexual and reproductive health and rights interventions, guided by theory of change, are based on: a) assessment of sexual and reproductive health trends in the region, mapping EECA country needs, identifying top priorities in the area of sexual and reproductive health and rights and analysing their causes; b) analyses of internal and external environment, challenges and opportunities for delivering universal access to sexual and reproductive health and rights; c) analyses of the potential impact of the interventions and the feasibility of public health approaches to address underlying structural causes; d) the evaluation recommendations and the results and lessons learned during the implementation of the EECA regional interventions action plan 2014-2017.

**Output 1: Enhanced accountability for advancing the implementation of regional and national sexual and reproductive health policies that prioritize equal access to sexual and reproductive health and rights of those furthest behind first, including in humanitarian settings.**

36. This output will be achieved by EECA regional office by providing the technical and operational support to the EECA countries, aimed at: a) advanced quality of the national sexual and reproductive health policy frameworks, ensuring the integration of the priority sexual and reproductive health issues and addressing the barriers in equal access to integrated sexual and reproductive health services with particular focus on those left behind b) strengthened intersectoral and inter country policy dialogue for sustainable multiyear financing and intersectoral participation mechanisms, c) advanced intercountry and interagency cooperation for strengthened regional and national accountability frameworks in line with Programme of Action of the International Conference on Population and Development and 2030 targets.

37. Sexual and reproductive health regional action plans, initiated and developed by the World Health Organization through UNFPA EECA regional office advocacy and technical inputs and during 2014-2016, is based on the Programme of Action of the International Conference on Population and Development and the 2030 Agenda, and incorporates UNFPA global and regional strategies in the area of sexual and reproductive health. The action plan (2017-2021), adopted by the 50 member states (European Union and EECA) accelerated the process of the national sexual and reproductive health strategies' development. The regional interventions under output 1 will accelerate the implementation of the human rights based sexual and reproductive health regional action plan and the respective national strategies in EECA countries.

### ***Intervention 1***

***Strengthen EECA country capacities in the assessment, development and implementation of policies, embracing the whole-of-government and whole-of-society approach, in line with national commitments and 2030 agenda.***

38. Regional support will be provided to EECA countries for the development and implementation of sexual and reproductive health policies and strategic frameworks, in particular: national policies are guided by the global and regional commitments made by Member States; comprehensive thematic focus (maternal health, family planning, cervical cancer prevention, youth sexual and reproductive health, HIV) is in place addressing sexual and reproductive health and rights including in humanitarian settings; universal access to integrated sexual and reproductive health and HIV services at the primary health care is ensured; mechanisms for the participation of civil society and community networks and organisations in the development, implementation and monitoring of sexual and reproductive health policies and strategies are in place.

### ***Intervention 2***

***Advocate for the strengthened governance, financing and accountability mechanisms for the implementation of regional and national strategies and action plans in line with Programme of Action of the International Conference on Population and Development and Agenda 2030 commitments.***

39. The purpose of regional support is to strengthen regional reporting mechanisms, national multisectoral cooperation and accountability frameworks. EECA regional office will provide support to intercountry and interagency policy dialogue to address weaknesses, following up with Member States reporting on commitments at the regional level.

40. To accelerate the progress at the national level, EECA regional office will support country offices through the provision of the most up-to-date international evidence, best practices and south-south cooperation opportunities to advance the process of national multisectoral coordination and accountability mechanisms to institutionalize best international practices in EECA countries.

41. EECA regional office will combine global, regional and national advocacy efforts to advocate for the purposeful engagement of civil society, professional associations, and marginalised and key populations, in policy dialogue, development and implementation of strategies and programmes. Knowledge sharing across regional thematic platforms and interagency networks will be complemented by online tools and advocacy materials.

### ***Intervention 3***

***Strengthen interagency cooperation for advancing the intersectoral and inter country networking (issue-based coalitions and thematic alliances) to jointly advance universal access to integrated sexual and reproductive health services at the primary health care level.***

42. UNFPA will cooperate with other United Nations entities, and engage leading institutions and think tanks for improved regional and national systems for public accountability at all levels. The regional sexual and reproductive health joint programme with the World Health Organization will be focused on mobilization and harmonization of the regional technical resources in support to the implementation of the sexual and reproductive health apps. This intervention will bring together multisectoral efforts to support health systems strengthening, as a key element in achieving universal access to sexual and reproductive health.

### ***Intervention 4***

***Strengthen national capacity for disaster risk reduction (DRR) and preparedness to effectively address sexual and reproductive health in humanitarian settings in line with the***

***Sendai framework for Disaster Risk Reduction 2015-2030 and the World Humanitarian Summit commitments.***

43. UNFPA will build regional momentum to increase the preparedness and response capacities of the countries the most exposed to natural and manmade disasters to provide sexual and reproductive health and address gender-based violence in humanitarian settings. EECA regional office will prioritize its support to the countries with the highest INFORM Index (estimated high or medium) so that they increase their readiness to deliver the minimum initial service package at the onset of new crises. EECA regional office will not only look at supporting the strengthening of the capacities of the sexual and reproductive health working groups in each country, but will also engage governments and regional and national organizations at a more strategic and political level to build momentum and increase the political commitments, which, in turn, will increase national Minimum Initial Service Package readiness and investment in disaster risk reduction for sexual and reproductive health. They enhance the sustainability of these results it is critical to increase the resilience of the women and girls, communities, and the health systems in each of these countries.

**Output 2: Capacities in delivering quality integrated sexual and reproductive health and rights services, commodities and information for the most vulnerable, including in humanitarian settings, strengthened.**

***Intervention 1***

***Strengthen national capacities for the delivery of quality integrated sexual and reproductive health and rights services addressing comprehensive maternal health, family planning, cervical cancer prevention and HIV, at the primary health care level, for adolescents and people left behind, first.***

44. This intervention will focus on expanding the technical cooperation network of EECA countries for delivering integrated sexual and reproductive health and rights services at the primary health care level. The EECA countries will be provided with knowledge-sharing tools and mechanisms for strengthening systems and processes for delivering quality integrated sexual and reproductive health and rights services addressing comprehensive maternal health, family planning, cervical cancer prevention and HIV, in accordance with the updated World Health Organization guidelines and European sexual and reproductive health standards; this intervention will be resulted and complemented by country level rollout and integration of online platforms and country offices tools; developing, adapting and enforcing standards and protocols.

***Intervention 2***

***Support and coordinate the implementation of the EECA Regional Contraceptive Security Strategic Framework (RCSSF) 2017-2021***

45. EECA regional office will accelerate the process of implementation of the first ever EECA RCSSF, which began in 2017. The integrated plan of interventions, agreed to by EECA country offices in November 2016, will be coordinated by EECA regional office and implemented through harmonized technical and operational support by the UNFPA Supplies programme, EECA regional office and country offices. EECA regional office will also support countries to improve their sexual and reproductive health supply chain management in all phases (development, preparedness, and humanitarian) and at all levels, including national regulatory frameworks for forecasting, procurement and the delivery of quality-assured, competitively priced contraceptives, including generic formulations. The regional interventions will contribute to UNFPA supplies global efforts and boost the implementation of FP2020 commitments by facilitating greater engagement of three EECA target countries (Kyrgyzstan, Tajikistan and Uzbekistan) and expanding inclusive and results-driven partnerships of EECA countries within the FP2020 operational framework.

46. EECA regional office will also support country offices and their national counterparts in increasing their responsiveness to crises, and capacity to rapidly reach the affected populations



with critical relief supplies, especially reproductive health kits, consistent with the requirements of the UNFPA revised guidance for minimum preparedness.

### ***Intervention 3***

***Strengthen pre- and in-service educational systems for healthcare providers, for client-oriented, age-appropriate and evidence-based comprehensive sexual and reproductive health/family-planning counselling at all levels, with a focus on the primary healthcare level.***

47. This intervention is key to address the capacity gaps, stigma and discrimination and the main challenges in delivering client oriented quality services in EECA countries. EECA regional office will continue its regional strategic interventions “Knowledge Transfer from West to East” to strengthen the cooperation of EECA countries with the United Nations, the leading international institutions and professional associations for implementation of the newest international guidelines and human right based sexual and reproductive health standards of sexual and reproductive health care in EECA countries. The regional office will apply innovative approaches and modern technologies to institutionalise the regional knowledge sharing products, developed by EECA regional office in priority sexual and reproductive health areas (maternal health, family planning and contraceptive choices, cervical cancer prevention, HIV, gender-based violence, and youth friendly services).

### ***Intervention 4***

***Develop innovative strategies to supporting countries in generating demand and improving access to sexual and reproductive health services and commodities***

48. EECA regional office will also support EECA countries to promote population rights and demand on universal access to quality integrated sexual and reproductive health services, including HIV services, at the primary health care level. EECA regional office will develop innovative approaches for supporting countries in generating demand and improving access to sexual and reproductive health services and contraceptive commodities, including increasing the demand for condoms as triple protection from HIV, sexually transmitted infections (STI) and unintended pregnancies.

**Output 3: Comprehensive rights-based HIV response is in place for key populations, their sexual partners and most marginalised women**

### ***Intervention 1***

***Advocate for rights-based comprehensive HIV packages to be included within Global Fund processes and other regional, country-level and municipal level frameworks and plans and their implementation.***

49. The Key Populations Implementation Tools – known as Implementing Comprehensive HIV and STI Programmes with sex workers (SWIT), men who have sex with men (MSMIT), transgender people (TRANSIT) and people who inject drugs (IDUIT) – form the basis of UNFPA’s integrated HIV programming among key populations. The tools address: community empowerment and community outreach; gender based violence; condom and lubricant programming; sexual and reproductive health services for key populations and their sexual partners (contraceptive choices, maternal health, vertical transmission of HIV, safe abortion and post-abortion care, and sexually transmitted infections management); HIV testing and treatment; tuberculosis, viral hepatitis; and programme management in community settings, primary health care services, and clinical care settings.

50. The Global Fund for AIDS, Tuberculosis and Malaria (GF) has aligned their frameworks to these tools in all regions. The regional office will advocate for these rights-based comprehensive HIV packages to be included within national level Global Fund transition plans in priority countries and for their inclusion within new grant modalities, building alliances among technical partners, governments, networks and organisations of key populations to

promote the tools. The regional office will provide technical assistance in the dissemination, roll out, uptake and utilisation of the tools at the country and municipal levels, and in primary health care settings, in partnership with government, local authorities, health care providers and communities. The tools are highly adaptable for reaching marginalised women who also have increased vulnerability to HIV and gender-based violence, including women who are the wives of men who have sex with men, women selling sex in humanitarian settings, women who are wives of migrant and mobile men, and women from indigenous and ethnic communities.

### ***Intervention 2***

***Promote purposeful partnerships with community-led regional networks and organisations to enhance integration of sexual and reproductive health, gender-based violence and HIV programming at all levels; support community empowerment of organisations and networks of key populations and women living with HIV.***

51. Engagement of community-led organisations in integrated human rights based HIV programming remains the backbone of the global HIV response. However, the history of civil society engagement in the design, implementation and monitoring of programmes is limited in the Eastern Europe and Central Asia region. The space for civil society and non-government organisations to operate varies from country to country in the region, in part shaped by legislative frameworks which either allow or prohibit the funding of non-government organisations. In some parts of the region certain non-government organisations have been recently positioned as foreign-agents and are outlawed.

52. The stigma and discrimination experienced by key populations in all countries in the region has contributed to the exponential growth of the HIV epidemic among key populations and onwards to their sexual partners. The regional office will work with regional networks of key populations and women living with HIV to create civic space or organisational capacity development for local and national level organisations and groups of key populations. The regional office will partner with country offices and the community-led networks and organisations providing technical assistance to integrate sexual and reproductive health and rights, gender-based violence and HIV programming at all levels through the dissemination and uptake of Key Populations Implementation Tools; facilitate knowledge sharing of good practices among country partners; and shaping service delivery in clinical and primary health care settings.

## Outcome 1

Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality				
Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence				
Output 1	Output 2	Output 3	Critical assumptions	
Accountability for implementation of policies that prioritize equal access to sexual and reproductive health and rights those furthest behind first, including in humanitarian settings, enhanced	Capacities in delivering quality integrated sexual and reproductive health and rights services, commodities and information for the most marginalised, including in humanitarian settings, strengthened	Comprehensive rights-based HIV response is in place for key populations, their sexual partners and most marginalised women	Improved policy environment and strengthened health systems ensure equal access to integrated sexual and reproductive health and realisation of human rights	Women, adolescents and youth, including most vulnerable are empowered to utilise integrated sexual and reproductive health services and realise their sexual and reproductive health and rights

### Advocacy

- Advocate for the strengthened governance, financing and accountability mechanisms for the implementation of regional and national strategies and action plans in line with ICPD/SDG commitments.
- Support and coordinate the implementation of the EECA Regional Contraceptive Security Strategic Framework (RCSSF) 2017-2021
- Strengthen country capacity for disaster risk reduction and preparedness to effectively address sexual and reproductive health in humanitarian settings in line with the Sendai framework for Disaster Risk Reduction 2015-2030 and the World Humanitarian Summit commitments.
- Advocate for rights-based comprehensive HIV packages to be included within Global Fund processes and other regional, country-level and municipal level frameworks and plans.
- Promote purposeful partnerships with community-led regional networks and organisations to enhance integration of sexual and reproductive health, gender-based violence and HIV programming at all levels.
- Enable and engage the media, influencers, the private sector, and other partners to support efforts aimed at generating demand for modern contraceptives

### Capacity

- Strengthen EECA country capacities in the assessment, development and implementation of policies, embracing the whole-of-government and whole-of-society approach, in line with national commitments and 2030 Agenda.
- Strengthen interagency cooperation for advancing the intersectoral and inter-country networking (issue-based coalitions and thematic alliances) to jointly advance universal access to integrated sexual and reproductive health and rights services at the primary health care level.
- Strengthen country capacities for the delivery of quality integrated sexual and reproductive health and rights services addressing comprehensive maternal health, family planning, cervical cancer prevention and HIV, at the primary health care level, for adolescents and people left behind, first.
- Improve sexual and reproductive health supply chain management in all phases (development, preparedness, humanitarian) and at all levels, including national regulatory frameworks for forecasting, procurement and the delivery of quality-assured, competitively priced contraceptives, including generic formulations.
- Support community empowerment of organisations and networks of key populations and women living with HIV

## Knowledge

- Strengthen pre- and in-service educational systems for healthcare providers, for client-oriented, age-appropriate and evidence-based comprehensive sexual and reproductive health/family-planning counseling at all levels, with a focus on the primary healthcare level
- Promote knowledge-sharing tools and mechanisms for strengthening systems and processes for quality sexual and reproductive health and rights service delivery
- Develop innovative strategies supporting countries in generating demand and improving access to sexual and reproductive health and rights services and commodities, including through engaging meaningfully with men and youth, with a focus on those furthest behind.
- Dissemination, management and monitoring of implementation and roll-out of the SWIT, MSMIT and TRANSIT
- Develop tools for demand generation on triple protection of HIV, STIs and unintended pregnancies
- Strengthening multisectoral cooperation within and between countries for universal access to sexual and reproductive health commodities (expanding method mix, sustainable and equitable FP financing, task-sharing, CSOs/PSE in FP service delivery)

## **Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts**

### **A. Situation analysis**

53. The current generation of young people in Eastern Europe and Central Asia are all born after the end of the Cold War. Young people today have grown up in societies under rapid transformation. This transformation has given rise to opportunities, but also led to dismantling of social infrastructure, including health, social and educational services, with significant effects on young people. The dynamic has resulted in a complex and diverse situation across the region. Civil society, youth participation and representation at the political level is developing.

54. All 17 programme countries report having a national policy, programme or strategy to address the needs of young people<sup>9</sup>, but civil society, including youth serving and youth led organization are generally weak. Some countries have policies with no budget attached, which inadequately address important youth development issues, or fail to engage young people in shaping policies and implementation of policies<sup>10</sup>.

55. New technologies, connections and digitalization changes societies, and young people's aspirations. Yet 20.2 per cent of young people face unemployment according to data of the International Labour Organization (ILO) modelled by the World Bank. The Not in Employment, Education or Training (NEET) figures averages 19 per cent across the region, with variations ranging from almost 41 per cent in Armenia to 12 per cent in Belarus.

56. The adolescent girl's body is biologically unprepared for the strain of pregnancy and childbirth; nonetheless, the adolescent fertility rate in the region is 32, almost double western European levels. There are significant differences among the countries and higher rate among marginalised groups, such as Roma populations. Tajikistan experience a rate of 54 compared to eight in Bosnia Herzegovina<sup>11</sup>. The use of modern contraceptive among young people is low. In Eastern Europe (excluding Russia and Turkey), 22 per cent of girls age 15–19 years report the use of modern contraception versus 13 per cent for Central Asia and 3.6 per cent in the Caucasus. While abortion rates for women under 20 are hard to come by, many countries present high rates indicating use of abortion for family planning. Moldova reports more than 500 abortions per 1000 live birth among women under 20<sup>12</sup>. This poses a significant avoidable risk of morbidity and mortality, as well psychological stress to the adolescent girls, and increased health care costs.

57. The significant increase in new HIV infections in the EECA region - now at 190,000 new infections per year (Global AIDS Update 2016. UNAIDS 2016) - and the rapidly increasing shift in the HIV epidemic from transmission through injecting drug use to sexual transmission - both heterosexual and homosexual transmission - necessitate an immediate and fundamental reorientation of HIV programming for young people, in particular marginalised young people and young key populations.

58. Adolescents and youth in the region face: a) inadequate access to comprehensive sexuality education, and to protective commodities such as condoms and lubricants; b) inadequate access to sexual and reproductive health services that meet their needs; c) gender inequalities and gender based violence; d) high rates of parental labour mobility which may impact upon the stability and income within the family.

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<sup>9</sup> UNECE, ICPD Beyond 214: The UNECE Region's Perspective, 2013, P 54

<sup>10</sup> UNECE, ICPD Beyond 214: The UNECE Region's Perspective, 2013

<sup>11</sup> UNFPA, Adolescent Pregnancy in Eastern Europe and Central Asia

<sup>12</sup> UNFPA, Adolescent Pregnancy in Eastern Europe and Central Asia

59. Young people living in rural areas, those in state care, in humanitarian settings - as refugees, migrants, internally displaced people, and living in conflict and frozen conflict zones, unaccompanied minors, and from Roma, Egyptian and other indigenous and minority communities, face additional layers of marginalisation.

60. Young people from key populations (sex workers, men who have sex with men, transgender people, people who inject drugs, people in detention, and migrants) and young people living with HIV experience all the vulnerabilities faced by adolescents and youth across the region, amplified by social exclusion, potential alienation from friends and families, lack of retention in school, gender based violence, homelessness, stigma and discrimination, punitive laws, detention, harassment and entrapment from law enforcement and frequent mobility and migration. Health systems are not oriented to address the needs of young key populations and where sexual and reproductive health and adolescent sexual and reproductive health services exist, they commonly do not meet quality standards of accessibility, affordability, availability and acceptability; sections of civil society and religious institutions seek to “rescue” these young people denying them rights of agency; and the wider youth engagement and youth leadership processes leave them behind.

61. In six of the 17 programme countries, young people face regulatory restriction in access sexual and reproductive health services due to marital status or not meeting minimal age threshold. In addition, social norms and services not attractive to young people are barriers to access services and information and makes an ineffective response to young people's sexual and reproductive health and rights. Anecdotal evidence suggest a retraditionalization<sup>13</sup> of societies with increase in early and child marriage, increase in bride kidnappings and other effects on the ability of young people, especially young adolescent girls, to exercise their reproductive rights. The availability, implementation and comprehensiveness of sexuality education vary in the region. In many countries, it does not meet the World Health Organization standards. In 13 of 17 programme countries in the region, UNFPA country programme documents prioritise comprehensive sexuality education, while addressing youth policy issues is a priority in 11 of the 17 countries. In 2015, six of 17 UNFPA country offices reported employing youth participation as a strategy, and eight country offices reported supporting peer education.

62. Active, frozen and potential conflicts are present in many countries including Ukraine, Turkey and Kyrgyzstan. Neighbouring countries' conflict risk spilling over into the Eastern European and Central Asian region. The conflicts in Syria and Afghanistan, have led to an influx of refugees. Young people are vulnerable both to the effects of conflict, including sexual violence, trafficking, forced recruitment, crime, increased risk of risky sexual behaviour and unintended and unplanned pregnancies, but can also be a significant resource in resolving, mitigating or preventing conflicts.

63. Data on young people affected by natural or manmade disasters is mostly lacking posing significant challenge to ensure visibility and devising responses to the plight of young people. Young people are also vulnerable to become involved in violent extremism. Several countries report a significant number of citizen joining the conflict in Syria and elsewhere.

## **B. Lessons learned**

Within the last year, there has been a global independent thematic evaluation of adolescents and youth for the period from 2008 to 2015, and the regional office commissioned an independent evaluation of the regional interventions action plan for Eastern Europe and Central Asia. Among the key recommendation were:

64. ***Ensure a coherent and synergistic approach that incorporates all UNFPA targeted and mainstreamed adolescents and youth programming within an overarching theory of change;*** An adolescent and youth focus has been mainstreamed throughout the regional interventions action plan.

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<sup>13</sup> UNECE, The UNECE Report on achieving the Millennium Development Goals in Europe and Central Asia. 2012.

65. ***UNFPA should continue to coordinate and deliver multi-sectoral, holistic support for adolescents and youth issues, ensuring the centrality of the needs of adolescent girls in particular;*** a multi-sectoral holistic focus on youth development and engagement on cross-cutting policies with evidence and partnership reflect this lesson.
66. ***UNFPA should use its leadership position, including the EECA region, on adolescents and youth to support national implementation of the Sustainable Development Goals related to adolescents and youth and support countries to monitor and report on progress on adolescents and youth-related goals and targets;*** This perspective is reflected directly in outcome 2 (output 2) that exactly articulate this reflection.
67. ***UNFPA should continue to strengthen the use of data for adolescents and youth programme design and to identifying the most vulnerable and marginalised;*** Data and evidence based policy advocacy underpins the adolescent and youth thematic area, and constitute a cornerstone in the programme.
68. ***To advocate for investment in youth at all levels, regional offices should support country offices integrate the demographic dividend, where appropriate, together with a human rights-based approach to adolescents and youth programming;*** this element is central to the policy monitoring and advocacy approach of the adolescent and youth programme.
69. ***Offices should continue to sponsor pre-conference training and capacity building (and support country offices to do so) in order to strengthen leadership, including of marginalised and vulnerable young people;*** This recommendation is reflected in outcome 2 (output 2)
70. ***While engagement with Y-PEER is effective in advocacy and visibility, care should be taken to ensure inclusion of other youth groups and organizations, as well as to reach marginalized young people and give space to genuine youth leadership and UNFPA engagement with youth should avoid create parallel structures and organizations to increase sustainability;*** Particularly in coordination with the International Planned Parenthood Federation (IPPF) this recommendation has been incorporated in the programme where advocacy resources and support is thought to consider Y-Peer as well as other youth led organizations, such as the European Youth Forum, Y-Safe and the European Youth Parliament among others.
71. ***The practice from determining advocacy priorities employed a consultative process with the UNFPA country offices, this process ensured alignment with the needs and should be broadened.*** The implementation of the adolescent and youth outcome will be demand driven, with a particular focus on the need of the UNFPA country offices.
72. ***While the past UNFPA programme shed light on some issues of marginalization, marginalised youth were not prioritised.*** Marginalised youth is clearly articulated as a primary focus, and outcome 2 (output 3) is focused on marginalised youth.
73. ***While it is difficult to ascertain the contribution of UNFPA programme, the number of countries in the region that have increased priority on adolescent is encouraging for the continuation of advocacy work. The successful implementation of the youth voices advocacy campaign if further encouraging for this line of work*** Advocacy for youth is the central and overarching strategy of the entire outcome.
74. ***The prioritisation of comprehensive sexuality education in the past regional programme was assessed to be right, however there is a need to change the focus to institutionalisation and increase flexibility in the implementation of comprehensive sexuality education to account for cultural differences and sensibilities.*** Sexuality education continues to be a priority in the current programme, and the implementation will take this recommendation into account. A concrete step outlined is the formation of a community of practice to ensure cultural sensitive experience form the basis of technical assistance.

## C. Strategic interventions

75. The proposed interventions for adolescent and youth is aligned with outcome 2 of UNFPA Strategic Plan for 2018 – 2021: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. Taking into consideration the specific role of the regional office, its collaborative advantages, the challenges for young people in the region, and priorities for UNFPA country offices the regional interventions action plan proposes three outputs.

**Output 1: National policies are increasingly responsive to young people's sexual and reproductive health, especially those furthest behind.**

### *Intervention 1*

*Develop and promote models of advocacy to use data and other evidence to highlight gaps in policy making and implementation of policies and share lessons learned, establish and maintain a community of practice (CoP), broker technical expertise and develop methods.*

76. In collaboration with regional and global partners, including in UNFPA headquarters, country offices, other UNFPA regional offices, other United Nations organizations and the World Bank, centers of excellence, universities, regionally represented civil society organization and government entities with capacities on young people's sexual and reproductive health and rights, the regional office will form a community of practice and facilitate South-South cooperation and high quality technical assistance, share knowledge, develop concepts, evidence to enhance the capabilities of (a) UNFPA country offices in line with their country programme document priorities and (b) civil society and other partners to engage in evidence based policy dialogue and advocacy and catalyse change for young people to realize their sexual and reproductive health and reproductive rights, including comprehensive sexuality education, in and out of school.

### *Intervention 2*

*Develop advocacy materials and strategies on sexual and reproductive health needs of young people in emergencies and their participation in preparedness and response plans*

77. The Eastern Europe and Central Asian regional office will work with regional partners, as well as country offices on the implementation of the Compact for Young People in Humanitarian Action and to ensure visibility of young people – including through making population data - in preparedness and response.

### *Intervention 3*

*Develop, pilot and share models and concepts for UNFPA to engage on youth, peace and security and establish a community of practice*

78. Following the lead of the United Nations Secretary General, and the enhanced focus in the strategic plan of UNFPA, the Eastern European and Central Asia regional office will support country offices to engage in peacebuilding around Security Council Resolution 2250 on Youth, Peace and Security by establishing a community of practice, broker technical assistance and support lessons learned and develop concepts on UNFPA in-country engagement on peacebuilding. At the same time, the regional office will engage at regional level to enhance the UNFPA name as a peacebuilding agency, and facilitate regional cooperation between UNFPA and partners on peacebuilding, with a special focus on the young population.

## **Output 2**

**The regional intergovernmental bodies facilitate the integration of the Programme of Action of the International Conference on Population and Development into national youth policies, with focus on the furthest behind.**



### ***Intervention 1***

***Support mechanisms for participation of marginalised young population in policy making and monitoring of policies affecting their access to adolescent sexual and reproductive health/sexual and reproductive health and rights and establish or strengthen partnerships/coalitions with United Nations organizations, government champions, civil society and other partners to advocate for young people's sexual and reproductive health and rights, with focus on sexuality education.***

79. Starting from regional policy and standard setting processes and commitments, such as monitoring of the Sustainable Development Goals and the commitments on the International Conference on Population and Development, the standards for sexuality education in Europe, the Universal Periodic Review (UPR) with United Nations Human Rights Council and others, UNFPA will support regional partnerships and coalitions, enable youth participation, link national with regional level to advocate based on evidence to strengthen sexual and reproductive health and reproductive rights for young people in regional standards and policy framework. The regional office will develop evidence for advocacy, enable networks and develop capacities for advocacy, especially of young people, and youth led organisations ensuring representation of marginalised and vulnerable young people.

### **Output 3**

**Enhanced youth leadership, participation and empowerment especially for the furthest behind.**

### ***Intervention 1***

***Dissemination, management and monitoring of implementation and roll out of programme document on HIV and sexual and reproductive health and rights among young key populations***

80. UNFPA and International Planned Parenthood Federation (IPPF) have partnered with governments, young people from key populations, country offices and IPPF Affiliates, regional networks of key populations, YPeer, Teenergiser, and other civil society partners in eight countries to develop a regional approach to HIV and sexual and reproductive health and rights programming with young key populations. This collaboration will continue accelerating programming addressing: community empowerment, participation and rights; legal environments, stigma, discrimination and violence; a rights-based comprehensive package of HIV and sexual and reproductive health and rights services; service delivery approaches; and programme management. At every stage young key populations will be engaged in the development, implementation and monitoring of the programmes that affect their lives.

### ***Intervention 2***

***Promote community empowerment for marginalised young people at regional, national and local levels***

81. UNFPA, International Planned Parenthood Federation (IPPF) and other regional partners will expand the approach and methodology used for young key populations to include marginalised young people in a range of settings. Their representation in regional and country level discourse on youth leadership and participation and in regional and country level programming is crucial to achieving universal access to sexual and reproductive health and promotion and protection of their human rights. This will require investments in supporting the establishment of organisations and networks of young people from marginalised communities and a shift from community-engaged processes to community-led processes.

## Outcome 2

Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality				
Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts				
Output 1	Output 2	Output 3	Critical assumptions	
National policies are increasingly responsive to young people's sexual and reproductive health and rights, especially those furthest behind	The regional intergovernmental bodies facilitate the integration of the Programme of Action of the International Conference on Population and Development into national youth policies, with focus on the furthest behind.	Enhanced youth leadership, participation and empowerment especially for the furthest behind	Interest from regional partners in working with UNFPA on young people	Continuation of space and role of UNFPA in regional policy processes

### Advocacy

<ul style="list-style-type: none"> <li><input type="checkbox"/> Enable and engage the media, influencers, private sector, and other partners to support efforts aimed at promoting safe sexual behaviour in the context of youth culture, and help generate a supportive environment for promoting young people's access to services and information.</li> <li><input type="checkbox"/> Support development of methods to describe gaps in implementation in policies with a special focus on ensuring marginalised populations rights are visible to policy makers</li> <li><input type="checkbox"/> Develop and promote models of advocacy to use data and other evidence to highlight gaps in policy making and implementation of policies from existing sources of data.</li> <li><input type="checkbox"/> For use by country offices and other partners, collect and develop advocacy materials and strategies to advance, especially marginalised young people's, sexual and reproductive health and rights on policy agenda.</li> <li><input type="checkbox"/> Support mechanisms for participation of marginalised young population in formulations, review and monitoring of regional processes, such as on Sustainable Development Goals and the International Conference on Population and Development that mostly affect their access to sexual and reproductive health and rights</li> <li><input type="checkbox"/> Establish or strengthen partnerships/coalitions with United Nations organizations, championship government, key civil society organizations focused on young people, European Commission, World Bank and others to advocate for young people sexual and reproductive health and rights, with a particular focus on sexuality education in and out of school settings. (Draw on advocacy strategies, data and material mentioned under a&amp;y output 1, collect and develop additional advocacy materials).</li> </ul>
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### Capacity

<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop strategies, material, generate lessons learned and provide support to advocate for comprehensive sexuality education, including in non-school setting</li> <li><input type="checkbox"/> Broker technical expertise on implementing comprehensive sexuality education in school and non-school settings, including facilitate sharing of experiences among countries in the region. (technical expertise on young people's access to sexual and reproductive health services and commodities will be considered under the sexual and reproductive health outcome)</li> <li><input type="checkbox"/> Develop, pilot and share models and concepts for UNFPA to engage on youth, peace and security; and prevention of violent extremism at the country level in EECA region, and establish a community of practice.</li> <li><input type="checkbox"/> Dissemination, management and monitoring of implementation and roll out of programme document on HIV and sexual and reproductive health and rights among young key populations</li> <li><input type="checkbox"/> Develop, share and roll-out a regional strategy for the implementation of the Global Compact for Young People in Humanitarian Action</li> </ul>
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## Knowledge

- Share lessons learned, including among countries in the region, establish and maintain a community of practice, and develop concept/methods to overcome cultural and religious barriers to addressing sexual and reproductive health and rights for young people
- Strengthen relevant regional standards and technical agendas related to the delivery of sexual and reproductive health and rights for young people (including comprehensive sexuality education, adolescent sexual and reproductive health standards, health education) mix, sustainable and equitable FP financing, task-sharing, civil society organizations/PSE in family planning service delivery)

## **Outcome 3 Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings**

### **A. Situation analysis**

82. The Programme of Action of the International Conference on Population and Development reaffirmed and the 2030 Agenda introduced a new scope and quality of embracing gender equality and the empowerment of all women and girls in a vision for global development. Gender equality matters in its own right, and as a prerequisite for the health and development of families and societies, and as a driver of social and economic growth. The advancement of gender equality and women's empowerment is a goal in itself and is absolutely central to achieving success on sexual and reproductive health outcomes.

83. The outcomes of global surveys on the Post-2015 agenda, the implementation of Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, as well as the intergovernmental high-level consultations, have reconfirmed that issues of gender inequality are among the highest priorities in the EECA region. There is a lack of sufficient sex-disaggregated data and focused studies for evidence based policy development, research and advocacy. However, several areas of concern can be identified.

84. EECA countries have achieved de jure equality between men and women. Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is ratified by all countries of the region and domestic violence laws exist in 13 countries (although the laws rarely mention sexual harassment and conflict-related sexual violence). It is important to note that the implementation of such legislation is inconsistent and monitoring mechanisms are mostly weak.

85. The population in the EECA region enjoys high levels of educational attainment among women and has access to social services. However, the progress achieved toward women's rights in the region is rather uneven. In many EECA countries human rights protection systems are endemically weak. Gender inequality remains widespread and persistent across the region leaving women disproportionately represented amongst the poorest and the most marginalised groups.

86. However, a wave of conservative, nationalist and xenophobic sentiment and politics is on the rise in some countries of the region.<sup>14</sup> At the regional level, anti-choice organisations play a key role in constructing a coalition of conservative powers, which promote an agenda aiming to undermine the consensus on equality and respect for women's rights. In parts of the region, women's reproductive rights are targeted and limited through specific pro-natal policies. Re-traditionalization often supported by influential religious institutions, ties women's primary value to their reproductive function, maternal care and the private sphere of home.

87. Decreased public investment in childcare, elderly and disabled care generates a growing reliance of families and states on unpaid care provided by women and girls keeping women, including those educated and highly skilled, away from formal employment and good career opportunities, and undermines their ability to accumulate lifetime savings. Reductions in pensions and healthcare spending further impede the access of women and girls (even more so, women and girls with disabilities, those in rural areas, or poverty stricken areas) to crucial services for sexual and reproductive health. While the adolescent fertility rate is 18 in the region, it can reach up to 59 births per 1,000 women ages 15-19.<sup>15</sup>

88. Harmful traditional practices are persistent in areas across the region, with evidence of female genital mutilation/cutting in at least one country. Child marriage, albeit hard to

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<sup>14</sup> Civil society organizations from Europe and Central Asia call for action and accountability at Beijing+20 review, UN Women (available at <http://www.unwomen.org/en/news/stories/2014/11/europe-cacso-beijing-review#sthash.oAY7UP7N.dpuf>)  
<http://www.unwomen.org/en/news/stories/2014/11/europe-cacso-beijing-review>

<sup>15</sup> The World Bank: Databank (available at <http://data.worldbank.org/indicator/SP.ADO.TFRT>)

document, is estimated to affect girls<sup>16</sup> in Eastern Europe and Central Asia, with estimates for selected countries ranging from 27.2 per cent to 2.2 per cent.<sup>17</sup>

89. Gender-based violence is persistent in the region and increases in the areas affected by armed conflict. 26 per cent of women in Eastern Europe and 23 per cent of women in Central Asia have experienced either physical and/or sexual violence by an intimate partner or sexual violence by a non-partner.<sup>18</sup> Women living with HIV in the EECA region experience high levels of sexual and/or physical violence. The region's crisis-affected areas reveal the increase in gender-based violence in emergencies (for example, a rate three times higher among women internally displaced people in Ukraine, compared to host community residents).<sup>19</sup>

90. Gender-biased sex selection persists in at least in six countries in the region.<sup>20</sup> The practice, based on tradition of son preference, has generated a skewed ratio between male and female births and resulted in an estimated 171,000 "missing" girls.<sup>21</sup> The practice inflicts a lasting damage on women's health, reinforces a culture of low value placed on girls and in two decades it will translate into a demographic imbalance affecting men's marriage prospects, the potential to increased human trafficking, gender-based violence, and political unrest.

91. Persons with disabilities especially young women and girls are amongst the most marginalized, the poorest and hardest to reach group in countries of EECA. Persons with disabilities are up to three times more likely to be victims of violence, including sexual violence, and have limited access to sexual and reproductive health services as well as other health and educational facilities.<sup>22</sup> Youth with disabilities<sup>23</sup> especially adolescent girls with disabilities, are at high risk of violence<sup>24</sup> and their particular needs are often unacknowledged and excluded from policy.<sup>25</sup> As with sexual and reproductive health services, this group can face particular challenges in accessing services responding to gender-based violence, which can be effectively unavailable as a result of physical inaccessibility, lack of accessible means of communication, transportation barriers, poverty, and a host of other factors. They are also among the most vulnerable and socially excluded groups in any crisis-affected community.

## B. Lessons learned

The 2016 evaluation of the regional interventions action plan and numerous consultations with country offices, partners at national and regional levels have singled out lessons to incorporate in the next phase of regional interventions development and implementation:

92. A singular focus on gender-mainstreaming programmes combined with a lack of political commitment to gender equality can lead to making gender equality gaps "invisible", leaving

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<sup>16</sup> The practice of child marriage impacts boys as well, but on a lesser scale than girls

<sup>17</sup> Child Marriage in Eastern Europe and Central Asia, Issue Brief, UNFPA, 2015 (available at

<http://eeca.unfpa.org/sites/default/files/pub-pdf/SWOP2016per cent20Regionalper cent20Supplementper cent20EECA.pdf>)

<sup>18</sup> Combatting Violence against Women and Girls in Eastern Europe and Central Asia, Issue Brief N 6, UNFPA (available at [http://eeca.unfpa.org/sites/default/files/pub-pdf/21770per cent20Brief\\_web.pdf](http://eeca.unfpa.org/sites/default/files/pub-pdf/21770per cent20Brief_web.pdf)).

<sup>19</sup> Gender-based violence in the Conflict-Affected Regions of Ukraine, Ukrainian Center for Social Reforms, UNFPA, 2015, p. 29 (available at [http://reliefweb.int/sites/reliefweb.int/files/resources/gender-based violence\\_study\\_2015\\_final\\_eng.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/gender-based%20violence_study_2015_final_eng.pdf))

<sup>20</sup> Skewed sex ratios registered in Azerbaijan (second only to China), Armenia, Georgia, Albania, Montenegro, the former Yugoslav Republic of Macedonia, Kosovo (All references to Kosovo should be understood in the context of United Nations Security Council resolution 1244 (1999)) and Turkey

<sup>21</sup> Preventing gender-biased sex selection in Eastern Europe and Central Asia, Issue Brief 4, UNFPA, 2015 (available at [https://www.unfpa.org/sites/default/files/resource-pdf/GBSSper cent20Brief\\_WEB.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/GBSSper cent20Brief_WEB.pdf)).

<sup>22</sup> United Nations Population Fund. Emerging issues: Sexual and reproductive health of persons with disabilities.

<sup>23</sup> Groce, Nora. "Adolescents and youth with disability: issues and challenges." *Asia Pacific Disability Rehabilitation Journal* (2004): 13-32.

<sup>24</sup> Alriksson-Schmidt, A. I., Armour, B. S. and Thibadeau, J. K. "Are Adolescent Girls With a Physical Disability at Increased Risk for Sexual Violence?." *Journal of School Health* (2010): 361-367.

<sup>25</sup> Meyers, S., V. Karr, and V. Pineda. (2014). "Youth with Disabilities in Law and Civil Society: Exclusion and inclusion in public policy and NGO networks in Cambodia and Indonesia." *Disability and the Global South Journal*. 1(1): 5-28.

many issues unaddressed and creating gaps for various vulnerable groups. Therefore, a twin-track approach have been applied by EECA regional office in the previous cycle and is recommended as the way forward.

93. Conservative wave which re-introduces rigid and traditional gender norms and roles for women and men in the EECA region should be addressed urgently. EECA regional office's role is critical in supporting resistance to conservative discourse related to women's rights. Number of inter-governmental processes in which EECA regional office has been engaged provided opportunities to mainstream gender into Sustainable Development Goals regional processes and implementation, share good practices, strengthen cross-regional and multi-country cooperation, and mobilize civil society community.

94. The regional office technical expertise is recognized and acknowledged not only in EECA countries but also in the European Union space. The UNFPA resource and training package on health system response have been adapted and serves the basis for capacity building in six European Union countries (Austria, Bulgaria, France, Italy, Germany, and Romania) to strengthen the specialized support for victims of gender-based violence by health sector. In addition, EECA regional office acts as an associate partner and board member for a number of European Union projects on early marriage and multi-sectoral response to gender-based violence. EECA regional office's technical assistance on essential services guidelines on gender-based violence have been requested by the Basque Country and have been given a very positive review by the highest level officials.

95. Consultations with country offices, national and regional partners are important to increase national ownership and ensure sustainability of the regional interventions' results both on the regional and country level. EECA regional office adopted a consultative approach to programme implementation through 'networking' and integrating the gender related agenda into inter-governmental processes (Sustainable Development Goals, ICPD, Beijing+20, and the Sendai Framework for Disaster Risk Reduction 2015-2030). The approach also envisions supporting country offices in bringing the most sensitive issues into national agenda and achieving higher level of ownership and sustainability of all interventions. EECA regional office will continue to invest in consultations for the regional programme while aiming to strike a balance between efficiency and effectiveness of processes.

96. All gender programme interventions correspond to countries' programme documents and United Nations Development Assistance Frameworks and are aligned with the country offices' annual work plans. The regional office significantly contributed to the implementation of the EECA country programmes by providing technical guidance, supporting research, capacitating partners on new methodology, generating knowledge around policy response, bringing innovative approaches, facilitating intergovernmental processes and connecting the global, regional and national frameworks. According to the COARs and the regional planning meeting the quality of the EECA regional office technical assistance was assessed by the country offices to be very high, relevant and provided in a timely fashion.

97. EECA regional office contributed considerably to regional coordination via co-chairing the regional inter-agency working group on gender jointly with the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) that included ten agencies' regional offices. The group have been recognized by the regional directors mechanism as the most effective one in providing guidance on gender mainstreaming into Sustainable Development Goals related process and implementation, capacity building of the United Nations country team gender theme groups, introducing and roll-out of new tools and United Nations Development Assistance Framework gender mainstreaming,

98. Models of multi sectoral response to gender-based violence and health system response introduced by EECA regional office were rolled out successfully across the region. EECA regional office resource and training tools, Standard Operation Procedures and the global guidelines on gender-based violence were introduced by EECA regional office via regional capacity building initiatives. The process embraced the development of and a completely new vision of gender-based violence response on national level. With EECA regional office's

assistance, the concept has been introduced in ten countries. The regional office technical assistance is a subject of a growing demand in the region. In addition, the gender-based violence in Emergency Minimum Standards was launched in 2016 within the frame of this initiative and will be introduced to all country offices in 2017.

99. The regional interventions plan has optimised its use of staff and resources through strategic partners with existing collaborative networks inside and outside the region, using innovative best practice to successfully lobby for increased funding and to use its partners to communicate its successes. EECA regional office managed to mobilize funds from external donor, integrate co-sharing modality with the technical division branch and country offices to support regional interventions which are translated down to the country level. Funds also have been raised for the prevention of and response to gender-based violence in humanitarian settings.

100. Promotion of experimentation and innovation that overcomes institutional, financial and/or informational barriers resulted in great success. An innovative approach to introducing CEDAW concluding observations in conjunction with Universal Periodic Review (UPR) recommendations and in collaboration with the Office of the High Commissioner for Human Rights (OHCHR), allowed the regional office to expand partnerships with state agencies beyond traditional gender agencies. It facilitated experience sharing between the countries and upgraded CEDAW and UPR awareness, particularly with focus on reproductive rights.

101. Repackaging of the most sensitive matters around gender sensitive family policy issues and mobilizing civil society around the gender transformative agenda provided effective entry points for change in the current context of conservative revival. EECA Regional office will continue working with regional civil society networks and women's groups to sustain regional collaboration for gender justice, including engaging men and boys.

102. Lack of consistently collected sex-disaggregated data and gender sensitive indicators (especially in the area of violence against women and harmful practices) by countries doesn't allow to track detailed regional trends that could be verified by the statistical data;

103. Regional office's technical assistance is a subject of a growing demand in the region. In assessing needs related to gender-based violence both in development and emergency settings, launching and implementing minimum standards for preparedness and response including humanitarian response to gender-based violence and setting up gender-based violence coordination mechanisms were crucial, and will be continued and strengthened in the next regional interventions action plan.

### **C. Strategic interventions**

104. The regional interventions action plan is designed to address gender inequalities where they are particularly challenging based on the following criteria: (a) relevance and comparative advantage, (b) efficiency and (c) sustainability.

105. The action plan emphasizes inclusion and no-one left behind as the main overarching principle and it targets to improve lives of women and girls, enable institutional change and actively manage risks, consolidate gains and prevent backslide. The proposed action plan is designed to respond to gender related development challenges in the region and focuses on multi-countries consensus-building around sensitive gender related issues while broadening institutional innovations and intensive triangular collaboration, generation of knowledge, experience and expertise with countries in the EECA region, regional institutions, United Nations regional offices, thematic and civil society networks, European Union countries and other regions.

106. The programme is designed based on the above situation analysis, lessons learned, regional consultations on the 2030 Agenda and other intergovernmental processes, recalibrating

its focus on gender equality and elimination of gender based violence and harmful practices including in humanitarian settings.

107. This theory of change assumes that successful interventions are those which consider that:

- (a) **Context is critical:** successful interventions are those that are tailored to regional and country socio-cultural and political context and based on laborious analysis of factors that contribute toward elimination of gender inequality and discrimination;
- (b) **Backlash is inevitable but manageable:** resistance to gender equality change while addressing root causes might be a sign of progress and inevitable in some contexts but can, and should be managed.
- (c) **Social norms change is a necessary enabler:** social norms have powerful effect on how gender discrimination patterns operate and how they can be tackled; they are conventions that provide parts of the social context within which people make decisions. The social norms change will ensure that change happens on an individual level, including power relations between women and men, change in values, beliefs, attitudes, shifting behaviors and practices to be further projected from an individual level to the communities, institution, society and the region as a whole.
- (d) **Holistic approach is more likely to have a greater impact:** coordinated interventions that operate at multiple levels and in all phases development, humanitarian and recovery, across sectors and over multiple legal and human rights frameworks are more likely to have greater and long lasting impact on women and girls as well as communities, institutions and systems that will allow them to anticipate, prevent, absorb, adapt and recover from stresses and shocks, advancing dignity, sexual and reproductive health and rights, including the prevention and response to gender-based violence in emergency.
- (e) **Working with civil society and engaging men and boys** will create and sustain change, and build strong and inclusive social movement that will embrace young generation and ultimately ensure sustainable change in the lives of women and girls.

**Output 1: Strengthened national human rights protection systems, regional and national policies from the perspective of gender equality and reproductive rights in EECA Region**

#### ***Intervention 1***

***Build United Nations interagency allies and expand partnership in order to leverage positive and effective change while addressing the conservative regional discourse***

108. The 2030 Agenda is a collaborative agenda at all levels and between United Nations organizations, hence, greater engagement and collaboration around the Sustainable Development Goals will be continued as one of the key focus areas of the UNFPA gender portfolio. The regional office will continue to provide programmatic intellectual leadership, technical analysis and guidance for the implementation of the Sustainable Development Goals 5 and 3 and gender related targets.

109. The regional interventions will promote regional cooperation with other United Nations Agencies and international organizations, regional institutions and networks by supporting United Nations interagency regional issue-based coalition on gender (co-lead by UNFPA) and thematic partnership to jointly address shared challenges at a sub-regional and regional levels. EECA regional office will advance regional dialogue on sensitive and emerging gender related development issues that may be easier to address in a multi-country context. The regional office will support advocacy efforts, facilitate the exchange of experiences and identify perspectives which help raising awareness and supporting action at regional and ultimately country levels. The regional interventions will promote innovation to help overcome institutional, attitudinal and knowledge barriers while focusing on generating and sharing advanced knowledge, experience and expertise through interregional or EU countries triangular cooperation. As a result of these efforts EECA countries will acquire knowledge, and benefit from relevant experiences across the region and beyond to support the Programme of Action of the International Conference on Population and Development and the 2030 Agenda.



### ***Intervention 2***

***Strengthening regional and national capacities to implement international commitments in the area of gender equality and reproductive rights by providing technical and programmatic advisory to country offices, generating knowledge and promoting good practices.***

110. Policy advocacy and technical guidance around the implementation of international commitments within the framework of the International Conference on Population and Development, Convention on the Elimination of all Forms of Discrimination Against Women, Universal Periodic Review, Beijing and Istanbul Convention will remain an important priority in the EECA region. In collaboration with the gender, human rights and culture branch of UNFPA, the Office of the High Commissioner on Human Rights regional office and the Convention on the Elimination of all Forms of Discrimination Against Women Committee the UNFPA regional office will play a convening role at the global, regional and national level for the provision of high quality technical guidance to country offices on implementation and tracking of sexual and reproductive health and rights-related Universal Periodic Review recommendations, the role of National Human Rights Institutions to promote and protect women's rights and sexual and reproductive health and rights and pave new path for partnership by bringing together diverse stakeholders around the CEDAW-UPR process to influence the national and regional agenda. EECA regional office will continue to advocate through regional and country level partnership with parliamentarians, civil society, youth, women's groups, and women from key populations to address and monitor gender inequality issues and ensure that national legislation, policies and strategies are brought in line with the regional and international conventions, monitored through civil society.

### ***Intervention 3***

***Advocate for institutionalization of policies and programmes that engage with men and boys, including gender sensitive family policies and approaches***

111. In EECA Region the need for introducing policies that promote gender equality on household level and facilitate individual level change is critical. Increasingly more vocal pronatalist discourse in the region accompanied by discriminatory rhetorics towards women's rights call for regional advocacy on gender sensitive family policies which offer balanced combination of fertility and career aspirations. EECA countries inherited from the Soviet era a number of policies with an inadequate focus on men's role and involvement as well as the state's commitment to supporting families in reconciliation of family life with work. The regional office will work to facilitate knowledge sharing on successful gender sensitive family policies from European Union and Nordic countries, disseminate best practices among the country partners, provide support for policy analysis and formulation and advocate for strengthening regional capacity in that area.

112. Capitalizing on the achievements of the previous cycle the regional EECA MenEngage platform will serve as a space for continuing regional debate on working with men and boys, fatherhood, masculinity and role of men in prevention and response to violence against women and girls and harmful practices. The regional office will continue to provide high quality advisory services to country offices and partners based on global applied research; bringing together stakeholders from government, civil society and academia; ensuring that regional debate is inclusive, targeting youth and most marginalized groups while taking into account existing population dynamics in the region.

**Output 2: Strengthened response and capacity to prevent and address gender based violence and harmful practices including among the vulnerable groups**

### ***Intervention 1***

***Advocate and build country office capacity for prevention of, protection and response to gender-based violence with an emphasis on a health and multi-sectoral coordinated response to gender-based violence***

113. Capitalizing on the previous cycle EECA regional office accomplishments, the regional interventions will continue the provision of high quality technical advice on the integration of the essential services standards on gender-based violence and multi-sectoral response model. The regional interventions will facilitate regional approach and analysis, and mobilize regional institutions for a systematic engagement, cross-country and cross-regional exchange. A core focus will be on building knowledge for adaptation, endorsement and advocacy in order to ensure that gender-based violence response and prevention are coordinated by public institutions in a comprehensive manner while addressing various needs of gender-based violence survivors and avoiding re-victimization. Incorporation of key populations and women living with HIV within gender-based violence programmes is critical. The regional office will advance awareness, dialogue and action on sensitive and/or emerging gender issues that benefit strongly from multi-country experiences and regional perspectives, including European Union countries and other regions.

114. Another dimension that the regional interventions action plan involves the technical support to country offices on harmonization of gender-based violence related administrative data. There is an urgent need for a comparable data on gender-based violence in all of the EECA programme countries and in that regard UNFPA regional office will facilitate engagement of regional institutions and knowledge centers for provision of access to research, methods, tools and good practices in the area of data collected from administrative sources. While survey-based data can provide pertinent information on prevalence, incidence, severity and frequency of violence it is also a very costly exercise and data might not be comparable due to differences in methodologies, time periods, sample group characteristics, and forms of violence covered in surveys. Administrative data complements prevalence survey data by providing information on cases reported by the police, justice, health and social services, and other agencies, such as civil society organizations, which come into contact with cases of violence against women. Administrative data are an important source of information for monitoring and evaluation purposes, including sustainable development goals (indicators 5.2.1 “Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age” and Indicator 5.2.2 “Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence”).

115. Considering that there is a significant interplay between the issues associated with violence against women and economic development, both at the household and national level EECA regional office will promote and provide high quality technical guidance on gender-based violence cost methodology so that countries can assess the impact and extrapolate on the social and economic costs of violence against women, to be further used as a policy argument.

***Intervention 2***

***Advocate and build country office capacity for prevention of, protection and response to gender based violence in preparedness phase, humanitarian and emergency settings***

116. The regional office will provide technical assistance in integration of gender-based violence prevention and response actions into country-level contingency, preparedness and response plans, strengthening gender-based violence coordination mechanisms, prevention and provision of services in emergency and humanitarian setting and meeting the minimum standards for prevention and response to gender-based violence in emergencies. UNFPA regional office will play a leadership role to promote recognition of special needs of women and girls in conflict and natural disaster (as those are not recognized at the country level), promote the safety and well-being of women and girls in emergencies and provide practical guidance on how to mitigate and prevent gender-based violence in emergencies and facilitate access to multi-sector services for survivors.

### ***Intervention 3***

#### ***Advocate for regional and national programs to address harmful practices with focus on prenatal sex selection and child marriage through the social norms change***

117. Child, early and forced marriage, gender-biased sex selection are among the harmful practices affecting women and girls in the Eastern Europe and Central Asia region. Often justified as part of traditional social, cultural, and religious norms, such practices in fact both result from and reinforce gender inequality. EECA regional office focus in supporting country offices to address harmful practices will continue through the application of an innovative approach to harmful practices abandonment, using a social norms perspective to guide the selection of an appropriate mix of strategies and activities most conducive to self-sustained social change.

118. Close collaboration with Y-Peer network is envisaged to equip and train young people aimed at change of social norms and practices towards harmful practices in their respective communities. Issues related to comprehensive sexuality education among youth will be an integral part of planned interventions.

119. Female genital mutilation and prenatal sex selection practice in the south Caucasus will be on the radar of EECA regional office to assist countries with tailoring programmes that are based on best practice from other regions, facilitate research and evidence based policy advocacy. Regional institutions and experts from Asia Pacific and other regions will be brought on board to support information exchange and tools, and maintain dialogue among affected countries through South-South and triangular cooperation.

120. EECA regional office will work with social media, influencers, the private sector, and other partners in purposeful persuasion that attempts to influence stereotypes and harmful practices. Strong social media package on harmful practices to raise awareness will be developed. Partnership with media will be built through involvement of youth and women's organizations and use of social media sites. Advocacy briefs will be developed targeting media, parliamentarians and private sector on key issues associated with harmful practices. gender-biased sex selection, child marriage and bride kidnapping. Drawing on new and existing research evidence, work with partners, hold consultations with parliamentary networks on harmful practices. Religious leaders will be encouraged to support action against harmful practices. Journalists specializing in gender-based violence issues will be reached and involved in addressing harmful practices in the region. This will be complemented by building partnerships with university departments that are supporting research on harmful practices and encouraging academics to post abstracts of relevant research through the UNFPA EECA and MenEngage Platform websites.

### ***Intervention 4***

#### ***Advocate and support country offices by introducing the targeted programme, policies and approaches for addressing the needs of young women and girls with disabilities***

121. The regional office will provide technical support in developing and adapting protection and prevention strategies and tools aimed at addressing the needs and vulnerabilities of young women and girls with disabilities and those impacted by a crisis. Interventions are likely to capacitate health and policing services to address sexual and reproductive health and gender-based violence needs of adolescent girls and young women with disabilities who experienced violence, including sexual violence and abuse based on the principle of reaching furthest behind first. Promotion of access to free or low-cost legal assistance, and social support services, that are specifically inclusive of the rights and needs of young women and girls with disabilities. Community awareness-raising on adolescent girls and women with disabilities and violence, including sexual violence, should be a priority to inform the general population as well as those individuals living with disabilities themselves. Therefore, networking and collaboration on initiatives concerning adolescent girls youth and women with disabilities across sectors from non-governmental organizations at the regional and ground level is envisaged.

## Outcome 3

Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality		
Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings		
Output 1	Output 2	Critical assumption
Strengthened national human rights protection systems and national regional policies from the perspective of gender equality and reproductive rights	Strengthened response and capacity to prevent and address gender based violence and harmful practices	Context is critical Backlash is inevitable but manageable Social norms change is necessary enabler Holistic approach is more likely to have a greater impact Working with civil society and engaging men and boys creates sustainable change

### Advocacy

- Advocate for evidence-informed, human rights based policies and strategies via the **International Conference on Population and Development, Agenda 2030 and other intergovernmental processes** to advance gender equality and reproductive rights in the Region
- Advocate for **prevention of, protection and response to gender-based violence** with an emphasis on a multisectoral, coordinated response to gender-based violence including in humanitarian settings
- Advocate for institutionalization of policies and programmes that **engage with men and boys**, including gender sensitive family policies and approaches
- Advocate for regional and national programmes to address **negative gender norms and harmful practices** with the focus on prenatal sex selection and child marriage.
- Advocate for and provide technical support to country offices to improve and **harmonize administrative data on gender-based violence and introduce the methodology on gender-based violence costing**
- Advocate through parliamentarians, civil society, youth, women's groups, and women from key populations** to address and monitor gender inequality issues and ensure that national legislation, policies and strategies are brought in line with the regional and international conventions, monitored through civil society
- Enable and engage the media, influencers, the private sector, and other partners to influence stereotypes and harmful practices.

### Capacity

- Strengthen regional and national capacities to implement laws and policies that advance gender equality and reproductive rights within the framework of **CEDAW, UPR and Istanbul Convention**
- Technical guidance in implementation of **multisectoral essential services standards on gender-based violence**
- Provide technical assistance in integration of gender-based violence prevention and response actions into country-level contingency, preparedness and response plans and meeting the Minimum Standards for Prevention and Response to **gender-based violence in emergencies**
- Incorporation of key populations and women living with HIV within gender-based violence programmes
- Strengthen engagement of women from key populations in CEDAW and similar processes

## Knowledge

- Ensure **access to knowledge through high quality advisory services** based on global applied research and UNFPA lessons learned
- Provide technical and programmatic advisory to country offices in developing the use of **gender transformative approaches, to address gender-based violence in emergencies and harmful practices** via triangular cooperation, dissemination of good practices and developing strategic partnership
- Provide technical and programmatic advisory to country offices by sharing knowledge and promoting good practice on the **work of national human rights institutions to address reproductive rights in conjunction with other human rights treaties concluding observations.**
- Support research and evidence gathering** on social norms, violence against women and girls, harmful practices, gender inequalities of women living with HIV and key populations

## Services

- Provide technical guidance on establishment of **multi-sectoral referral systems for survivors of gender-based violence** that meet Essential Services Standards
- Provide technical guidance on strengthening **gender-based violence coordination mechanisms, prevention and provision of services in emergency and humanitarian setting**

## **Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development**

### **A. Situation analysis**

122. The collapse of the Soviet Union brought with it the collapse of a statistical system that was relatively well functioning and integrated, even though it maintained its own standards. Although the classifications and coding rules were peculiar to the Soviet system, they were common across the 15 republics. The centralized nature of the system left many of the newly independent states in the post-Soviet era with little capability to proceed with independent planning for the collection and analysis of population statistics. The centralized statistical system also left behind a legacy in terms of culture: the control function of the system and the restrictions on data dissemination contributed to relatively closed data systems which served to reinforce policies, rather than inform their formulation and implementation.

123. Countries in Eastern Europe and Central Asia are at the forefront of the global demographic transformation from population growth to population ageing and population decline. These trends have critical implications for the achievement of the Sustainable Development Goals in a region where policies lag behind the data.

124. In some Eastern-European countries, the rapidly decreasing fertility rates have been accompanied by adverse mortality trends, including significant declines in life expectancy among men. This is probably the first example in history of a sustained and substantial increase in mortality that is not associated with a major epidemic or war. Eastern European countries face relatively high levels of secondary infertility – an estimated 12 million women have had one child but are unable to have a second. A significant cause of infertility is related to sexually transmitted infections, an area where countries in this sub-region have made little advancement. Several Eastern European countries experience decreases in population that are accentuated by net emigration of males and of females. Ten countries of the region (in the Baltics, Eastern Europe and the Balkans) are projected to see their population decline by more than 15 per cent by 2050.<sup>26</sup> This has raised concerns about “demographic security” and has led to development of pro-natal policies that can have potential impact on the reproductive rights of women.

125. Population dynamics in Central Asia contrast in certain aspects with those in other parts of the ECA region. Fertility levels are higher: in Kazakhstan and Kyrgyzstan fertility has even increased since 2000, and while Uzbekistan has witnessed a consistent decline, its fertility rate is still high compared to Western Europe. Because this is coupled with relatively high mortality, the populations are significantly younger – more than half of Central Asia’s population is under age 25, with the exception of Kazakhstan, where around half of the population is under age 30. Kazakhstan is also a country of destination for international migration within Central Asia, while the other countries are generally countries of origin. Kyrgyzstan and Tajikistan experience particularly significant emigration (mainly to Russia) and are among the biggest remittance-receiving countries in the world. The young age structure of these populations contributes to population growth that is expected to continue for decades to come. For the whole region of Central Asia the population is projected to increase from currently 67 million to 90 million in 2050.<sup>27</sup>

126. In ten of seventeen UNFPA programme countries in EECA Total Fertility Rates are recorded at below replacement level (2.1 children per woman). These relatively low fertility rates contribute to population ageing: with fewer children being born, the proportion of elderly in society increases. Using the criterion of proportion of population aged 65 years or older, it is observed that nine out of the seventeen<sup>28</sup> UNFPA programme countries may be considered ageing societies. Exacerbating this trend is the fact that adult mortality rates in EECA countries

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<sup>26</sup> Data based on *UNDESA/Population Division: World Population Prospects: The 2015 Revision*;

<sup>27</sup> Data based on *UNDESA/Population Division: World Population Prospects: The 2015 Revision*;

<sup>28</sup> The seventeen includes Kosovo. The population of Kosovo is still relatively young and is not (yet) amongst those with concerns about low fertility or ageing. It may soon join the club of low fertility countries, however.

are typically more than two times higher for men than for women. This points to a gender dimension challenge with regards to healthy ageing and a prospect of relatively high proportions of elderly widows. Ten of sixteen EECA countries are experiencing negative migration balance. While the trends of migration have become less extreme over the past decades, in at least five EECA countries migration is the main factor negatively affecting population growth.

127. Eleven of seventeen EECA UNFPA programme countries express major concerns about population ageing. Nine countries have policies in place to stimulate fertility levels, six of them with the express intention to stimulate population growth. Nine countries have policies in place to reduce emigration. In all, 14 of the 17 EECA UNFPA programme countries express concerns with low fertility and/or high emigration<sup>29</sup>. The policy responses of these countries to the (perceived) demographic challenges are varied and not always consistent, nor evidence-based. Five EECA countries have launched policies with explicit reference to the term “demographic security”. A key challenge for UNFPA is to ensure that these policy responses reflect proper demographic intelligence and are in line with the International Conference on Population and Development principles.

128. Ninety-three of the 230 Sustainable Development Goals indicators are population-based, i.e. they have population numbers in either numerator or denominator. Up-to-date population data is crucial to ensure accurate monitoring of progress of these indicators. Sustainable data ecosystems are critical in order to achieve this. The basis of such data systems is the population census, in conjunction with population forecasts.

129. Three EECA countries failed to carry out a population census in the 2010 round, while two more faced significant delays and quality control challenges with their census. Just one census in EECA in the 2010 round used register data, but several countries aim to start a transition to this more sustainable modality in the 2020 round. Prerequisite for such transition is a strong civil registration and vital statistics (CRVS) system. A rapid assessment of CRVS systems revealed that ten of seventeen EECA countries scored below-satisfactory levels. Increased openness of data, especially data at low administrative levels – from census and administrative systems - is key to address inequalities and enable better preparedness and response in humanitarian crises situations.

## **B. Lessons learned**

130. The classification of a country as “middle-income” does not mean that its national statistical system fully adheres to international standards and principles related to statistics. Significant capacity development needs remain, and more seriously perhaps, a transformation in understanding the role of statistics for policy formulation and implementation.

131. In some Eastern European and Central Asian countries population data are still considered largely as classified. Strengthening capacities in data analysis and utilization is one entry point to support a transition towards greater openness in these countries, but by itself, not sufficient.

132. Population dynamics in many EECA countries, particularly in Eastern Europe, are a cause for much concern to their governments. This tends to be based on a limited understanding and often short-term vision of the implications of the present demographic trends. Every effort needs to be made at the country and regional levels to support evidence-based arguments and data explaining the linkages between sexual and reproductive health, reproductive rights, population and development, the needs of young and old people, gender equality, and development.

133. Key elements of support to countries need to include quality data collection and in-depth data analysis and dissemination whereby the data are disaggregated by age, sex and key

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<sup>29</sup> World Population Policies database, 2015 data. [https://esa.un.org/poppolicy/dataquery\\_variables.aspx](https://esa.un.org/poppolicy/dataquery_variables.aspx) accessed 13/02/2017.

socioeconomic parameters to better facilitate and support 2030 Agenda implementation, learning programmes on population and development for national partners, demographic research and policy analysis.

134. In several country programme evaluations interviewed partners mentioned their appreciation for regional trainings of UNFPA, part of the population and development component of the regional interventions action plan. This serves to underscore the need for continued capacity development efforts in EECA countries.

135. State of the art analyses, new approaches to considering important regional economic and social policy issues, and support for country-led initiatives to improve the quality of data position EECA regional office's population and development very prominently in the region. Thought leadership on aging and the demographic dividend in particular are considered highly significant contributions. Furthermore, engagement of highly respected implementing partners and leveraging of their resources through programme alignment brings added visibility to the regional action plan's agenda<sup>30</sup>.

136. Among the various thematic areas within the mandate of UNFPA, population and development, arguably, has the greatest potential to generate non-core funding.

## C. Strategic interventions

### Output 1

#### **Improved national population data systems to map and address inequalities to advance achievement of the Sustainable Development Goals and the International Conference on Population and Development**

137. Activities under this output consist of a number of interventions aimed at strengthening basic data collection to support the production of key Sustainable Development Goals and International Conference on Population and Development related indicators. Elements of this are advocacy, technical assistance, and multilateral<sup>31</sup> cooperation. A second dimension of these interventions is contributing to address data needs for humanitarian action, an area where the role of UNFPA needs to be strengthened. Demands in this regard are evident, from UNFPA country offices as well as from governments.

#### *Intervention area 1:*

#### ***Provide technical assistance in support of national and regional Sustainable Development Goals monitoring mechanisms.***

138. This intervention area represents a cluster of activities that includes: contributing to methodology development of ICPD/SDG indicators that are presently in tier 3; advocating for ICPD/SDG data production; and contributing to capacity development initiatives related to sustainable development goals monitoring and reporting.

#### *Intervention area 2:*

#### ***Contribute to efforts aimed at strengthening national data systems.***

139. The need for accurate and current data has never been more evident and extends beyond Sustainable Development Goals monitoring. This second cluster of activities addresses broader aspects of national data systems, including their capability to provide inputs for humanitarian response and accessibility of data, measured in terms of openness. It includes: advocating for political commitment and allocation of resources for censuses, surveys and administrative data

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<sup>30</sup> regional interventions action plan 2014-17 Evaluation Report

<sup>31</sup> The term "multilateral" is used instead of "south-south" as the latter is deemed inappropriate in the EECA environment.



systems; advocating for open data systems; and supporting alternative<sup>32</sup> data collection mechanisms (big data, community-based data).

## **Output 2**

### **Mainstreamed demographic intelligence to improve socio-economic policies, programmes and advocacy**

140. The availability of data is in itself no guarantee that it will be put to use. The second output focuses on the utilization and interpretation of population-related data, to transform it into actionable intelligence<sup>33</sup>. Activities under this output include support to communities of practice, centres of excellence, and expert networks to improve the availability of tailor made demographic intelligence at national and regional level to support rights-based policy formulation and implementation. The media, influencers and other partners will be engaged on new population research and solutions in support of rights- and evidence-based population policies.

#### ***Intervention area 1***

##### ***Support to the formulation and implementation of evidence- and rights-based population policies***

141. This cluster of activities includes: advocating for and providing technical assistance on population situation analysis and population projections; supporting the deployment of National Transfer Accounts for evidence-based policy formulation; providing technical assistance for development of tools and guidelines for formulating and monitoring of implementation of population policies.

#### ***Intervention area 2***

##### ***Strengthening capacities of practitioners in population and development***

142. The tools and guidelines for policy formulation require practitioners that are capable of deploying these. The second cluster of activities under this output focuses on the human resources in this regard. It includes: support community of practice on population and development; establishing centres of excellence on National Transfer Accounts; strengthening capacities of policy makers and implementers for interpretation and utilization of demographic information.

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<sup>32</sup> Alternative to what is commonly referred to as “official statistics”.

<sup>33</sup> Demographic intelligence is herein defined as the set of strategies, processes, applications, data, and knowledge products that are used to support the collection, analysis, presentation and dissemination of demographic information. These include the variety of population data generated through census, surveys, and population registries, and the projections and imputation of estimates based on the same. In effect, it refers to the added value accrued by triangulating and interpreting data and information from official and unofficial sources.

## Outcome 4

Achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the International Conference on Population and Development agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality			
Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development			
Output 1	Output 2	Critical assumption	
Improved national population data systems to map and address inequalities to advance achievement of the sustainable development goals and the International Conference on Population and Development	Mainstreamed demographic intelligence to improve development policies, programmes and advocacy	Data systems are sufficiently open to accommodate suggestions for improvements	Demographic challenges are addressed through policies that are based on evidence

### Advocacy

- Advocate for ICPD/SDG data production
- Advocate on open data systems
- Advocate for the identification of demographic disparities and social- and economic inequities
- Advocating for political commitment and allocation of resources for censuses, surveys and administrative data systems

### Capacity

- Provide technical assistance in support of national and regional sustainable development goals monitoring mechanisms
- Technical assistance to government, academia and civil society organizations on integration of Census, population based surveys and administrative data systems and population projections into decision making processes..
- Strengthen capacities of policy makers and implementers for interpretation and utilization of demographic intelligence
- Technical assistance for the development of tools and guidelines for formulation and monitoring of implementation of population policies
- Technical assistance on population projections

### Knowledge

- Contribute to methodology development of ICPD/SDG indicators that are presently in tier 3
- Generate knowledge and practice on census technologies and civil registration and vital statistics
- Generate resource base that supports policy formulation and program implementation
- Support community of practice on population and development
- Support centres of excellence on National Transfer Accounts

## **Annex 3. Resource mobilization plan**

### **A. Summary**

The objective of the regional resource mobilization plan is to raise more resources for the regional interventions action plan, the country programmes and for UNFPA core resources, as well as increase the diversity of resource partnerships. This objective is shared in part with country offices and UNFPA resource mobilization branch who share an organizational responsibility for mobilizing resources. There is also some overlap with the regional partnership plan and related Eastern Europe and Central Asia (EECA) regional office partnerships. Only with the support of all internal actors, as well as a number of external counterparts, will UNFPA EECA regional office be able to achieve the objective of the resource mobilization plan.

Overall progress will be measured by tracking the revenue received by the regional office that can then be spent on activities to achieve each regional interventions action plan output. On an annual basis UNFPA regional office will also be tracking Strategic Information System (SIS) and other resource mobilization indicators covering revenue recorded for co-financing and core, programme country contributions and initiatives with the private sector. The annual indicators and the overall objective reflect the same dual purpose; to increase resources and increase the diversity of donors giving resources.

The regional interventions action plan describes activities under four outcomes that have a total funding requirement of just under **\$24 million**. Program managers have identified the likely amount of regular resources (core), existing resources and the additional resources required for activities. The additional resources required are envisaged to be **\$9.3 million**. The following resource mobilization plan sets out the strategy, approaches, donors and accountability need to mobilize these resources for the 2018 – 2021 regional interventions action plan.

### **B. Strategy for resource mobilization**

EECA believes that the greatest asset of the regional office is its staff and the achievement of the above objective will largely depend on the motivation and empowerment of UNFPA EECA staff in realizing the resources necessary to implement their planned regional interventions action plan activities. As such, a resource mobilization plan for the 2018 - 2021 EECA regional interventions action plan will focus on institutionalizing an understanding and working practice of resource mobilization within regional staff and increasing confidence in outreach and relationships with donors. Supportive efforts will also be undertaken to boost communication and increase accountability of staff and systems for resource mobilization.

In the first years of the regional interventions action plan, knowledge and practice will still be quite nascent and activities will focus on guidance and internal skills building to ensure that key personnel have the expertise to develop their own resource mobilization capacity and relationships. Direct resource mobilization will be selective; prioritizing donors and modalities (such financial contributions) to make resource mobilization cost-effective and improve the likelihood of successful feedback for staff. Over the longer term, a more experienced staff will result in diversification and creativity in resource mobilization, hopefully bringing value not just in terms of resources, but also in knowledge and innovation for UNFPA globally.

### **C. Approaches**

1. Capacity building – increasing the understanding and working knowledge of EECA regional office staff (and country offices) of organizational resource mobilization policies/practices. The regional office will integrate resource management, cash flow, future resources and resource mobilization into program discussions, ensuring all regional staff are following corporate direction on resource mobilization and build up resource mobilization expertise within country

offices and program managers leading each strategic plan outcome area. In particular, guidance from regional office will be needed to help country offices achieve corporate resource mobilization standards i.e. the new requirements for resource mobilization as part of country office emergency preparedness. In general, resource mobilization will be based on the principle of a decentralized approach, where all staff feel responsible for the success of resource mobilization and where resource mobilization expertise and activities will be the direct responsibility of UNFPA country and regional program managers. This should yield the greatest results over the longer term, and move the region from a single source of resource mobilization expertise (regional resource mobilization advisor) to multiple staff members with a diverse experience of resource mobilization.

2. Partnerships for resource mobilization – shifting from a money-seeking ‘donor - recipient’ perspective to a more holistic view of what different partners can offer UNFPA ‘transformative partnerships’. The regional office will shift focus to increase the engagement of partners in UNFPA mandate and programs, investing in healthy relationships with donors and where engagement can be multidimensional, from sharing UNFPA communications to providing financing for programs. Synchronized with the regional interventions action plan partnership plan, the regional office will increase office knowledge of the partner/donor environment, types of resource partnerships, how to strengthen or shift existing partnerships to include a funding dimension, and how to create new relationships with potential and emerging donors.

3. Improved communication and reinforcing the value of UNFPA – regional office will increase communication for resource mobilization, focusing on improving awareness of the value of UNFPA programs and more recognition for UNFPA donors. The regional office will help country and programme staff better assess and describe the unique and added value of UNFPA and translate this into concrete requests for funding. UNFPA will also seek to increase political advocacy for resource mobilization, not just to increase resources for UNFPA but for the Programme of Action of the International Conference on Population and Development in general. Adopting a broader approach will create room for joint advocacy and hopefully increase overall funding for population and development, as opposed to competing with each other for dwindling resources.

4. Specific and attractive funding options – in addition to identifying unfunded activities described in the regional interventions action plan Document and funding gaps, program managers for each outcome will select initiatives that are likely to engage and attract donors and showcase the essential value of UNFPA. These specific initiatives will be the basis for resource mobilization and are listed in table 2 under individual outcome areas. These initiatives will usually be multi-country, building on local initiatives but at a sub-regional level, strengthening international relationships and South- South cooperation around common issues.

5. Strategic planning - single strategies will be developed for specific thematic areas or donors. Initially due to time/capacity constraints these will be only for high value donors or key mandate areas. For example, a strategy to increase funding from the European Union or a strategy to increase funding for gender-based violence prevention. However, over the longer term the aim will be to ensure all resource mobilization is conducted in a measured, targeted and cost-effective way as opposed to ad hoc intensive attempts during times of severe cash shortage.

#### **D. Partners/Donors for resource mobilization**

1. Traditional donors – although EECA has relationships with most traditional donors, with their decreasing investment in the region EECA regional office will need to find new ways to engage them. The regional office will start by consolidating existing relationships, using the new regional interventions action plan as an entry point to discuss UNFPA programs and future engagement. The regional office will likely need to invest in communications events and social media and make sure there is enough personal and specific interaction so that each donor feels like they have a unique and valuable relationship with UNFPA. In the longer term the focus on engagement and relationships will hopefully generate increased funding and a more predictable cash flow.

2. Program countries – building on UNFPA global efforts, the regional office will increase its interaction with program country governments, reinforcing the value of country programs and underlining the argument for global resources for UNFPA. Practically, the regional office will explore approaches to increase program country funding for UNFPA, both for co-financing (non-core) funding and in providing support to regular resources (core). The regional office will also seek to leverage successful examples and supportive governments to build a solidarity movement, encouraging program country governments to become much more connected to UNFPA.

3. New and emerging donors – the regional office will engage in discussions with new and emerging regional donors such as Russia, Turkey and China and review possibilities for how UNFPA programing can be part of the growing role of these countries in bilateral aid and international relations. It is likely that UNFPA regional office will need to make a more concerted investment in relationships with these countries, building on local investments and with the facilitation of national governments in UNFPA program countries.

4. Private sector – in line with the direction of UNFPA strategic partnerships branch (SPB), EECA regional office will broaden the perception and practice of partnership with the private sector, encouraging diversity of partners (businesses, non-governmental organizations, academic institutions, faith based organisations) and partnerships (monetary and non-monetary). This includes partnerships to improve the reach and effectiveness of UNFPA programmes, which generate a value for UNFPA even if no funding is actually transferred. EECA regional office will also focus on direct resource mobilization from private sector as well as creating a more conducive environment for resource mobilization via strategic partnerships with non-governmental groups.

While all staff are aware of the need to interact with the private sector, there is a limited understanding of what this means and a rather narrow focus on seeking financial resources. The engagement of the private sector will require more discussion with staff, specific training and more intensive guidance. Examples of partnerships from within UNFPA or the broader United Nations system will be very beneficial to help to reshape understanding. Guidance from strategic partnerships branch will be particularly important to ensure regional and country staff have access to training, are aware of required policies and can draw on examples or models to replicate.

5. Implementing and parliamentary partners – implementing partners are well aware of the limited and decreasing regular resources of UNFPA regional office and are therefore a useful ally in resource mobilization. UNFPA regional office will host discussions with critical implementing partners (for example International Planned Parenthood Federation) to discuss funding constraints and strategize on how national and regional interventions action plans need to be revised to reflect likely financial scenarios and what efforts can be jointly undertaken to attract and engage donors and find new funding. With parliamentary partners regional office will discuss barriers to accessing funding to ensure that donor commitments translate into accessible financing for UNFPA. More information on this can be viewed in the partnership plan.

6. United Nations system – the United Nations system and sister agencies are critical partners for political advocacy and although the United Nations is not envisaged as a key donor to the regional interventions action plan, EECA regional office will be reaching out for United Nations support to national resource mobilization at country level via United Nations Resident Coordinators and the United Nations country Team. UNFPA will also be working closely with other United Nations agencies on emergency preparedness, including joint resource mobilization and possible access to funding via the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the United Nations Central Emergency Response Fund (CERF). The regional office will also monitor where United Nations agencies are the program or advocacy lead to donors on regional efforts. If that regional effort also includes UNFPA issues (such as a regional humanitarian initiative that includes gender protection or sexual and reproductive health) EECA regional office will hold discussions with the lead United Nations entity to try to ensure that funding is allocated to UNFPA. Where possible, UNFPA will encourage the United Nations partner to use a joint programme model to avoid multiple administrative costs.

7. International Financing Institutions (IFIs) – UNFPA EECA regional office has technical relationships with a number of international financing institutions who operate in the EECA region, including the World Bank and the Global Fund. While neither of these institutions is likely to finance the regional interventions action plan in the immediate future, both are important partners for country office resource mobilization. The regional office will strengthen relationships with international financing institutions, reinforcing the value and position of UNFPA as a trusted adviser to national governments and financing institutions and hopefully increase the likelihood of future funding.

## **E. Accountability**

As described previously, a key focus area for the regional office will be ensuring that all staff at every level are aware of the need to manage and mobilize resources and feel empowered to do so. Part of this motivation of staff will include accountability measures for both staff and systems, to allow the regional office to evaluate the progress towards mobilizing resources, the barriers and success factors, and share this learning within EECA but also within UNFPA globally to support the greater predictability and sustainability of UNFPA programs. Accountability for resource mobilization will be strengthened in the following ways:

1. Strategic planning and target monitoring – regional office will apply some new measures to track resource mobilization as well as embed resource mobilization targets and indicators in existing mechanisms such as the strategic information system, the regional interventions and country program document process and performance appraisal system. It will be important in this process to include overall resource management (core and non-core) and be explicit as to the definition of what is mobilized resources. Continued guidance from resource mobilization branch (RMB) on the corporate definition of resources mobilized will be extremely helpful and allow country and regional office to prioritize activities. For example, leveraged funding (where UNFPA negotiates a funding contribution from a donor to support program activities but where funding is not received directly by UNFPA) would likely not count as mobilized resources and country and regional offices might deprioritize this activity in favour of more direct resource mobilization. EECA regional office will oversee the identification of an annual resource mobilization target for co-financing for both country and regional offices. These annual targets will be recognized and tracked by UNFPA executive office, and division of communication and strategic partnerships (DCS) and the resource mobilization branch. The regional office will consult regularly with the resource mobilization branch, providing updated information and moving the region as a whole towards self-monitoring and greater accountability of resource mobilization.

2. Individual responsibility for resource mobilization – EECA regional office will integrate resource mobilization activities into the performance appraisal system and explore incentive structures to encourage staff members to dedicate time to resource mobilization.

3. Regional directorate – investment of the regional director in the monitoring and motivating of resource mobilization across the EECA region is critical. The regional director has a role in her own capacity to ensure UNFPA has access to influential partners and senior leadership, strengthening relationships with partners and elevating programmatic discussions to political decisions. The regional director will undertake missions and discussions to influence governments and encourage greater regional program country support and investment, both in individual country programs but also to UNFPA regular resources.

**Table 1: Total resource need for regional interventions action plan 2018-2021 (in dollars)**

		Core outputs	Core outcome	Existing funds	Non-core outputs	Non-core outcomes	Total funds outcomes
Outcome 1	Output 1	1,114,341			1,000,000		
SRH	Output 2	1,217,201		600,000	1,100,000		
	Output 3	737,393					
Total Outcome 1			3,068,935			2,100,000	5,768,935
Outcome 2	Output 1	936,209			1,200,000		
Youth	Output 2	477,693			200,000		
	Output 3	593,401			600,000		
Total Outcome 2			2,007,303			2,000,000	4,007,303
Outcome 3	Output 1	915,819			300,000		
Gender	Output 2	1,405,503		90,000	2,900,000		
Total Outcome 3			2,321,322			3,200,000	5,611,322
Outcome 4	Output 1	819,418			1,000,000		
Population and development	Output 2	1,123,059			1,000,000		
Total Outcome 4			1,942,477			2,000,000	3,942,477
OEE 1	Programme effectiveness (monitoring and evaluation)	1,538,518	1,538,518				1,538,518
OEE 2	Programme operations	1,120,815	1,120,815				1,120,815
OEE 3	Inter-agency collaboration and partnership	1,088,260	1,088,260				1,088,260
OEE 4	Resource Mobilisations and communication	881,026	881,026				881,026
<b>Grand total</b>		<b>13,968,658</b>	<b>13,968,658</b>	<b>690,000</b>	<b>9,300,000</b>	<b>9,300,000</b>	<b>23,958,658</b>

**Table 2: Resource mobilization for non-core funds (in dollars)**

Programme area /or output	Indicators	Key actions	Target amount	Potential donors	Timeframe	Focal point
OEE 3: Resource mobilization	Co-financing for EECA country offices  Core from EECA countries  Number of countries with EECA contributing to UNFPA core	Within regional office: <ul style="list-style-type: none"> <li>Capacity building of EECA regional office program staff for resource mobilization</li> <li>Mapping of donors by program managers</li> <li>Improve communication of program results and future planned activities</li> <li>Establish new relationships with potential donors or shift existing relationships to expand fundraising potential</li> <li>Explore sub-regional projects to capture larger funding from regional donors</li> </ul> With country offices: <ul style="list-style-type: none"> <li>Support and advise country offices on resource mobilization</li> <li>Encourage contributions from program countries and non-program countries for UNFPA regular resources (core)</li> </ul>	Co-financing resource mobilization target 9.3 million  Core = 700,000 growing to 1 million over 4 years  Number of countries = 11 countries growing to 20 countries over 4 years	Program countries Non-program countries UN IFIs EU	2018 - 2021	Resource mobilization and partnerships adviser
Outcome 1	Co-financing contributions for EECA regional office	Review resource mobilization potential and submit funding/partnership proposals for the following areas: <ul style="list-style-type: none"> <li>Cervical cancer screening implementation (to include potential media partnerships)</li> <li>Improved quality of sexual and reproductive health services, including integration of HIV services</li> <li>Integration of minimum initial service package (MISP) in National Preparedness Plans</li> <li>Improved sexual and reproductive health in Roma populations</li> </ul>	2.1 million	Traditional donors, EU, UN system, private sector (academic institutions, pharma business associations), IPPF, Global Fund, UNAIDS	2018 - 2021	Sexual and Reproductive Health Adviser & HIV Adviser



<b>Programme Area /or output</b>	<b>Indicators</b>	<b>Key actions</b>	<b>Target amount</b>	<b>Potential donors</b>	<b>Timeframe</b>	<b>Focal point</b>
Outcome 2	Co-financing contributions for EECA regional office	Review resource mobilization potential and submit funding/partnership proposals for the following areas: <ul style="list-style-type: none"> <li>• Youth policy and youth, peace and security</li> <li>• Youth participation in regional governance processes</li> <li>• Young marginalized and key populations (HIV)</li> </ul>	2 million	Traditional donors, EU, private sector Foundations, IPPF, USAID, UN system, LGBTI individuals (general public)	2018 - 2021	Programme Specialist, Youth
Outcome 3	Co-financing contributions for EECA regional office	Review resource mobilization potential and submit funding/partnership proposals for the following areas: <ul style="list-style-type: none"> <li>• Gender-based violence among vulnerable and disabled women</li> <li>• Gender-based violence data, prevalence and multi-sectoral responses</li> <li>• Gender-biased sex selection and working with men and boys</li> <li>• Scale-up of workplace sexual and reproductive health/gender-based violence services with private sector</li> </ul>	3.2 million	Traditional donors, Canada, Nordic Countries, EU, UN system, individuals (general public)	2018 - 2021	Regional Technical Advisor - Gender
Outcome 4	Co-financing contributions for EECA regional office	Submit a multi-country proposal for strengthening national data systems in Commonwealth of Independent States (CIS) countries	2 million	Russian Federation	2018 - 2021	Population and Development Adviser

## Annex 4. Partnerships plan

Constituent	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
United Nations System	World Health Organization (WHO) Europe	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management</li> <li>• Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership role at regional level in setting health agenda and raising awareness of policy makers and experts on regional sexual and reproductive health incl. HIV policy frameworks;</li> <li>• Stewardship role on innovations and good practices to accelerate progress in the field of sexual and reproductive health; brokering solutions and peer learning to inform decision making in the area of sexual and reproductive health at regional and national level, including for adolescent and youth sexual and reproductive health and comprehensive sexuality education.</li> <li>• Technical guidance and evidence generating on addressing pre-natal sex selection and health sector response to gender-based violence.</li> </ul>	<ul style="list-style-type: none"> <li>• WHO Sexual And Reproductive Health Action Plan in EECA region localized</li> <li>• Collaboration with WHO on pre-natal sex selection and strengthening the health sector response to gender-based violence</li> <li>• Collaboration with WHO on policy dialogue and advocacy on addressing migrants/refugees and adolescent and youth sexual reproductive health and rights, civil registration and vital statistics (CRVS) strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• EECA countries supported by regional interagency board recommendations on implementation of the sexual and reproductive health regional action plan. Baseline: 0 Target: 17</li> <li>• Number of regional interventions implemented with WHO involvement Baseline: 0 Target: 10</li> <li>• Number of joint initiatives on migrants/refugees and adolescent and youth sexual and reproductive health and rights, civil registration and vital statistics across the region conducted Baseline: 0 Target:8</li> </ul>	WHO/Europe Regional Office leads the normative work, provides analysis and generates evidence on health agenda in Europe and Central Asia. Member State from the region within the framework of WHO Regional Committee meet once a year to review the progress on policy implementation, formulate regional policies, recommend and supervise WHO/Europe's activities, and approve the budget.
	United Nations Educational, Scientific	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Convening power on strengthening national education systems and mobilizing national</li> </ul>	Joint activities on comprehensive sexuality education conducted	Number of joint initiatives on comprehensive sexuality education across the region	UNESCO is a specialized agency of United Nations system with specific role among others in the area of education and comprehensive sexuality education.

Constit uency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
	and Cultural Organization (UNESCO)	management	governments to implement comprehensive sexuality education. <ul style="list-style-type: none"> <li>• Brokering role among United Nations system in sharing good practices and technical support on comprehensive sexuality education</li> </ul>		Baseline: 0 Target: 4	It has technical capacity and legitimacy to mobilize national governments and other partners on comprehensive sexuality education.
	UNESCAP, UNDESA, UNICEF, UNECE, WHO	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management;</li> <li>• Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Shared convening power on policy dialogue;</li> <li>• Generate evidence and solutions, provide technical support and sharing good practices</li> </ul>	Strengthened civil registration and vital statistics in EECA region	Number of EECA countries and territories whose civil registration and vital statistics rapid assessment scores exceed 80  Baseline: 10 Target: 17	UN entities with key technical and convening role, and commitment to strengthen the statistical systems on civil registration and vital statistics for EECA region.
	UNDP	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management;</li> <li>• Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>• Shared convening power;</li> <li>• Provided technical assistance and leadership in strengthening rule of law in crisis-affected and fragile situations;</li> <li>• Integrated Security Council Resolution 2250 on Youth, Peace and Security into joint regional initiatives incl. disaster risk reduction and Capacity building (CADRI).</li> <li>• Sustainable development goal lead role</li> </ul>	<ul style="list-style-type: none"> <li>• Joint initiatives on youth, peace and security implemented;</li> <li>• Joint initiatives on disaster risk reduction implemented, including: <ul style="list-style-type: none"> <li>- Capacity for Disaster Reduction Initiative assessments by team of regional experts,</li> <li>- Capacity building for UN and government focal points on disaster risk reduction and gender</li> </ul> </li> </ul>	Number of joint initiatives conducted:  <ul style="list-style-type: none"> <li>• <b>Youth, peace and security</b> Baseline: 0 Target: 4</li> <li>• <b>Disaster risk reduction related</b> Baseline: trainings 0 Target: 4 Baseline: assessments 0 Target: 2</li> </ul>	UNDP's role in peace and security is unique among the UN development agencies. Especially with its links to Department of Political Affairs, with Peace and Security Advisors and as the custodian of the Resident Coordinator system. UNDP's leadership in disaster risk reduction and preparedness is essential, especially with the closure of OCHA regional office in 2017.  UNFPA needs this alliance as we built capacity with regard to the implementation of SCR 2250 and reach out to partners (including donors). The collaboration with UNDP will assist UNFPA efforts for the roll-out of the Inter-Agency Standing Committee

Constituency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
						(IASC) Emergency Response Preparedness (ERP).
	Joint United Nations Programme on HIV/AIDS (UNAIDS) Cosponsors and RST	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management;</li> <li>• Capacity building</li> </ul>	United Nations interagency collaboration	Policy cohesion and shared technical assistance across the UNAIDS Cosponsors and Secretariat.	<p>Joint programming on comprehensive HIV packages for key populations in priority countries.</p> <p>Baseline: 0</p> <p>Target: 4 countries</p>	The Joint United Nations Programme on HIV/AIDS is the only joint programme in the United Nations system.
	Office of the United Nations High Commissioner for Human Rights (OHCHR) – regional office	<ul style="list-style-type: none"> <li>• Capacity building;</li> <li>• Knowledge management</li> </ul>	Technical knowledge and brokering role on synergies of human rights, reproductive rights and gender equality	Joint collaboration in provision of technical assistance to countries in regards to reporting obligations of the Governments under Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) Concluding Observations and Universal Periodic Review (UPR) recommendations, including national inquiries and monitoring mechanism on reproductive rights and gender	<p>Number of joint technical Capacity building and advocacy interventions implemented in the area of the Convention on the Elimination of all Forms of Discrimination Against Women and Universal Periodic Review</p> <p>Baseline: 0 Target: 4</p> <p>Number of priority country <sup>34</sup>where National Human Rights Institutions (NHRI) have adopted UNFPA national inquiry methodology with support of regional office</p> <p>Baseline : 2 Target: 6</p>	OHCHR is a critical partner for the integration of reproductive rights and gender equality in the process of developing a national human rights action plans and in setting up a national coordination mechanisms for holistic implementation of recommendations from all international human rights mechanisms (UPR, CEDAW etc.).

<sup>34</sup> Priority country will be identified based on the political will, interest of National Human Rights Institutions (NHRIs) and country office level partnership to adopt a UNFPA national inquiry methodology. So far Azerbaijan and Armenia completed national inquiry and Serbia, Moldova, Kyrgyzstan, Tajikistan, Kazakhstan, Georgia are considered to be target countries.

Constituency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
	United Nations Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) committee	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	CEDAW Committee members provide leadership and technical assistance to countries with regard CEDAW review and reporting	Efficient support provided to the national partners in the processes of addressing the CEDAW Concluding Observations and Universal Periodic Review recommendations	<p>UNFPA facilitated involvement of the CEDAW Committee members for capacity development and guidance on implementation of the Concluding Observations and reporting to the CEDAW Committee.</p> <p>Baseline: 0 Target: 10</p>	CEDAW and Universal Periodic Review mechanisms are critical from the perspective of new entry points and working principles as addressing the CEDAW Concluding Observations in conjunction with the Universal Periodic Review recommendations. UNFPA collaboration with partner provides an avenue for new mode of partnership with broader range of actors on the country level in order to advance the CEDAW concluding observations and Universal Periodic Review recommendations.
	Regional-United Nations Development Group - issue based coalitions (IBC) and working group	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Joint initiatives with financial contributions based on annually developed and agreed joint work plans	<ul style="list-style-type: none"> <li>• International Conference on Population and Development related issues (sexual and reproductive health and rights, HIV, youth, gender, data, population dynamics, humanitarian response) promoted through IBC on health and gender</li> <li>• UNFPA mandate promoted through the United Nations system IBCs and working groups;</li> <li>• Strengthened United Nations system collaboration in addressing social issues</li> </ul>	<p>Number of initiatives of the UN System IBC on health that reflect the Programme of Action of the International Conference on Population and Development (sexual and reproductive health and rights, HIV, youth, gender, data, population dynamics, humanitarian response)</p> <p>Baseline: 0 Target: 6 (cum)</p> <ul style="list-style-type: none"> <li>• Regional policy documents and Issue Briefs reflecting UNFPA mandate disseminated</li> </ul> <p>Baseline:</p> <ul style="list-style-type: none"> <li>• policy papers/briefs: 2</li> <li>• regional events: 2</li> </ul>	Within the framework of R-UNDG there are 5 issue-based coalitions and working groups established, namely on: health, gender, adolescents and youth, large movements of people, displacement and resilience and peer support group. The main goal of the coalitions/working groups are to ensure a coordinated UN system approach to promoting the respective issues, specifically around achieving the Sustainable Development Goals (SDGs) and provide support to UN country teams.

Constituency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
					<ul style="list-style-type: none"> <li>regional initiatives: 1</li> <li>Joint initiatives and regional meetings organized</li> </ul> Target: <ul style="list-style-type: none"> <li>policy papers/briefs: 2</li> <li>regional events: 4</li> <li>regional initiatives: 4</li> </ul>	
	United Nations Economic Commission for Europe (UNECE)	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Capacity building;</li> <li>Knowledge management.</li> </ul>	<p>Coordinating role of Regional coordination mechanism (RCM) and key agency on the Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 and the 2030 Agenda regional review processes.</p> <p>Technical expertise and methodology/tools provision on: a) census, b) aging; c) gender statistics;</p> <p>Facilitate networking with key regional population and development entities active in population and development field;</p> <p>Co-share of the regional</p>	<ul style="list-style-type: none"> <li>UNFPA contributed to the work of regional coordination mechanism on Sustainable Development Goals and successfully integrated the Programme of Action of the International Conference on Population and Development in relevant processes and results</li> <li>UNFPA contributed to strengthening normative work on census, gender statistics and ageing.</li> <li>Regional Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014 monitoring is functioning</li> <li>With support of UNFPA ageing is mainstreamed in national development policies</li> </ul>	<ul style="list-style-type: none"> <li>The 5 years ICPD beyond 2014 regional review completed Baseline: No Target: Yes</li> <li>UNFPA contributed to Regional coordination mechanism and 2030 Agenda initiatives Baseline: 0 Target: 4</li> <li>ICPD beyond 2014 review monitoring framework developed Baseline: No Target: Yes</li> <li>Number of regional guidelines, tools, databases related to census, gender statistics or ageing endorsed by the Conference of European Statisticians (CES) that are developed with inputs from EECARO Baseline: 0, Target: tbc.</li> <li>Number of priority EECA countries and territories with</li> </ul>	<p>UNECE chairs the United Nations Regional Coordination Mechanism for Europe and Central Asia (RCM), which coordinates the work of UN system at the regional level. It promotes cooperation among United Nations regional entities and their various partners in addressing regional, cross-cutting policy issues and provides regional perspectives to the global level. As regional economic commission, UNECE has a critical role with regard regional review of Sustainable development goals. The commission also acts as a secretariat for the Conference of European Statisticians, UNECE is the only regional partner with convening power and mandate to develop regional normative agreements in the area of statistical data systems, and including sex disaggregated indicators and gender statistics. UNECE is also a key partner of UNFPA with regards to furthering the Programme of Action of the International Conference on Population</p>

Constituency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
			sustainable development goals initiatives	and programs	national development policies and programs in which ageing is mainstreamed with support of regional office Baseline: 3 Target: 11	and Development and the Sustainable Development Goals.
Civil society organizations	East European Institute for Reproductive Health (EEIRH)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building; Knowledge management.</li> </ul>	<p>Technical expertise in the area of quality of care, clinical governance, adult learning, evidence-based family planning counselling, reproductive health commodity security.</p> <p>Technical expertise on multisectoral response to gender-based violence</p>	<ul style="list-style-type: none"> <li>• National capacities for the delivery of quality sexual and reproductive health services with the focus on improving quality of care systems and processes strengthened</li> <li>• The implementation of the EECA Regional Contraceptive Security Strategic Framework (RCSSF) 2017-2021 supported and coordinated</li> <li>• Multi-sectoral response on gender-based violence across the region strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Institutionalized national e-courses that build on regional course Baseline: 0 Target: 10 countries</li> <li>• Number of countries that achieved the targets across the 5 Cs (focus areas) of the Regional Contraceptive Security Strategic Framework by 2021. Baseline: 0 Target: 10 countries</li> <li>• Number of priority countries<sup>35</sup> with functional multisectoral coordination mechanism to address gender-based violence with support of regional office</li> </ul>	<p>The East European Institute for Reproductive Health (EEIRH) promotes the right of women and men to sexual and reproductive health, to a life without gender-based violence and to a healthy and dignified ageing. To fulfil this mission, EEIRH provides policy advisory work, consultancy and technical assistance, develops and implements research, training and communication programmes and projects, and offers social and medical services.</p> <p>Key priorities for the organization are: repositioning family planning (FP) to reduce unmet need for modern contraception, upholding the reproductive rights of couples and individuals and supporting countries to develop strategies and build capacity in the area of rights-based family planning services and contraceptive security;</p>

<sup>35</sup> Priority countries are selected based on the scope of issue, existence/non-existence of the gender-based violence related multi-sectoral mechanism and national priority within current national strategies the UNFPA Country Programme: Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Macedonia, Serbia, Tajikistan, Ukraine.

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					Baseline: 0 Target 11	strengthen multi sectoral response to gender-based violence in EECA countries.  EEIRH has demonstrated proven knowledge of global evidence and best practices regionalized standards, guidelines, protocols and training initiatives.
	European Institute for Gender Equality (EIGE)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Leadership on policy dialogue on gender equality and brokering good practices on advancing gender equality within European Union members.	Gender-based violence administrative data collection and gender-based violence costing methodology introduced in the EECA region.	Gender-based violence administrative data collection and gender-based violence costing methodology are shared and introduced in the region  Baseline: No Target: Yes	The European Institute for Gender Equality (EIGE) is an autonomous body of the European Union, established to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all EU policies, and the fight against discrimination based on sex, as well as to raise EU citizens' awareness of gender equality. UNFPA EECA regional office gender program's collaboration with EIGE will be focused on the areas of administrative data collection and gender-based violence costing methodology.
	Global Men Engage Alliance and MenCare	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management.</li> </ul>	Global partnership in the area of men engagement for advancing gender equality	Global MenEngage Alliance is a strong global ally for UNFPA EECA MenEngage Platform country and regional level members	Number of joint technical assistance initiatives conducted  Baseline: 1 Target: 3  Number of MenCare Campaigns launched on the country level	UNFPA is a member of the advisory committee of the MenEngage Alliance, a global network of NGOs seeking to transform masculinities and engage men and boys in gender justice agenda. The added value of the partnership between the EECA regional office and Alliance is to jointly promote the inclusive participation civil society



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					Baseline: 3 Target: 10	representatives, including NGOs, media, youth groups, ethnic minorities and professional unions in the work with men and boys through bringing global expertise and developing tools for NGO's to strengthen partnerships with government to scale up interventions engaging men and boys.
	Promundo - US	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Technical expertise on gender transformative programming	<ul style="list-style-type: none"> <li>• Technical assistance on IMAGES research methodology and analysis</li> <li>• Technical assistance in the area of gender transformative program with the support of civil society</li> </ul>	<p>Regional IMAGES report produced based on the country studies</p> <p>Baseline: 0 Target: 0</p> <p>Number of gender transformative programs rolled out in the region:</p> <p>Baseline: 5 Target: 14</p>	UNFPA Eastern Europe and Central Asia Regional Office and their civil society partners across the region have engaged in a partnership with Promundo-US to integrate gender-transformative approaches, including engaging men and boys, in order to address stereotypical gender norms, eliminate violence against women and girls, combat harmful practices those foster injustice and increase access and utilization of sexual and reproductive health services.
	Women against Violence Europe (WAVE) Network	Advocacy and policy dialogue	Joint advocacy around Regional conservative discourse around women's rights	International WAVE conferences addressed International Conference on Population and Development. related issues and gender related concerns form EECA region	<p>International WAVE conferences with UNFPA involvement conducted</p> <p>Baseline: 2 Target: 6</p>	WAVE is the only European network focusing solely on the elimination of violence against women and children, which was established in 1994. Partnership between EECARO and the WAVE Network aims to promote and strengthen the human rights of women and children in general and to prevent violence against women and children in particular Collaboration with WAVE will allow EECA regional office to establish the connection and West-East

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						partnership between EU and EECA countries.
	European Youth Parliament (EYP)	Advocacy and policy dialogue	Support in awareness raising and advocacy of young members of parliament from European Union and EECA countries on priority sexual and reproductive health issues and youth related issues	Youth sexual and reproductive health and rights priority issues integrated in European Parliament's international session resolutions (for sharing with national parliaments and the European Parliament)	Number of resolutions that reflect sexual and reproductive health needs of young people adopted  Baseline: 0 Target: 2	The European Youth Parliament (EYP) is a non-partisan, independent educational programme for young people between 16 and 26 years of age from the Europe. It has brings together National Committees from 40 European countries. Out of them, ten countries are EECA Programme Countries and Romania. Through its educational programme, EYP brings together young people from all over Europe to discuss current topics in a parliamentary setting that promote intercultural understanding.
	European Board & College of Obstetrics and Gynaecology (EBCOG)	Knowledge management	Leader on obstetrics and gynaecology and professional network for knowledge transfer from west to east; influential professional network that provides evidence for policy dialogue.	<ul style="list-style-type: none"> <li>• UNFPA-EBCOG Professional Development Scholarship Programme for sexual and reproductive health professionals who represent countries, institutions and professional associations from the EECA region implemented;</li> <li>• Support institutional capacity building and knowledge sharing to national associations with the particular focus to the implementation of the European standards: Improving Quality of Maternal and Newborn Care</li> </ul>	<p>Number of national programmes that build on UNFPA-EBCOG Professional Development Scholarship Programme for sexual and reproductive health professionals</p> <p>Baseline: 3 Target cum: 6</p> <p>Number of National Associations implement European standards</p> <p>Baseline 2016: 0 Target: 10</p>	EBCOG is the biggest European professional organization established in 1996 representing 37 national professional societies, many of which are from the EECA region under the coverage of UNFPA EECARO. EBCOG is an integral part of UEMS (Union Européenne des Médecins Spécialistes). By working with EBCOG, UNFPA can tap technical and operational expertise and resources available under the EBCOG member organizations. Cooperation with EBCOG provides a unique opportunity of working with the EBCOG's member associations which represent major European Subspecialist societies in

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				<p>in Health Facilities.</p> <ul style="list-style-type: none"> <li>Operationalization of the pre and post-diploma sexual and reproductive health master classes for doctors, midwives, policy advisors, national experts and senior managers</li> </ul>		different areas of sexual and reproductive health. Members and partners of EBCOG are leading organizations in policies, standards, training, quality assurance, and audit in the area of sexual and reproductive health.
	Eurasian Coalition on Male Health (ECOM)	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Capacity building;</li> <li>Knowledge management.</li> </ul>	Collaborate with UNFPA in implementation of Global Fund grant in five countries and in the roll out of the implementation tool for men who have sex with men (MSMIT), transgender implementation tool (TRANSIT) across the region; include men's sexual health and rights within our agenda	<ul style="list-style-type: none"> <li>MSMIT and TRANSIT rolled out in 5 priority countries and strengthened integration of men's sexual health and rights in HIV responses.</li> </ul>	<p>Programming on comprehensive HIV packages for key populations supported in priority countries.</p> <p>Baseline: 0 Target: 5 countries</p>	ECOM is the key partner in providing sexual and reproductive health and rights for men who have sex with men and transgender people in the EECA region. ECOM is a community-led coalition. They are recipient of a regional Global Fund grant selected as a unique principal recipient. They are an implementing partner of UNFPA.
	Sex Workers Advocacy Network (SWAN)	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Capacity building;</li> <li>Knowledge management.</li> </ul>	Collaborate with UNFPA on the implementation of comprehensive HIV responses among sex workers, particularly implementation of the sex worker implementation tool (SWIT). Technical assistance for programming among young key populations.	<ul style="list-style-type: none"> <li>SWIT rolled out in priority countries with the engagement of community led organisations of sex workers in programme design, implementation and monitoring.</li> </ul>	<p>Programming on comprehensive HIV packages for sex workers and other key populations supported in priority countries.</p> <p>Baseline: 3 Target: 8 countries</p>	SWAN is the regional community-led network of sex workers. They represent sex workers rights across Europe, Eastern Europe, Central Europe, Turkey and Central Asia. There is no other community-led network of sex workers in the region. They are an implementing partner of UNFPA.
	Eurasian	<ul style="list-style-type: none"> <li>Advocacy</li> </ul>	Collaborate with UNFPA	<ul style="list-style-type: none"> <li>Women living with HIV</li> </ul>	EWNA's Strategic Plan addressing	EWNA is a community-led network of

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	Network of Women Living with HIV (EWNA)	and policy dialogue; • Capacity building; • Knowledge management.	on the integration of the sexual and reproductive health and rights of women living with HIV within sexual and reproductive health and rights programmes for all women and within programmes addressing gender based violence. Technical assistance for programming among young people living with HIV.	have their sexual and reproductive health and rights needs met.	sexual and reproductive health and rights of women living with HIV and addressing the gender based violence they experience incorporated within UNFPA's integrated HIV/sexual and reproductive health and rights/gender-based violence responses.  Baseline: 0 Target: 11 countries.	women living with HIV from 11 countries. They are the sole such network in our region and a member of the International Coalition of Women Living with HIV (ICW)
	East Europe and Central Asia Union of People Living with HIV	• Capacity building; • Knowledge management.	Collaborate with other community-led regional networks to provide UNFPA with technical assistance on comprehensive HIV packages among key populations, including for young key populations.	• Community-generated implementation science informing HIV programming for key populations.	Technical assistance provided on comprehensive HIV packages in priority countries.  Baseline: 0 Target: 5 countries	ECUO is a community-led network and sub recipient of the Global Fund grant implementing HIV treatment and care for people living with HIV in the region. With EWNA, EHRN, SWAN, ECOM, and ENPUD they form the core regional networks addressing HIV and key populations in EECA.
	International Federation of Cervical Pathology and Colposcopy (IFCPC)	• Capacity building; • Knowledge management	Technical expertise in strengthening national capacities for cervical screening and management in accordance to international standards	Regional initiative of IFCPC, International Agency for Research on Cancer (IARC) EECA regional office on colposcopy and cervical cancer prevention rolled across the region (Eng/Rus)	Number of countries that rolled out the regional initiative  Baseline: 0; Target: 10 countries.	Cervical cancer prevention is the priority for EECA countries stipulated in the ongoing EECA country programme documents. It is therefore important for all countries to strengthen institutional capacities, systems and improve access to quality cervical cancer prevention services, as called for in the Programme of Action of the International Conference on Population

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						<p>and Development. (para 7.6).</p> <p>IFCPC is a global federation of colposcopy and cervical pathology societies that aims to promote excellence in cervical pre-cancer and cancer screening and management, which is enhanced by informing women and promoting best standards of care with structured training, audit and research. IFCPC works with professional associations and technical networks from many countries helping governments to establish and implement complex multiyear programmes for cervical cancer prevention.</p>
	International Cervical Cancer Association (ECCA)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management.</li> </ul>	<p>Technical expertise in programming related to the organized cervical cancer prevention in accordance to international standards; evidence-based advocacy and policy dialogue for cervical cancer prevention;</p> <p>Capacity building of professional networks / institutions</p>	Selected EECA countries to roll-out cervical cancer prevention programme in line with the capacity gaps assessment and road mapping recommendations	<p>Number of new countries that roll-out the cervical cancer prevention programme</p> <p>Baseline; 0 Target: 3</p>	<p>The strategic cooperation of UNFPA EECA regional office work with ECCA serves the purpose of strengthening regional policy advocacy alliances and institutional capacities in EECA countries for inclusive policies and evidence-informed practices to ensure equitable access for all to well-organised national cervical cancer prevention programmes. With the support from ECCA, a comprehensive assessment of system gaps and capacities of all EECA countries for organized cervical cancer prevention programmes was conducted in 2014 which followed in 2015 with the production of detailed roadmap for</p>

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						implementation in countries.
	International Planned Parenthood Federation – European Network (IPPF-EN)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management</li> </ul>	<p>Leading role among civil society organizations in the region on sexual and reproductive health and rights agenda; generates evidence on addressing the needs of women and young people and coordination role on minimum initial service package (MISP) readiness</p> <p>Collaboration on HIV and sexual and reproductive health and rights programming among young key populations.</p>	<p>Political scanning and advocacy efforts at regional and national level for protecting and advancing sexual and reproductive health and women’s rights strengthened</p> <p>MISP included in the national preparedness plans of the most-at-risk countries</p> <p>Collaboration with IPPF-EN for MISP readiness resource mobilization strengthen</p> <p>Comprehensive HIV and sexual and reproductive health and rights packages for young key populations incorporated into national and/or local programmes</p> <p>Collaborative initiatives on ICPD beyond 2014 regional review and 2030 Agenda conducted</p>	<p>Number of joint initiatives that aim at protecting and advancing sexual and reproductive health and women’s rights Baseline: 0 Target: 12</p> <p>Number of countries that have integrated MISP into their national preparedness plans Baseline: 0 Target: 5</p> <p>Number of resource mobilization initiatives conducted Baseline: 0 Target: 4</p> <p>Programming on HIV and sexual and reproductive health and rights for young key populations included in national plans and/or local plans. Baseline: 0 Target: 8 countries</p>	<p>IPPF EN includes 39 member associations and collaborating partners throughout Europe and Central Asia that work on advocacy and creating an enabling environment for sexual and reproductive health and rights. The organization promotes youth participation and empowerment.</p> <p>IPPF-EN has been UNFPA EECA regional office’s key partner in setting up the regional EECA inter-agency working group and co-chairing its Secretariat.</p> <p>IPPF-EN can also benefit from the great emergency response expertise of the SPRINT initiative that was set up in Asia Pacific region, and the newly IPPF humanitarian hub set up in Bangkok. IPPF-EN co-leads with EECARO the regional inter-agency working group for the increase of MISP readiness in the EECA region, with a focus on the 9 most at risk countries. IPPF-EN to support knowledge sharing within the region between all sexual and reproductive health working groups.</p> <p><i>IPPF EN and UNFPA EECA have</i></p>

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				Evidence for policy impact, tools, information and programmatic approaches shared	<p>Number of initiatives on ICPD beyond 2014 regional review and 2030 Agenda conducted. Baseline: 0 Target: 8</p> <p>Number of good practices and tools shared Baseline: 0 Target: 8</p> <p>Number of communication exchange sessions conducted Baseline:0 Target: 8</p>	<i>prepared the basis for the work on young key populations over the past two years. Their member associations and UNFPA country offices are able to replicate and expand upon the joint approaches developed at the regional level between IPPF EN and EECA regional office</i>
	Women Refugee Commission (WRC)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management</li> </ul>	Leadership role on addressing the needs of refugee women and children, and the policies that can protect and empower them	Through collaboration with WRC and regional EECA inter-agency working group mobilize resources for the increase of MISP readiness in the region	<p>Number of proposal submitted Baseline: 0 Target: 4</p>	The Women's Refugee Commission improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. WRC conducts needs assessments, provides solutions and advocate for programs and policies to strengthen resilience and drive change in humanitarian practice. Since its founding in 1989, WRC has been a leading expert on the needs of refugee women and children, and the policies that can protect and empower them
	International Federation of the Red	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> </ul>	Leadership role and greater national presence for humanitarian response	Collaboration with IFRC on design and implementation of the regional strategy to	Formalized agreement for collaboration on Global Compact for young people in place	The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest

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	Cross and Red Crescent (IFRC)	<ul style="list-style-type: none"> <li>Capacity building;</li> <li>Knowledge management</li> </ul>	around the world.	implement the Global Compact for young people in emergency action established	Baseline: no Target: yes	humanitarian organization. The unique network of National Societies - which cover almost every country in the world - is the IFRC's principal strength. Cooperation between National Societies gives the IFRC greater potential to develop capacities and assist those most in need. At a local level, the network enables the IFRC to reach individual communities.
	Medecins Sans Frontieres (MSF)	<ul style="list-style-type: none"> <li>Capacity building;</li> <li>Knowledge management</li> </ul>	International leader in bringing quality medical care to people caught in crisis	Partnership between MSF and UNFPA on sharing experience in delivering MISP and responding to gender-based violence in emergency setting established	Number of initiatives for exchange of information and experience conducted  Baseline: 0 Target: 6	Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare.
	AFEW	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Knowledge management;</li> <li>Capacity building</li> </ul>	<ul style="list-style-type: none"> <li>Advocated for human rights for key populations and protecting their rights to health.</li> <li>Addressed stigma of HIV/AIDS by providing information to community leaders and creating a supportive environment.</li> <li>Contributed to the work with communities in developing participatory approaches.</li> </ul>	Improved collaboration on supporting community-led approaches.	One joint virtual meeting with AFEW International, IPPF EN, and interested community-led networks per year.  Baseline: 0 Target: 4 virtual meetings.	<i>AFEW International</i> is an international network of civil society organisations that is dedicated to improving the health of key populations with a focus on EECA region. It strives to promote health and increase access to prevention, treatment and care for public health concerns such as HIV, tuberculosis, viral hepatitis, and sexual and reproductive health and rights. <i>AFEW</i> is not a community-led network, rather is community-engaged.
	European Parliamentary Forum on Population and	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Knowledge management;</li> </ul>	Provides pan-European framework for Member of Parliament wishing to forge consensus and collaborate on initiatives	Political scanning and advocacy efforts at regional and national level for protecting and advancing sexual and reproductive health	Number of joint regional parliamentary initiatives implemented in Eastern Europe	EPF is a network of members of parliaments from across Europe who are committed to protecting the sexual and reproductive health of the world's most



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	Development (EPF)	<ul style="list-style-type: none"> <li>Capacity building</li> </ul>	relating to sexual and reproductive health. Provides expertise for United Nations agencies, inter-governmental organisations and non-governmental organizations that are interested in working with parliamentarians.	<p>and rights strengthened</p> <p>Regional dialogue on policy implementation and budgetary allocations for sexual and reproductive health and rights, gender equality and youth issues strengthened.</p>	Baseline: 0 Target: 12 (cum)	vulnerable people, both at home and overseas.
	Asian Forum of Parliamentarians on Population and Development (AFPPD)	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue;</li> <li>Knowledge management;</li> <li>Capacity building</li> </ul>	Leadership role in Central Asia in building parliamentary capacity, exchange of experience and mobilize government and public support in facilitating population and development policies and legislation on (1) ensuring healthy lives and human well-being and (2) eradicating poverty in the Asia-Pacific region, with a view to contributing to the achievement of equitable and sustainable development.	<p>Political scanning and advocacy efforts at regional and national level for protecting and advancing sexual and reproductive health and rights and addressing emerging population issues (e.g. ageing) strengthened</p> <p>Regional dialogue on policy implementation and budgetary allocations for sexual and reproductive health and rights, gender equality and youth issues strengthened.</p>	<p>Number of joint regional parliamentary initiatives implemented in Central Asia</p> <p>Baseline: 0 Target: 8 (cum)</p>	AFPPD engages with parliamentarians from Asia including Central Asia and the Pacific to champion policies on population and development. AFPPD educates, motivates, involves, and mobilizes parliamentarians on the linkages between population dynamics and sustainable development by addressing reproductive health, family planning, ageing, urbanization, migration, HIV/AIDS, and gender equality.
	Journalists and media organization with global / regional	<ul style="list-style-type: none"> <li>Advocacy and policy dialogue</li> </ul>	Conveying key messages and International Conference on Population and Development-related content to audiences including donors, policy-	EECA regional office's messages are reflected in media with regional/global reach.	<p>Stories are published in major international media carrying UNFPA EECA regional messages</p> <p>Baseline: 4 Target: 6</p>	Journalists and media organizations with global/regional reach are key conveyors of UNFPA messages to relevant audiences, including donors, policy-makers and the general public. Engaging the media helps generate

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	reach		makers, and the general public			financial and political support for the Programme of Action of the International Conference on Population and Development and UNFPA's work in the region.
Inter-governmental	Inter-parliamentary Assembly of Member Nations of the Commonwealth of Independent States (IPA CIS)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management;</li> </ul>	Leadership role among Commonwealth of Independent States National Parliaments	Advocacy initiatives with parliamentarians addressing population dynamics, gender equality, sexual and reproductive health and rights and youth issues conducted	Number of joint initiatives for CIS parliamentarians conducted Baseline: 0 Target: 5 (cum)	<p>The Inter-parliamentary Assembly of Member Nations of the Commonwealth of Independent States (IPA CIS) was created on 27 March 1992 in Alma-Aty (Republic of Kazakhstan) The Inter-parliamentary Assembly consists of national parliamentary delegations. The following areas of work are key for the collaboration with UNFPA:</p> <ul style="list-style-type: none"> <li>• Adoption of recommendations facilitating consolidation of national laws in the Commonwealth of Independent States</li> <li>• Adoption of model legislation and transmits them with relevant guidelines to the parliaments of States Parties to the IPA CIS Convention;</li> <li>• Adoption of recommendations on the compliance of national legislation with effective inter- Commonwealth of Independent States instruments;</li> <li>• Exchange of information exchanges on legal matters among Member.</li> </ul>
	Interstate Statistical Committee of the Commonwealth of Independent	<ul style="list-style-type: none"> <li>• Knowledge management</li> <li>• Capacity building</li> </ul>	<p>Technical expertise, access to data sets and operational support</p> <p>Facilitation of policy dialogue and engagement of Russian institutions in</p>	<p>Research on youth and gender equality conducted</p> <p>Resource mobilization initiatives conducted</p>	<p>Number of disseminations of joint statistics on youth or gender with regional office support</p> <p>Baseline:0 Target:6 (cum)</p>	CISStat is mandated to collect, process, analyse and disseminate the data provided by national statistical services as part of the interstate exchange of information on education. It is envisaged that CISStat render consultative services to national

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	States (CISStat)		EECA regional office initiatives		Successful resource mobilization for EECA regional interventions action plan  Baseline: no Target: yes	statistical services on stat capacity building
	EuroStat	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management</li> </ul>	Technical expertise, Normative role and Capacity building for European Union Member States and European Union enlargement process	Annual plans and exchange of experience shared	Number of exchange initiatives conducted  Baseline: 0 Target: 8	<p>EuroStat possess a strong technical expertise on high quality statistics provision to Europe countries</p> <p>Good opportunity to mobilise high quality expertise and to bridge with CIS Stat for knowledge exchange</p>
	European Youth Forum (EYF)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue</li> </ul>	The European Youth Forum is an umbrella organisation for an extensive network of youth organisations, including national youth councils. Additionally, EYF form part of key United Nations processes including on Sustainable development goals, and have a standing relationship with the European Commission, the Council of Europe, and through national youth serving and youth led member organisation they reach government and civil society at	Collaboration on joint advocacy goals strengthened	Number of collaborative initiatives conducted  Baseline: 0 Target: 8 (cum)	The European Youth Forum at the regional level binds together key civil society organizations with policy agenda across Europe, and have valuable networks with regional decision making bodies.

Constit uency	Partner	Nature of collaboration	Contribution of partner	Expected result	Key indicators baseline/target	Why this partner?
			national level as well.			
	RosStat	Capacity building	Technical support in various aspects of census taking and sustainable development goals data collection and analysis and modernization of statistical data systems.	Number of Commonwealth of Independent States countries where RosStat provided technical assistance in statistical data collection in collaboration with EECA regional office.	Baseline: 0 Target: 6 (cumulative)	RosStat has been a valued partner of UNFPA in the past, and has expressed its desire to resume collaboration. It would be highly strategic to do so, in view of anticipated funding of population and development related activities in the CIS region by the Russian Federation.
	Russian Federation	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management</li> </ul>	Funding support	Resource mobilization for regional initiatives conducted	<p>Mobilized technical and financial resources</p> <p>Baseline: 0 Target: 2 million</p>	The Russian Federation based institutions have solid expertise in many areas related to The Programme of Action of the International Conference on Population and Development incl. statistical systems. UNFPA fruitful collaboration with Russia based institutions in the past and the successful cooperation between EECA regional office and Russian authorities provides an opportunity to explore the possibility for addressing emerging issues in CIS countries with Russian technical and financial support.
	Office of U.S. Foreign Disaster Assistance (OFDA)	Advocacy and policy dialogue	Funding support	Resource mobilization, supporting for the increase of the MISP readiness in the EECA region, and the integration of MISP in the national preparedness plans of at least the nine most at-risk countries (according to the	<p>Baseline: 0 dollar for disaster risk reduction and MISP / gender-based violence in emergencies preparedness</p> <p>Baseline: 0 Target: 200,000 dollars</p>	OFDA supports the MISP as the roadmap for reproductive health activities in emergencies. The agency provides humanitarian funding for UNFPA as a critical partner in reaching women and girls in crisis settings. OFDA's focus, however, is almost exclusively on internally displaced people (those who stay within their

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				INFORM index)		national borders when fleeing crisis). Among the interventions that OFDA funds are programs to prevent and respond to gender-based violence, including psychosocial and other services for survivors. Partnership and collaboration with other agencies will be also explored.
	National Gender Machinery	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Political support , coordination and facilitation in the Advocacy and policy dialogue process, in-kind contribution	<ul style="list-style-type: none"> <li>• Sexual and reproductive health and gender-based violence services that are in line with international standards integrated into the health and other relevant sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Number of countries<sup>36</sup> with functional multisectoral coordination mechanism to address gender-based violence with support of the regional office</li> </ul> Baseline: 0 Target 11 (cum)	National Gender Machinery is the main body which is responsible to coordinate and monitor the delivery on key Gender Equality and Women's Rights commitments and should be involved in the intergovernmental process, including 2030 Agenda, Commission on the Status of Women, Convention on the Elimination of all Forms of Discrimination Against Women and Universal Periodic Review commitments. EECA regional office will continue its partnership with national gender machinery for policy level advocacy and technical assistance in the area of women's rights, elimination of all forms of gender discrimination and harmful practices.
	Peer Education Training and Research Institute (PETRI) /	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	PETRI has technical capacity on peer to peer education and outreach on sexual and reproductive health incl. HIV, as well as youth participation and	Peer to peer initiatives strengthened  Youth in Sustainable development goals - “the	Number of regional peer to peer initiatives conducted  Baseline: 0 Target: 4	PETRI play a key role in providing support for Y-PEER, and has capacity on peer to peer education and advocacy, and capacity to develop relevant youth initiative.

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	National Center of Public Health and Analyses (NCPHA)		empowerment, organizational development and advocacy. NCPH has technical capacity on health systems analysis, health promotion and disease prevention.	invisible goal” outlined	Regional paper on youth in sustainable development goals prepared  Baseline: no, Target: yes	
	Bundeszentrale für gesundheitliche Aufklärung (BZgA) / WHO collaborative center for comprehensive sexuality education in the WHO European region	Capacity building;  Knowledge management	BZgA forms part of the German Federal Ministry of Health and has great capacity in health education, including comprehensive sexuality education.	Technical assistance to country offices and governments in programme countries on comprehensive sexuality education.  Evidence for comprehensive sexuality education policy advocacy.	Number of technical assistance requests fulfilled.  Baseline:0, Target: 10 (cum)	BZgA has a mandate for international cooperation and expertise with a lot of potential on comprehensive sexuality education. It is the WHO collaborative center for comprehensive sexuality education.

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Intergovernmental bodies	Council of Europe (CoE)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management</li> </ul>	<ul style="list-style-type: none"> <li>• Included International Conference on Population and Development-related issues among the thematic focus of the Current Affairs Committee;</li> <li>• Shared good practices of local and regional authorities with regard to addressing challenges of society related to the Programme of Action of the International Conference on Population and Development.</li> </ul>	Joint initiatives related to youth, gender equality and engagement of local and regional authorities implemented	Number of joint initiatives implemented  Baseline: 0 Target: 4 (cum)	Ten out of the 17 programme countries are member of CoE. The CoE priorities in addressing gender equalities, youth, and work with local and regional authorities are in line with UNFPA programmatic priorities in the region, among many to name few: combating gender stereotypes and sexism; preventing and combating violence against women; youth participation and leadership, engagement of local authorities. The Council of Europe Conventions and Charters provide a normative frameworks to address some of the issues of concern in the region, e.g. Convention on preventing and combating Violence against Women and Domestic Violence (Istanbul Convention); European Charter of Local Self-Government. Key entry points for collaboration will be Parliamentarian Assembly of CoE; Congress of Local and Regional Authorities, Current affairs Committee, etc.

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	Geneva Center for Security Policy (GCSP)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management.</li> </ul>	Gender Cluster (GC) provides leadership and capacity building on understanding of the value of inclusivity. It also creates a network of gender champions.	Opportunities for joint research papers, trainings and conflict prevention - youth, peace and security collaboration and networking explored	<p>Number of initiatives with contribution of UNFPA and/or Gender Cluster of GCSP</p> <p>Baseline: 0 Target: 8 (cum)</p>	Through GCSP's three pillars of executive education, dialogue and applied policy analysis, the Gender Cluster enhances understanding of the value of inclusivity and builds capacity. The Cluster provides a platform for the voice of gender. It is a space to explore alternate perspectives and insights, to discover mentors and role models, to develop a network of gender champions, to deepen understanding of how gender considerations cut across all professional fields and, most importantly, to address challenges posed by the lack of inclusivity in order to create positive change. Greater inclusion of all parts of society is critical for boosting prosperity, for creating sustainable peace, for ensuring the respect of human rights.
	Organization for Security and Co-operation in Europe (OSCE)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue</li> </ul>	UNFPA and OSCE partner around OSCE regional study on violence against women	UNFPA acts as member of advocacy group and ensure integration of UNFPA related issues into the OSCE regional study	<p>Number of UNFPA country office involvement in the OSCE study and number of joint regional and country advocacy campaigns introduced as partnership outcome</p> <p>Baseline: 0 Target: 5</p>	In 2017 OSCE introduced a new research project on violence against women, including in conflict setting that covers 12 countries in EECA Region (Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Macedonia, Moldova, Serbia, Kosovo territory, Montenegro and Ukraine). UNFPA regional office acts as member of the technical advocacy committee but also facilitates including of the UNFPA mandate in the methodology involvement of country offices and their partners in this regional initiative.



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International Financial Institutions	World Bank	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management</li> </ul>	The World Bank play a central role in financing development in the region, possess a formidable technical capacity and loads of relevant evidence. It is potentially a key partner for resource mobilisation, agenda setting and getting additional donors on board.	Increased focus on gender, adolescent and youth sexual and reproductive health, including gender-based violence costing, gender-based violence prevalence studies, comprehensive sexuality education in national development agendas, and for bilateral donors	Regional partnership agreement that facilitates the collaboration at national and regional level.  Baseline: no Target: yes	No other organisation play an equally influential role in setting development agenda across the region
	Global Fund	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management</li> </ul>	Leadership role on prevention, treatment and care of HIV/AIDS	Comprehensive HIV packages for key populations in priority countries integrated into the grant	Number of countries that used the packages  Baseline: 0 Target:5 (cum)	The Global Fund is a key financing instrument in addressing HIV and tuberculosis in the region. The institution invests in prevention, treatment and care services; and in strengthening local communities, health systems and improve economies.
Academia	Bilgi University	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management</li> </ul>	Technical expertise, in kind staff and premise provision	Functioning sub-regional center of excellence on National Transfer Accounts (NTA) Number of EECA countries and territories with ongoing work on National Transfer Accounts	Baseline: no Target: yes  Baseline: 2 Target 8	Bilgi University, Istanbul, Turkey provides about 200 undergraduate, graduate and associate degree programs. It has a solid knowledge on NTA and it is well connected to global NTA community. The university is a reputable academic institution, which is also politically and strategically well positioned in Turkey and the region to play a regional role with regard to NTA. The university has plans to establish the center of excellence on NTA and has access to funding. UNFPA EECA regional office established good relationship with the university and shares mutual interest in advancing NTA across the region.

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	Higher School of Economics in Moscow (HSE)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Technical expertise, in kind staff and premise provision	<p>-Functioning sub-regional center of excellence on NTA for Commonwealth of Independents States</p> <p>Number of EECA countries and territories with ongoing work on National Transfer Accounts</p> <p>Market Segmentation Analysis in Family Planning</p>	<p>Baseline: no Target: yes</p> <p>Baseline: 2 Target 8</p>	<p>HSE is the only knowledge centre on National Transfer Accounts in the CIS region. They will play a critical role in advocating and rolling out this methodology in other CIS states. They are well connected with the global NTA community.</p> <p>Possibility for funds mobilisation from Russia</p> <p>Good will and relation with UNFPA</p>
	Moscow Lomonosov University	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Knowledge management.</li> </ul>	Technical expertise, in kind staff and premise provision	Enhanced engagement of Russian expertise and resources to advance The Programme of Action of the International Conference on Population and Development	<p>Number of Regional initiatives that benefit from Russian expertise and resources</p> <p>Baseline: 2 Target: 8 (cum.)</p>	Moscow Lomonosov University was very actively engaged in the Programme of Action of the International Conference on Population and Development review process and advancement in the Commonwealth of Independent States. Good opportunity for resource mobilisation and expanded involvement of Russian experts.
	Charles University in Prague (CUNI)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	Technical expertise, in kind staff and premise provision	Regional technical assistance on population and development/population projections/metropolitan statistical area is self-sustained (financed by CUNI and the participating countries)	<p>Number of technical assistance requests fulfilled.</p> <p>Baseline:0 Target: 10 (cum)</p>	<p>CUNI has developed into a highly valued partner of EECA regional office, able to think with UNFPA and demonstrated goodwill in supporting EECA regional office activities and UNFPA mandate, not just technically but also through parallel resource mobilization and - sharing.</p> <p>CUNI has good relationship and exchange with the European</p>

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						demographic institutions and funding mechanisms, and willingness to use these to mutual benefit of EECA regional office and CUNI. Explore resource mobilization opportunities from the Czech government.
	International Advisory panel on Population and Development (IAPPD)	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	<p>Technical expertise, networking</p> <p>support of high level policy dialogue</p>	Number of EECA countries and territories where regional office supported rights-based population policies to address demographic challenges or opportunities	Baseline: 2 Target: 17	<p>The International Advisory Panel on Population and Development (IAPPD) is a composition of prominent experts in different fields of population and development. The IAPPD will provide strategic guidance to countries and UNFPA on key issues and concerns in Population and Development in Eastern Europe and Central Asia (EECA) in the context of advancing the Programme of Action of the International Conference on Population and Development and the Sustainable Development Goals.</p> <p>The IAPPD will provide evidence-based advice that takes into consideration the socio-economic development, and suggests prioritizing investments needed to develop and implement population policies that are anchored on human rights, equality, dignity and social justice.</p>
	Vienna Institute of Demography	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> </ul>	<p>Technical expertise</p> <p>networking</p> <p>support of high level</p>	Number of EECA countries and territories where the regional office supported rights-based population policies to address	Baseline: 2 Target: 17	<p>VID is a reputable demographic institute.</p> <p>It has strong alliances and network with European demographic institutions and societies. VID is very strong analytical</p>

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		<ul style="list-style-type: none"> <li>• Knowledge management.</li> </ul>	policy dialogue	demographic challenges or opportunities		capacity in demography
	Hacettepe University Institute of Population Studies	<ul style="list-style-type: none"> <li>• Advocacy and policy dialogue;</li> <li>• Capacity building;</li> <li>• Knowledge management.</li> </ul>	<p>Technical expertise</p> <p>Capacity development on measurement of gender-based violence</p>	Number of EECA countries and territories that involved Hacettepe expertise on development on measurement of gender-based violence	Baseline: 0 Target: 5	The Institute is the only academic institution in Turkey providing graduate education in the field of population. The education programs are carried out with a multidisciplinary approach with the awareness of constituting an institution providing degrees in the field of demography. The Institute has been conducting both national and subnational surveys in collaboration with national and international agencies. The Institute contributes to development and extension of population studies and serves as a bridge between academic and non-academic organizations with its demographic studies.