

Formative evaluation of the UNFPA engagement in the reform of the United Nations development system



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Table of Contents

ANNEX XI: Discussion paper #1: Regional Reform Implementation: Lessons Learned and Good Practices	3
ANNEX XII: Discussion paper #2: The positioning of UNFPA's transformative results at the country level	39
ANNEX XIII: Discussion paper #3: UNFPA's engagement in the UNDS reforms from the perspective of working in vulnerable and humanitarian settings	123

**ANNEX XI: Discussion paper #1: Regional Reform Implementation: Lessons
Learned and Good Practices**

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Contents

Acronyms and Abbreviations	6
1. Introduction	8
2. Background	8
3. Methodology	10
4. Points for Discussion	11
4.1 To what extent is UNFPA supporting regional reform and do the reform products contribute to UNFPA’s mandate?	11
4.2 Is UNFPA at the country level benefiting from the regional reforms? What are the challenges for UNFPA in supporting UNFPA COs?	17
4.3 What are the good practices emerging from UNFPA’s engagement with the UNDS reform at the regional level? What are the lessons from one regional office (RO) that can be utilized by other ROs?	20
5 Key Messages	22
Message 1: UNFPA has made important contributions to operationalizing the UNDS reforms at the regional level. It is generally seen as a constructive supporter of the reforms and as an entity that is doing more than would be expected given the size and capacity of the organization, especially in its engagement with the PSGs, IBCs and other collaborative groups. Strong regional UNFPA leadership and skilled staff have had a positive impact on UNFPA’s contribution to regional reforms.	22
Message 2: The cost of the heavy engagement is largely on staff time, and while it may be too early to judge the benefits of the engagement, UNFPA will need to prioritize where it wants to use its human resources or if it wants to invest in additional ones at the regional level. It may be necessary for UNFPA to be more focused when engaging with the reform process and the organization should monitor the engagement to capture the commitment of staff beyond co-chairing IBCs. As the reforms mature, the expectations of engagement will become clearer but as the regional rosters become active, the challenge of staff engagement may become significantly higher.	22
Message 3: With the forthcoming review of the regional reform, UNFPA has the opportunity to influence the reform and clarify its expectations of what it wants out of the reform process. UNFPA needs to maintain its engagement in the less developed elements of the regional reform including the knowledge hubs and ensure that all elements are developed so that they are useful at the country level. Support for strengthening data systems at the regional and country levels is a great opportunity for UNFPA to contribute to making the reform work and emphasize its strategic positioning as a data agency.	22
6 Options for Action	23

Table 1: Percentage of COs very familiar or familiar with regional reforms, by UNFPA region	10
Table 2: UNFPA participation in IBCs by UNSDG region	11
Table 3: UNFPA engagement with regional data groups	14
Table 4: Fragmentation of UN regional architecture	17
Box 1: TR indicators UNFPA strategic plan 2018-2021	12
Annex 1: Documents Reviewed	
Annex 2: Links	
Annex 3: Regional Programmes	
Annex 4: IBCs and other collaborative groups by region	
Annex 5: UNFPA internal survey on UNDS reform – country offices	

Acronyms and Abbreviations

AP	Asia-Pacific
APRO	Asia Pacific Regional Office
AS	Arab States
ASRO	Arab States Regional Office
BOS	Business Operations Strategy
CCA	Common Country Analysis
CO	Country office
DCO	Development Coordination Office
ECOSOC	UN Economic and Social Council
EECA	Eastern Europe and Central Asia
EECARO	Eastern Europe and Central Asia Regional Office
ESA	Eastern and Southern Africa
ESARO	East and Southern Africa Regional Office
HQ	Headquarter
IBC	Issue-based Coalition
ICPD	International Conference on Population and Development
LAC	Latin America and the Caribbean
LACRO	Latin American and the Caribbean Regional Office
MAF	Management and Accountability Framework
MCO	Multi-Country Office
OEE	Operational Efficiency and Effectiveness
O/IBC	Opportunities and Issues Based Coalitions
OMT	Operations Management Team
PSG	Peer Support Group
QCPR	Quadrennial Comprehensive Policy Review of operational activities for development of the United Nations system
RCP	Regional Collaborative Platform

REC	Regional economic commission
RO	Regional office
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDS	United Nations development system
UNEDAP	United Nations Evaluation Development Group for Asia and the Pacific
UNFPA	United Nations Population Fund
UNRC	United Nations Resident Coordinator
UNGA	United Nations General Assembly
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSG	Secretary-General of the United Nations
WCA	Western and Central Africa
WCARO	West and Central Africa Regional Office

1. Introduction

The UNFPA Evaluation Office has commissioned an evaluation of UNFPA’s engagement in the reform of the United Nations development system (UNDS). The purpose of the evaluation is to draw lessons and make recommendations that will help UNFPA to provide more effective support for the UNDS reform, while ensuring that the reform is also conducive to achieving UNFPA’s goals, and particularly UNFPA’s transformative results (TRs). Three discussion papers were included in the framework of the evaluation and they serve two purposes:

- (i) They complement the evaluation report with standalone documents focusing on issues of strategic importance for UNFPA with regard to its engagement in the UNDS reform, allowing for insights into topics that may, in addition, not be addressed in such detail in the final evaluation report
- (ii) They provide early feedback on these issues as the papers are made available before the end of the evaluation process - by the end of the data collection phase in March 2022 - with a view to triggering informed discussion on key elements of the UNDS reform and allowing the organization to make corrections as deemed necessary.

The subjects of the three discussion papers were selected in consultation with the Evaluation Reference Group (ERG) and the UNFPA evaluation manager. Initially, a long list was developed following interviews with ERG members and other UNFPA headquarter informants during the inception phase. A proposal for three subjects was then shared with the ERG and discussed with the group at an inception meeting. Following further feedback from the ERG, the final selection was made:

Discussion paper #1: Regional reform implementation: Lessons learned and good practices.

Discussion paper #2: The positioning of UNFPA’s transformative results at the country level.

Discussion paper #3: UNFPA’s engagement in the UNDS reforms from the perspective of working in vulnerable and humanitarian settings.

2. Background

Context. “Revamping the regional approach” is at the core of the UNDS reform and the United Nations General Assembly (UNGA) Resolution 72/279 of May 2018. The first phase of optimization of the current regional mechanisms and structures was initiated in the second half of 2018. Specifically, a set of key actions was agreed to improve collaboration between different United Nations actors at the regional level, and their interface with the wider system at both the global and country levels.¹ At the same time, in response to the request in UNGA Resolution 72/279 for the United Nations Secretary-General (UNSG) to

¹ United Nations. *Implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, 2019*. Report of the Secretary-General. A/74/73–E/2019/14. 2019

provide options to ECOSOC in 2019², a regional review was completed in April 2019. In July 2019 the UNSG submitted his report to the operational activities segment of ECOSOC³ and it included 5 recommendations derived from the review, covering:

- (1) transitioning the previous United Nations development system regional coordination mechanisms into the new regional collaborative platforms (RCP) and establishing issue-based coalitions (IBC)
- (2) establishing regional knowledge hubs
- (3) enhancing transparency and results-based management
- (4) consolidating existing capacity in data and statistics
- (5) advancing efficiency efforts

The recommendations of the UNSG were endorsed by ECOSOC in July 2020 (resolution 2020/23⁴) and by the UNGA in August 2020 (resolution 74/297⁵). All regions transitioned from previous coordination mechanisms to the new RCPs, effective 1 December 2020. Each platform developed its annual workplan, devised the set-up of the regional collaboration architecture and put in place its joint secretariat, within the parameters of common working arrangements that ensure consistency across regions. Regional offices (ROs) of UN entities are also expected to participate in Peer Support Groups (PSG), which primarily function as strategic planning expert teams, bringing an integrated, system-wide rather than “agency-specific” support to the CCA/UNSDCF processes occurring at country level in respective regions.⁶

The 2019 Management and Accountability Framework (MAF) did not include the global and regional level chapters in order for these to be influenced by ongoing reviews, including the regional review. The revised version of 2021⁷ includes the regional elements and sets out the respective accountabilities, roles and responsibilities, modalities for collaboration, and working arrangements for the RCPs, IBCs other elements of the regional reform.

Justification. Although the regional reforms were slower to start than those at the global and country levels, they are a crucial part of the overall reform package as clearly stated by the UNSG in his 2019 report on the implementation of the QCPR⁸:

² Specifically, to the 2019 operational activities segment

³ United Nations. *Implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, 2019*. Report of the Secretary-General. A/74/73–E/2019/14. 2019

⁴ United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the Economic and Social Council on 22 July 2020. E/RES/2020/23. 2020.

⁵ United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 11 August 2020. A/RES/74/297. 2020.

⁶ UNSDG. Management Accountability Framework. 15 September 2021.

⁷ UNSDG. *The management and accountability framework of the UN development and resident coordinator system*. Consolidated version. 15 September 2021

⁸ A/74/73 E/2019/14 19-06295 29/48

I am aware that this is an ambitious transformational package, at a time when we are collectively engaged in the most comprehensive reform in the history of the United Nations development system. I firmly believe, however, that the ultimate impact of the reforms will not be maximized without the bold repositioning of our regional assets. The 2030 Agenda requires no less. I am confident that, together – and in consultation with each region – we can take this forward.

For UNFPA, the regional reforms represent an opportunity to share knowledge and to promote the ICPD Plan of Action at the regional level through knowledge hubs, interagency groups and IBCs. It is expected that such regional efforts will translate into practical action at the country level. At the regional level, efficiency gains are also possible through collaboration on support services and joint back office functions. Failure to adequately engage in UNDS reforms at the regional level could leave issues important for UNFPA side-lined as other United Nations entities push areas within their mandates.

Value-added. The formative evaluation of the UNFPA engagement in the reform of the UNDS examines UNFPA engagement at all levels – global, region and country, including multi-country offices (MCOs). The evaluation is designed to focus on a strategic level across all the various dimensions of the UNDS reform. Moreover, the broad scope of the evaluation means that the final evaluation report will not have the detail of the reforms or have space for many examples of what worked well that could be useful for other regions.

The discussion paper addresses these limitations by highlighting some emerging lessons learned and possible good practices from the ROs and make suggestions looking forward, also allowing for cross-regional knowledge exchange and information-sharing. The paper will also explore how Regional Assets have been supporting United Nations country teams (UNCTs) and MCOs, and UNFPA's contribution to that work. Finally, the papers will identify some key messages and options for actions for UNFPA.

This discussion paper responds to three questions:

1. To what extent is UNFPA supporting regional reform and do the reform products contribute to UNFPA's mandate?
2. Is UNFPA at the country level benefiting from the regional reforms? What are the challenges for UNFPA in supporting UNFPA country offices (COs)?
3. What are the good practices emerging from UNFPA's engagement with the UNDS reform at the regional level? What are the lessons from one RO that can be utilized by other ROs?

3. Methodology

Data was collected through a mixed methods approach covering the following:

- Document review including reports (e.g. RCP annual reports), the various documents that set out the UNDS reform at this level, and the guidance that has been developed to support the reform (MAF, PSG ToRs, etc).
- Review of monitoring and survey data (including analysis of the UNFPA April 2021 surveys on UNDS reform)

- Interviews with 5 UNFPA ROs⁹ as well as other regional level entities including regional commissions, regional offices of relevant members of the UNDS, and the regional Development Coordination Offices (DCOs). These were not a separate set of interviews from the ones conducted for evaluation.

Once the complete data had been collected for each region, regional reform was taken as a unit of analysis and in so doing the findings have become more than the sum of the parts extracted from the main evaluation process. Lessons learned - defined as those that are transferable to other contexts and can be replicated in other regions – were collected and specific good practices highlighted.

4. Points for Discussion

The following points for discussion are emerging from the data collection phase of the evaluation and are presented by the three questions set out in the background section.

4.1 To what extent is UNFPA supporting regional reform and do the reform products contribute to UNFPA’s priorities?

This section will start with looking at if the United Nations regional reform is aligned with UNFPA strategies, policies and programmes, how UNFPA is messaging its support for regional level support and how it is understood by staff. It will then go on to examine the five recommendations of the UNSG.

Point 1: Regional reform is integrated into the UNFPA Strategic Plan through the Integrated Results and Resources framework and the six regional programmes in its annex, but monitoring of UNFPA engagement is limited to chairing IBCs.

Although the Strategic Plan 2022-2025 makes reference to the UNDS reform process and states clearly that the Strategic Plan is aligned with United Nations reform efforts (para 6), there is nothing specifically on reform at the regional level. It could be argued that the strategic plan is not the place to do so but the plan does take note of country level reforms, stating that UNFPA will continue to develop country programmes that are closely aligned with the priorities of the UNSDCFs, in line with the United Nations reforms (para 93).

The annexes to the Strategic Plan indicate more engagement with regional reforms. The Integrated Results and Resources framework (IRRF) includes an indicator in the Operational Efficiency and Effectiveness (OEE) Section under “OEE 3 - Expanded Partnerships for Impact”:

OE3.4 “Proportion of [...] issue-based coalition chair or co-chair posts that UNFPA holds in [...] United Nations regional collaborative platforms”.

⁹ WCARO did not have the capacity to participate in the evaluation.

Six UNFPA regional programmes were also included in the Strategic Plan 2022-2025, replacing the “regional intervention action plans” of the previous plan. Annex 4.2 of the Strategic Plan sets out the rationale:

Leveraging the successes of engagement in regional partnership platforms and United Nations interagency mechanisms, including issue-based coalitions, within the framework of United Nations development system reforms, the regional programmes will continue to accelerate joint actions towards accelerating the implementation of the ICPD Programme of Action and the achievement of the Sustainable Development Goals by 2030.

Each regional programme makes reference to the ongoing reforms at the regional level, albeit unsystematically, largely emphasising the work with the RCP (AP, EECA, ESA, LAC), the IBCs (AP, AS, EECA, ESA, WCA, LAC), the knowledge management hubs (AP, AS), PSGs (AS) and common back offices (AS).

In line with OEE3.4, three regional programmes (AS, EECA, LAC) also included references to IBCs in their results frameworks. Specifically, they refer to the number of IBCs that UNFPA co-chairs and the level of ambition varies by region (see Annex 3).

UNFPA produced a Knowledge Management Strategy 2018-2021¹⁰ that, although it notes the broader UNDS reform, makes no reference to the regional knowledge management hubs (see point 3). Equally, Strategic Plan implementation guidance makes limited reference to the regional level. In 2020 UNFPA, with the support of the Change Management Unit, embarked on a major review of the relationships and alignment between the headquarters, regional and county levels. The consultative process examined some elements of the UNDS regional reform and led to a series of recommendations. Yet while the report contains a lot of ideas, UNFPA senior management decided to put it on hold.

Not surprisingly, in answering the April 2021 UNFPA survey on UNDS reform, the majority of UNFPA regional directors felt very familiar with all the UNDS reform workstreams (Annex 5 Q2). However, the UNFPA CO survey revealed a varying degree of familiarity with regional reform, with 43 percent of respondents only partially familiar or unfamiliar with the regional reform (Annex 5 Q3). This does, however, mask some regional disparity with two regions having nearly 70 percent of respondents familiar or very familiar with the reforms. See table 1 below. It may be that the results mirror the level of engagement of the regional level with the COs on the regional reforms and/or the degree to which regional reforms are discussed by the UNCT.

Table 1: Percentage of COs very familiar or familiar with regional reforms, by UNFPA region

Asia and the Pacific	Arab States	Europe and Central Asia	Eastern and Southern Africa	Latin America and the Caribbean	West and Central Africa
50%	29%	69%	68%	61%	46%

¹⁰ UNFPA. Undated. *UNFPA Knowledge Management Strategy 2018-2021. Leveraging the Power of Knowledge to Achieve Results.*

2: UNFPA is an active participant in the RCPs and for a medium sized United Nations entity, plays a large role in supporting the IBCs including through co-chairing coalitions.

Establishment of RCPs was covered in the first of the five recommendations for regional reform set out by the UNSG. RCPs were to have:

“a strong focus on partnerships with other regional actors, through flexible, time-bound ‘issues-based coalitions’ with the United Nations, civil society organizations, businesses and academia, to respond to specific cross-border or subregional issues.”

Following ECOSOC resolution 2020/23, RCPs were established in all regions between July and December 2020.¹¹ RCPs are the main internal UN-wide collaboration platform for sustainable development at the regional level. The RCPs are chaired by the Deputy Secretary-General with the Under-Secretary-General of the respective regional commissions and the UNDP regional directors, at the Assistant Secretary-General level, as the Vice-Chairs. The secretariat of the RCPs is provided by the regional offices of the DCO, the regional commissions and UNDP, under the overall direction of the Chair and the two Vice-Chairs of the platforms.

UNFPA is a member of all 5 RCPs, represented by the regional directors. UNFPA’s guidance on engaging with the RCP¹², published following the approval of the new MAF, suggests UNFPA membership of RCP management group, PSG, IBCs, and the Working Group on joint reporting. Regional Directors in all regions believe they are actively engaged in the UNDS reform (Annex 6 Q7). The UNFPA RO UNDS survey also indicates that a majority of UNFPA Regional Directors have a positive outlook on the benefits of regional reform all agreeing that the RCPs provide UNFPA an opportunity to better position the ICPD Programme of Action (Annex 6 Q4). The vast majority of UNFPA Regional Directors also believe the reforms contributed to increased collaboration between UNFPA and respective regional economic commissions (REC) (Annex 6 Q6).

Feedback from other members of the UN family at the regional level reveal that in most regions UNFPA is seen as an active participant in the RCP and the various mechanisms within it. UNFPA is seen as very reform friendly, a good team player, providing inputs and constructive criticism when necessary. It also compares very well with other members of the UNDS at the regional level. Most importantly, there is a general perception that it does not put up opposition but is flexible. Strong leadership by UNFPA regional directors has been an important part of the success in many regions.

All 5 regions have established IBCs. In some regions (Arab States, ECE, LAC) the IBCs were initially an amalgamation of existing collaboration groups, identified as remaining relevant to addressing critical

¹¹ Dates of RCP establishment (from regional annual reports of the UNDS): Africa (December 2020); Arab States (July 2020); Asia and the Pacific (October 2020); Europe and Central Asia (December 2020); Latin America and Caribbean (November 2020)

¹² UNFPA. *Management and Accountability Framework of the UN Development and Resident Coordinator System*. Information Note. Internal Document. 2021

regional issues. For example, five of the seven ECE IBCs were established in 2016 and a review by the RCP determined that they remained valid.

Box 2 indicates the technical areas that UNFPA suggests are prioritized in terms of its engagement. As table 2 below reveals, UNFPA is co-chairing 16 percent of the IBCs. This is a significant number for a medium sized agency and reflects the commitment of UNFPA to support the new regional architecture.

Table 2: UNFPA participation in IBCs by UNSDG region¹³

	Africa	Arab States	AP	EECA	LAC	Total
IBCs	7	8	5	7	5	32
UNFPA Member	6	4	5	5	5	25
% of total IBCs where UNFPA is a member						78%
UNFPA co-chair	2	1	1	2	0	5
% of total IBCs where UNFPA is the co-chair						16%

Source: Author's calculation based on 2020 annual reports of the RCPs and RCP websites

The figures in Table 2 can also be compared with the expectations set out in the regional programmes that monitor UNFPA's chairing of IBCs. ASRO, with a baseline of 1, expects the number to increase to 2 by 2022 and to 3 in 2025. LACRO plans for co-chairing 5 IBCs while EECA expects 30 percent of IBCs to be chaired or co-chaired by UNFPA. APRO and ESARO include indicators on co-chairing a wider range of collaboration groups beyond the IBCs and both expect increases in life of the programme. Annex 3 has the information but it should be noted that in some cases the IBCs have changed and that co-chairs may be rotated. Moreover, the regional aspects of the reform are not well captured on UN Info.

In terms of the subject of the IBCs co-chaired by UNFPA, the majority are related to gender with others related to youth and data. This is in line with the guidance provided by UNFPA following the approval of the revised MAF in late 2021 (See Box 1 below). While the IBCs may not explicitly cover all the core areas of focus in UNFPA's mandate, they cover some extremely important cores. At the same time, they cover some of the "megatrends" important for each region as well as for UNFPA's work.

Box 1: What are possible technical areas UNFPA can prioritize?

- Gender equality, youth and human rights, including through the roll-out of the Gender Scorecard/Gender SWAP, the Essential Service Package for Women and Girls Subject to Violence, Youth 2030 Scorecard and the SG's Call to Action on

¹³ Interpreting table 2 needs to take into account the fact that Chairs may rotate and in some regions the number of IBCs has changed.

Human Rights.

- Data, including its analysis on census data and DHS surveys to support regional data capacities, on the identification of populations most at risk.

Source: UNFPA. *Management and Accountability Framework of the UN Development and Resident Coordinator System*. Information Note. Internal Document. 2021

While the IBC is a core part of the reform, UNFPA also plays a major role in some of the other coordination mechanisms and grouping, including longstanding legacy groups that UNFPA has been leading for some time. For example, in Latin America and the Caribbean region, UNFPA does not co-chair any of the five IBCs but it does co-chair a number of other important groups, including the following: youth working group, partnership and communication working group, SDG data and statistics group, and the regional operations management team. These are not subject to the same formality as the IBCs and most RCPs have identified certain areas where collaborative groups are required but where the formal structures of the IBCs are not appropriate.

Point 3: Knowledge hubs have been established with some built on existing platforms. UNFPA has not been uniformly successful in ensuring its mandate and documents are fully captured.

The second of the five recommendations of the UNSG refers to “The establishment of strong knowledge management hubs in each region, by pooling together policy expertise currently scattered across entities”. The hubs would provide knowledge and harness the substantial assets of some 8,000 staff at the regional level to better support the country-level, regional and sub-regional priorities of the member States.

All 5 regions have established knowledge management hubs (see Annex 2 for links). Some of these are based on existing structures and some are new. A review of the status of the knowledge management hubs completed in early 2021¹⁴ noted that although all regions were successfully sharing United Nations knowledge products with the public, there was less progress with sharing knowledge internally and inter-regionally with colleagues. The report concluded that:

the four hubs examined are essentially public-facing digital library websites. While they offer reports, documents and statistics to the reader, they don’t engage staff members, capture their internal interactions, and leverage the brilliant minds’ ideas across the organisation. Additionally, within the UN hundreds of websites and hubs exist at all different levels, with information related to Commissions, Agencies, Funds, and Programmes or geographical areas. They often have little if any overall coherence or often even UN branding.

Although all UNFPA ROs contributed to the creation of a region-specific knowledge management hub (Annex 6, Q15), a review of the content indicates, in some cases, a very limited coverage of issues related to the UNFPA mandate. A rapid and contemporary review of the hubs indicates very different designs and content, especially when it comes to (a) information on the core areas of UNFPA’s work, and (b) UNFPA

¹⁴ KMNetworks. 2021. Stocktaking: Knowledge Management (KM) Component of the UN Regional Review.

documents. For example, a search for UNFPA documents in the LAC hub reveals 70 UNFPA resources versus nine in the Asia and the Pacific hub.

A second area, linked to knowledge management hubs, where there has been less progress is on identifying experts and accessing expertise internally and inter-regionally. This is effectively a regional roster of individuals across the United Nations family in the region. The United Nations Deputy Secretary General in her end-2021 message to the Vice-Chairs of the RCPs identified mapping and accessing relevant expertise as a priority that needs a significant lift in 2022, noting that:

Providing demand-oriented support requires much greater momentum in terms of knowledge management. This means finalizing the mapping of expertise and complementing it with the establishment of vibrant communities of practice. I encourage you to draw on appropriate expertise and commit to rapidly deploy regional assets in support of UNCTs. The mechanism should unlock organizational constraints and create incentives to ensure a more targeted and timely response.

The 2021 survey of UNFPA Regional Directors notes that specific discussions on pooling existing expertise, capacities or assets as a part of the regional reform has taken place in all regions (Annex 6 Q16). Since then, there has been slow progress on developing the set of regional rosters. For example, in ESA, the Task Team on Knowledge Management is operationalizing the Virtual Expert Pool with regional assets (specifically, human resources clustered by areas of expertise). For UNFPA’s contribution, the ESA regional sexual and reproductive health and rights technical assistance hub led by ESARO under the “2gether 4 SRHR” programme is expected to feature as a dedicated asset.

UNFPA and UN system interviewees at the regional level note, however, that there is significant resistance to the developing of the rosters and in particular populating them with scarce resources. Although not in the spirit of the UNDS reform, some agencies are reluctant to share information. In addition, there are questions of payments and legal obstacles that still need to be addressed.

Point 4: UNFPA has engaged on the other dimensions of the UNDS reform at the regional-level, but progress in operationalizing some of these elements has been slow.

Data systems. The fourth recommendation was to “launch a region-by-region change management process that will seek to consolidate existing capacities with regard to data and statistics, as well as other relevant analytical functions that may be currently duplicative”. UNFPA has a special position within the UNDS, with strong capacity with data and statistics and unlike other entities with such capacity, a wide field presence. As table 3 below indicates, UNFPA is playing an important role at the regional level through co-chairing data and statistics groups. The UNFPA UNDS survey reveals that all UNFPA regional directors report that the regional-specific change management process has begun to consolidate data and statistical capacities and that UNFPA has contributed to this process (Annex 6 Q18 and Q19).

Table 3: UNFPA engagement with regional data groups

Africa	Arab States	Asia and the	Europe and	Latin America
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		Pacific	Central Asia	and the Caribbean
Co-Chair (with ECA) IBC on strengthened integrated data and statistical systems for sustainable development		Co-chair (with ESCAP) of SDG Statistics and Data Means of Implementation Working Group		Co-Chair (with UNICEF and UN Women) of SDG Data and Statistics Group

Source: Annex 4

Transparency and accountability. The third recommendation was to “implement a series of initiatives to enhance transparency and results-based management at the regional level”. All five UNSDG regional groupings produced 2020 Annual Reports in 2021 (see Annex 1). These reports were prepared soon after the establishment of the RCPs and some documents notes that they are transitional. The evaluation team noted that styles, structure and content vary significantly across the regions. In the UNFPA UNDS survey, all UNFPA regional Directors reported that UNFPA contributed to the 2020 joint results reports of the RCPs (Annex 6, Q20).¹⁵

Efficiency Agenda. The fifth and final recommendation was to identify administrative services that could be provided more efficiently to ROs through common back offices (such as human resources and procurement), similar to efforts at the country level. Where feasible, co-location in common premises would also be sought.

The fragmentation of the regional operations (see Table 4 under issue #9) means that UNFPA ROs engage in country level business operations strategies (BOS) and common premises (for example, in Bangkok). This is a process that started before the UNDS reform and although it has been absorbed into it, it has its own energy. Regional Operations Management Teams (OMTs) have been established in all UNSDG regions but progress on the efficiency aspects of the regional reform has reportedly been limited. Guidance on

¹⁵ The reports and links to them are found in Annex 1

regional BOS¹⁶ was distributed in 2021¹⁷. UNFPA is a member of all regional OMTs and chairs the one in the Latin America and Caribbean region.

4.2 Is UNFPA at the country level benefiting from the regional reforms? What are the challenges for UNFPA in supporting UNFPA COs?

The regional reforms are by nature designed in large part to support United Nations Resident Coordinators (UNRC) and UNCTs and by so doing will also help UNFPA be more effective.

Point 5: Direct support from IBCs is not universal and while some are stronger and more focused on the country level than others, many informants at the country level have yet to see the benefits.

The April 2021 UNFPA survey on UNDS was undertaken at the start of the reform process. It is not asking for a reflection of the quality or volume of services offered but simply if there has been a change due to the UNDS reform. The answers revealed a balance between those who agreed that regional reforms resulted in increased support from the regional UNDS to COs/MCOs (46%) and those who disagreed (52%), See Annex 5 Q4 for more detail. The regional survey on UNDS reform was more positive, with the majority of ROs agreeing that regional reforms have resulted in increased support for COs/MCOs (Annex 6 Q3).

As already noted, participation in the IBCs can be time consuming for management and especially for technical advisors. When it comes to supporting UNFPA COs, some advisors note the trade-off between supporting UNCTs through the IBCs and continuing support to UNFPA COs.

Point 6: Within the RCP, support is provided to joint programming (UNSDCF and CCA) through the PSG and UNFPA is very active. Some ROs have also been very supportive when addressing the challenge of delayed UNSDCFs.

The PSG primarily functions as a strategic planning expert team that brings an integrated, system-wide rather than “agency-specific” support to the CCA/UNSDCF processes at the country level. It also flags needs and opportunities for additional technical and strategic support to the RCP. These pre-existing mechanisms have been reformed with a new Terms of reference issued in 2021. As a result they were

¹⁶ Local common business operations refer to operations collaboration within a country. Regional common business operations refer to location dependent services at the regional level, aiming at collaborations to be utilized by several countries in the region. The regional common operations services are captured in a Regional BOS (R-BOS). R-BOS is a results-based framework that focuses on joint business operations at the regional level to scale-up the efficiencies and to form regional collaborations, aiming to eliminate duplication, leverage the common bargaining power of the UN and maximize economies of scale.

Examples of regional collaboration:

- Facility Management services: medical services
- HR services such as regional capacity development and training
- Strategic Planning: Procurement, market canvassing, and regional LTAs
- Logistics services: regional mapping of warehouse capacity and deployment to accelerate regional humanitarian crisis response

¹⁷ UNSDG. *Regional Business Operations Strategy (R-BOS). Guidance document for Regional Operations Management Teams (R-OMT)*. December 5, 2020.

absorbed into the RCP and while they were previously chaired by a member entity on a rotational basis, they are now chaired by the RD DCO.

While the bulk of the work undertaken to prepare the UNSDCF is clearly undertaken by the UNCT under the stewardship of the UNRC, PSGs provide technical support to UNCTs for the development of three products and related design steps of the UNSDCF cycle: (1) Roadmap, (2) the CCA on the basis of which the UNSDCF is to be designed [not the periodic CCA updates] (3) UNSDCF document. The PSGs play a critical role in quality assurance of CCAs and UNSDCFs by accompanying the UNRC/UNCT through the country planning process and finalization of these products. As the PSG is not a thematic/policy body, and does not engage on UNSDCFs after signature, it complements the full range of inter-agency regional assets.

Although UN entity membership in a PSG is voluntary, UNFPA is a member of all five PSGs and, reportedly, in most regions it is an active one. The RCPs are chaired by the R-DCO to ensure a system-wide approach and feedback from PSG members on UNFPA's contribution is generally very positive. The UNFPA UNDS survey revealed that most UNFPA Regional Directors believe that the PSG is effective or very effective in providing support and quality assurance to UNCTs in the development of CCAs and UNSDCFs (Annex 6 Q10).

Most regions have examples of delayed UNSDCFs with implications for the preparation of the country programme documents of those UN entities that prepare them, including UNFPA. With strict deadlines set by governing bodies, it is sometimes difficult to reconcile alignment with the UNSDCF and meeting the deadlines. UNFPA and other members of the RCP report that regional directors including UNFPA and DCO cooperate to address the issues when they occur.

Point 7: When engaging in regional-level reforms, UNFPA faces the challenges of regional fragmentation but has taken pragmatic steps to address it.

The Regional Review¹⁸ conducted in 2019 had a recommendation on streamlining the regional groupings, noting that while geographical anomalies are inevitable in a huge organization, they should be the exception rather than a rule. Many UN organizations work with different regional definitions and the specific recommendation was that all UN entities revise their structure to align with the five Regional Commissions. The review also noted that some Member States are members of two Regional Commissions.

The recommendation was not taken forward by the UNSG and is not included in his ECOSOC and UNGA approved set of five recommendations on UNDS reform the regional level. Nonetheless the issue remains, and the fragmentation of the regional system has led to a number of challenges for UNFPA. Apart from

¹⁸ CEPEI. *A Sustainable Regional UN*. April 2019. The "Regional Review".

the Asia Pacific region where ESCAP, the RCO office and the vast majority of agencies, including UNFPA, come together in one place, all other regions see a degree of fragmentation as illustrated in Table 4 below.

Table 4: Fragmentation of UN regional architecture

REC	REC location	UNSDG / DCO regions	DCO location	UNFPA RO	UNFPA RO location	Other entities with ROs in the same location as UNFPA
ECA	Addis Ababa	Africa	Addis Ababa	WCARO	Dakar	8 UN entities
				ESARO	Johannesburg	4 UN entities
ESCWA	Beirut	Arab States	Aman	ASRO	Cairo	9 UN entities
ESCAP	Bangkok	Asia and the Pacific	Bangkok	APRO	Bangkok	14 UN entities
ECE	Geneva	Europe and Central Asia	Istanbul	EECARO	Istanbul	2 UN Entities
ECLAC	Santiago	Latin America and the Caribbean	Panama City	LACRO	Panama City	7 UN Entities

The implications of this fragmentation vary as in some regions there is no major time difference between the centres (ECE, ECLAC, ESCWA) or the centres are geographically close (ECE, ESCWA). By adapting to the COVID-19, there has also been a positive experience in the development and use of telecommunications and demonstration of the possibilities for effective collaboration without travel. Communications and travel may not be a major issue.

The Africa region poses an issue for UNFPA in that it has two ROs covering the area. Yet, WCARO and ESARO have been very practical in engaging with the IBCs, each taking a co-chair position in one. The ROs also face another problem in that there is overlap in the countries covered by ECA and ESCWA and so in practice UNFPA has three ROs in the region, adding ASRO to the mix. This has practical implications for the cost of engagement. For example, ASRO deals with two regional economic commissions, two RCPs, two sets of IBCs, two knowledge management hubs and two PSGs.

4.3 What are possible good practices and examples emerging from UNFPA's regional level engagement with the UNDS reform? What are the lessons from one RO that can be utilized by other ROs?

A number of good practices and examples have been identified based on the following criteria: (a) ease of replicability across regions, even if not all of them (b) contribution to better positioning, results and efficiency of UNFPA at regional and country level (c) support to UNFPA contribution to the UNDS reform at all levels. It may be that some of these examples are already practices in other regions, but it is assumed that one or more other regions would benefit from some of these practices. Below is an initial and illustrative selection of such practices.

- **Human Rights and Gender IBC in the AP.** UNFPA co-chairs the IBC with UN Women and OHCHR after it was established with the support of UNFPA. While the respective regional directors co-chair the meetings, senior technical staff from the three organizations have formed a secretariat to support implementation of the activities that take place within the IBC. Originally formed from two existing programmes – the Human Rights Working Group and the UNITE initiative on GBV – the IBC has two workstreams along the same lines. A number of informants in the regional (internal and external) noted that the feedback from the country level was very positive for this IBC. The IBC has its own secretariat. IBCs are time-bound but what does this mean for themes like gender and human rights that will probably be an issue for some time. UNFPA has already called for the closure of an IBC it co-chairs in one region as although active initially, it may not have a role in the future.
- **Gender Equality IBC in EECA.** The IBC is co-chaired by UNFPA with UN Women and is one of seven IBCs in the region. With the aim of promoting gender equality and the empowerment of women and girls in the region, the IBC has been actively engaged in supporting UNCTs and producing technical guidance. Examples of its work include:
 - Within the context of the 20th anniversary of UN Security Council resolution 1325 on Women, Peace and Security, the IBC on Gender Equality organized a virtual dialogue with over 100 women leaders and change makers from the region to discuss women's key role in the prevention and resolution of conflicts and the full participation of women at all levels of decision-making.
 - To help UNCTs integrate gender aspects into national recovery plans and socioeconomic impact assessments and response plans for COVID-19, the IBC gave access to key messages, advocacy points and recommendations in a regional guidance note. UNCTs also have specific guidance, key messages and country examples provided through a repository, which includes practical tools, guidance and country examples in areas such as violence against women and girls, unpaid care work, gender data, women's role in decision making and women health workers. A mapping of gender-targeted COVID-19 interventions to support UN system coordination and showcase examples of good practices. This was achieved through the IBC on Gender Equality.

- The IBC prepared an advocacy brief on the Istanbul Convention, which summarizes core principles from the comprehensive framework of the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) and answers Frequently Asked Questions in English and Turkish. Moreover, UNCTs now have regional guidance on what to factor in and how to engage adolescents and young people in assessing the socio-economic impact of COVID-19 and in recovery. The guidance includes practical tools and links to knowledge products.
- **Collaboration with the Regional Programmes in the AS region.** UNFPA, together with UNDP and UNICEF have established an informal group out of the PSG to collaborate on the development of the three Regional Programmes that each of the three organizations has approved alongside their strategic plans. While initial attempts may not have yielded the expected results, as the three organization begin to understand each other's programming processes, there should be better results in the round of regional programme design.
- **Strengthened integrated data and statistical systems for sustainable development O/IBC in the Africa region.** UNFPA is co-chair with UNECA of O/IBC 1 - Strengthened integrated data and statistical systems for sustainable development, one of the eight O-IBCs under the Africa Regional Collaborative Platform. The coalition comprises 17 UN entities¹⁹ and works to strengthen integrated data and statistical systems for sustainable development. The flagship product is the online SDG data platform²⁰, but the IBC will also support the development of an Africa UN data and statistics strategy; transforming national statistical systems and promoting the culture of data use. The approach to developing the O/IBC was pragmatic and tactical, selecting an issue where efforts would have been made any way thereby not necessarily causing extra burden for the regional office. It was one of two areas that the DSG chose to congratulate the co-Chairs of the Africa RCP in her end of 2021 message.
- **Africa UN Knowledge Hub on COVID19.** Co-designed under the leadership of UNFPA ESAR and UNECA. Launched in April 2020, a few months into the pandemic, it provided real time data to guide decision making by all actors. In recognition of this, the UN Africa Knowledge Hub won the WSIS prize in 2022 with credits to UNFPA and UNECA.
- **UNFPA support for collaboration in evaluation.** For some time, the UN M&E advisors at the Asia and the Pacific regional level have been active in cooperating to address system wide issues, and UNDAF evaluations in particular, through the United Nations Evaluation Development Group for Asia and the Pacific (UNEDAP). UNEDAP is an inter-agency network which promotes an evaluation culture and contributes to UN Coherence on evaluation. It also aims to strengthen regional evaluation capacities among UN agencies and their partners. Ultimately, UNEDAP aspires to ensure that evaluation is

¹⁹ FAO, ILO, IOM, OCHA, UN Women, UNAIDS, UNCTAD, UNDP, UNECA, UNESCO, UNFPA, UNICEF, UNODC, UNV, WFP and WHO

²⁰ <https://esar.unfpa.org/en/news/un-launches-new-portal-data-and-evidence-sustainable-development-africa>

addressed as a distinct and strategic function by UN agencies and their partners who share the same goals and vision of promoting human development.²¹

Previously, UNDAF evaluations were under-funded and often weak or not undertaken even though mandatory since 2010. Between 2010 and 2014, only 33 out of 88 programme countries with active UNDAF cycles submitted UNDAF evaluations as per the 2010 United Nations Development Group guidelines. But with the new UNSDCF there is greater emphasis on evaluation and more guidance on conducting them. All UNSDCFs will have an evaluation towards the end of the programme cycle while the number of individual entity evaluations at the country level has been increasing. The potential for over burdening national stakeholders through conducting multiple evaluations at the same time is a serious risk not just for efficiency but for the reputation of the UNRC and UNCT. UNEDAP has been experimenting with different approaches to collaboration to reduce these risks. Now the need is to ensure that lessons are learned systematically and that these lessons are fed back formally to HQ and the United Nations Evaluation Group (UNEG).

Similar work is also being undertaken in LAC (supporting UNDAF/UNSDCF evaluations, exchange of experiences, joint evaluations, national evaluation capacity development, etc). As an example, a more joined-up approach of individual entity evaluations in Bolivia is being piloted.

Moreover, UNEDAP intends to contribute to the professionalization of the evaluation function in the region. There is also a need for system wide collaboration in the areas of capacity development for evaluation to prevent overlap and fragmentation of approaches across different parts of the government. Again, UNFPA is supporting similar efforts in the LAC region.

5. Key messages

There are three key messages emerging from the points identified above:

Message 1: UNFPA has made important contributions to operationalizing the UNDS reforms at the regional level. It is generally seen as a constructive supporter of the reforms and as an entity that is doing more than would be expected given the size and capacity of the organization, especially in its engagement with the PSGs, IBCs and other collaborative groups. Strong regional UNFPA leadership and skilled staff have had a positive impact on UNFPA's contribution to regional reforms.

²¹ <https://www.unicef.org/eap/transparency-and-accountability>

Message 2: The cost of the heavy engagement is largely on staff time, and while it may be too early to judge the benefits of the engagement, UNFPA will need to prioritize where it wants to use its human resources or if it wants to invest in additional ones at the regional level. It may be necessary for UNFPA to be more focused when engaging with the reform process and the organization should monitor the engagement to capture the commitment of staff beyond co-chairing IBCs. As the reforms mature, the expectations of engagement will become clearer but as the regional rosters become active, the challenge of staff engagement may become significantly higher.

Message 3: With the forthcoming review of the regional reform, UNFPA has the opportunity to influence the reform and clarify its expectations of what it wants out of the reform process. UNFPA needs to maintain its engagement in the less developed elements of the regional reform including the knowledge hubs and ensure that all elements are developed so that they are useful at the country level. Support for strengthening data systems at the regional and country levels is a great opportunity for UNFPA to contribute to making the reform work and emphasize its strategic positioning as a data agency.

6. Options for Action

The ongoing review of the regional reforms, undertaken by DCO at the request of the DSG, will no doubt address a number of the points raised above. Nonetheless there are a few points of action that UNFPA could consider:

- Ensure RO staff support to the emerging structures of UN repositioning at the regional level is adequately included in work planning and performance assessment.
- Ensure that monitoring UNFPA engagement in the regional reforms looks beyond counting co-chairs of IBCs to look at the broader engagement including co-chairs of other groups within the RCP.
- Take leadership in supporting UNSDCF evaluations as well as in piloting approaches for better country level collaboration in evaluation and learning from them. Help the UN system develop a standard structure at the regional level.
- Ensure UNFPA information is available on regional knowledge hubs so that other UN entities can be more effective in their contribution to the three TRs and ensure that UNFPA staff can get access to external information on areas within the UNFPA mandate on the hub.

ANNEX 1: DOCUMENTS REVIEWED

UNDS Reform

United Nations. *Quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 21 December 2016 A/RES/71/243. 2016. [here](#)

United Nations. *Repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 31 May 2018. A/RES/72/279. [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the Economic and Social Council on 8 July 2019. E/RES/2019/15. 2019.²² [here](#)

United Nations. *Implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, 2019*. Report of the Secretary-General. A/74/73–E/2019/14. 2019.²³ [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the Economic and Social Council on 22 July 2020. E/RES/2020/23. 2020. [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 11 August 2020. A/RES/74/297. 2020. [here](#)

United Nations. *Implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system* Report of the Secretary-General. A/75/79–E/2020/55. 2020. [here](#)

United Nations. *Implementation of General Assembly resolution 75/233 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system* Report of the Secretary-General. A/76/75–E/2021/57. 2021

The Regional Review

CEPEI. *A Sustainable Regional UN*. April 2019. The “Regional Review”. [here](#)

²² reiterates the request contained in General Assembly resolution 72/279 for the Secretary-General to provide options, on a region-by-region basis, for longer-term reprofiling and restructuring of the regional assets of the United Nations, as soon as possible

²³ Sets out the five areas of regional reform

UNSDG. *Regional Review Repositioning the Regional Assets of the United Nations Development System to Better Service the 2030 Agenda for Sustainable Development*. United Nations Update to Member States. January 2020. [here](#)

UNSDG. Reprofiting and restructuring of the regional assets of the United Nations - Roadmap for Implementation - September 2020. [here](#)

KMNetworks. 2021. Stocktaking: Knowledge Management (KM) Component of the UN Regional Review.

Regional UNDS Reports

United Nations. *The Africa Regional United Nations Development System Report 2020*. 2021 [here](#)

United Nations. *System-Wide Annual Results Report for the Arab Region As delivered through the UN Development System*. 2021 [here](#)

United Nations. *2020 Regional Results Report of the UN System for Europe and Central Asia*. 2021 [here](#)

United Nations. *2020 Regional Results Report of the UN System for Asia and the Pacific*. 2021 [here](#)

United Nations. *2020 System-wide results report of the United Nations development system in Latin America and the Caribbean*. 2021 [here](#)

United Nations. *2021 System-wide results report of the United Nations development system in Latin America and the Caribbean*. 2022 [here](#)

UNFPA

UNFPA. *Implementation of General Assembly resolution 72/279 on the repositioning of the United Nations development system. Annex - Mapping of regional assets and capacities*. 2019 [here](#)

UNFPA. *Management and Accountability Framework of the UN Development and Resident Coordinator System*. Information Note. Internal Document. 2021

UNFPA. Undated. *UNFPA Knowledge Management Strategy 2018-2021. Leveraging the Power of Knowledge to Achieve Results*.

UNSDG

UNSDG. *Development Coordination Office Report of the Chair of the United Nations Sustainable Development Group*. April 2021. <https://undocs.org/e/2021/55>

UNSDG. *Standard Terms of Reference for Regional Peer Support Group (PSG)*. May 2021

UNSDG. *The management and accountability framework of the UN development and resident coordinator system*. Consolidated version. 15 September 2021 [here](#)

UNSDG. *Regional Business Operations Strategy (R-BOS). Guidance document for Regional Operations Management Teams (R-OMT)*. (December 5, 2020). [here](#)

UNSDG. *The UNDS revamped regional approach*. UNDS repositioning – Explanatory Note #11. 29 March 2018.

United Nations, 2021. *UN Regional Co-ordination Mechanism for Asia Pacific*. Bangkok: United Nations.

ANNEX 2: LINKS

Regional Collaboration Platforms

UNSDG, 2021. *RCP: Africa*. [here](#)

Arab States RCP (Manara) [here](#)

ECE RCP [here](#)

LAC RCP [here](#)

Knowledge Management Hubs

Asia Pacific Knowledge Management Hub [here](#)

ECA Knowledge Hub [here](#)

Africa Knowledge Hub for Covid-19 [here](#)

Manara (Arab States RCP) [here](#)

ESCWA Data Portal [here](#)

LAC Regional Knowledge Management Platform [here](#)

ECE Knowledge Hub on SDGs [here](#)

Regional Economic Commissions

United Nations Economic Commission for Africa [here](#)

United Nations Economic Commission for Europe [here](#)

United Nations Economic and Social Commission for Asia and the Pacific [here](#)

United Nations Economic and Social Commission for Western Asia [here](#)

United Nations Economic Commission for Latin America and the Caribbean [here](#)

Regional Commissions New York Office [here](#)

ANNEX 3: REGIONAL PROGRAMMES

Region	Other reference to elements of the regional reform	Results framework reference to the regional reform
AP	<p>Paragraph 13: Drawing on the region’s experiences implementing the ICPD agenda, knowledge management and dissemination of best and promising practices will be prioritized, including through integration in the <u>United Nations Sustainable Development Group (UNSDG) Asia-Pacific Knowledge Management Hub</u> and supporting South-South and triangular cooperation.</p> <p>Paragraph 17: In embracing United Nations reform, the regional office will actively engage in <u>regional collaborative platform working groups and issue-based coalitions, and other inter-agency efforts</u>, to promote policy coherence and provide integrated policy and technical support to United Nations country teams, including through tailored approaches for the Pacific subregional office.</p>	<p><u>OEE 3: Expanded partnerships for impact.</u></p> <p>Proportion of regional collaborative platform working groups that UNFPA chairs or co-chairs</p> <p>Baseline (2020): 20%</p> <p>2022 Target: 20%</p> <p>2023 Target: 20%</p> <p>2024 Target: 20%</p> <p>2025 Target: 20%</p>

AS	<p>Paragraph 9: Advancing United Nations development system reform, the Arab States Regional Office will continue to develop joint programmes with sister United Nations agencies such as UNICEF on female genital mutilation and UN-Women and UNDP on gender justice. Within its comparative advantages, the regional office will continue its active engagement through the <u>issue-based coalitions</u>, co-chairing with UNICEF the issue-based coalition for adolescents and youth through synergies and coordination across 17 agencies and programmes. The issue-based coalition will continue to cover youth participation and civic engagement, adolescent health and well-being, education and life skills, entrepreneurship and employability, as well as conflict and post-conflict situations. The regional office will continue to co-lead the issue-based coalitions on gender justice and equality, advancing the 2030 Agenda for Sustainable Development and relevant normative frameworks for gender equality and women’s empowerment in the region.</p> <p>Paragraph 27: The regional office will advance as a thought leader through the <u>Arab States humanitarian knowledge hub</u>, providing tailored programmatic and operational support based on these knowledge products. The aforementioned “knowledge series” is based on identified gaps and needs arising from UNFPA humanitarian operations; it is informed by the experience of women and girls and focuses on quality assurance and standardization of multicountry interventions in humanitarian settings. The hub will continue to leverage its expertise in coordinating and supporting multi-country humanitarian responses. Lessons learned from this interregional approach will be shared and applied in similar contexts, such as within the Horn of Africa, to address regional mixed-migration flows – comprising refugees and irregular migrants.</p> <p>Paragraph 32: In close collaboration with the respective corporate units, the regional office will play an active role in the implementation of the ICT strategy, with specific support to the digitization and roll-out of the new enterprise resource planning and enterprise risk management systems, as well as integration of environmental sustainability in operations. This is in addition to the active role of UNFPA in United Nations development system reform related to business operations, supporting</p>	<p>OEE 3: Expanded partnerships for impact.</p> <p>Number of results group or issue-based coalitions chair or co-chair posts that UNFPA holds in United Nations regional collaborative platforms</p> <p>Baseline: 1 Year: 2020</p> <p>2022 Target: 2</p> <p>2023 Target: 2</p> <p>2024 Target: 2</p> <p>2025 Target: 3</p>
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	<p>regional initiatives at the regional operations management teams (Africa and Arab States) to support the consolidation of service provision through a <u>common back office</u>.</p> <p>Paragraph 41: The regional programme will also scale up its support for the United Nations development system reform processes through established inter-agency mechanisms, such as the <u>programme support group</u>. Through this engagement, the regional office collaborates with other key UNSDG agencies to provide technical support to the United Nations country teams. The programme will also support, where necessary, regional institutions and national Governments to enhance SDG monitoring and support for the preparation of voluntary national reports.</p>	
EECA	<p>Paragraph 16: Leveraging the successes of engagement in <u>regional partnerships platforms and mechanisms, including through issue-based coalitions</u>, the regional office will continue to accelerate joint action towards the achievement of ICPD Programme of Action and the SDGs through the United Nations development system reform efforts. The programme will thereby complement country-level work by creating an enabling policy environment, influencing regional frameworks and processes and providing joined-up technical expertise and tools that will add value across the region.</p> <p>Paragraph 37: For accountability, the regional office will promote the in-built capabilities of all business units and mechanisms that advance organizational stewardship of internal and system-wide commitments under <u>United Nations development system reform</u>, the 2020 quadrennial comprehensive policy review recommendations, the ICPD25 voluntary commitments, social and environmental standards, and the use of evaluation</p>	<p><u>Output 3:</u></p> <p>Partner – IBC Gender</p> <p><u>OEE 3: Expanded partnerships for impact</u></p> <p>Proportion of regional IBCs co-chaired by UNFPA in the framework of the United Nations regional collaborative platform.</p> <p>Baseline: 30%</p> <p>2022 Target: 30%</p> <p>2023 Target: 30%</p> <p>2024 Target: 30%</p> <p>2025 Target: 30%</p> <p>Partner RCP</p>

ESA	<p>Paragraph 13: The region will strengthen evidence-based advocacy and policy dialogue at all levels through regional platforms and interagency collaboration, including through the <u>United Nations-Africa Regional Collaborative Platform and opportunity issue-based coalitions (OIBCs)</u>, the H6 partnership, the Generation Equality Action Coalition and other regional platforms.</p>	<p><u>OEE 3: Expanded partnerships for impact</u></p> <p>Number of Regional UN coordination mechanisms that UNFPA leads in Africa and ESA regional collaborative platform, tasks teams (Regional UNDS Reform Recommendation 1-5)</p> <p>Baseline: 2</p> <p>2022 Target: 2</p> <p>2023 Target: 4</p> <p>2024 Target: 4</p> <p>2025 Target: 5</p>
LAC	<p>Paragraph 17: United Nations coordination and leveraging of United Nations system-wide capacities will be strengthened through the <u>regional collaborative platform, regional issue-based coalitions and interagency working groups</u> and the promotion of joint programming at regional and country levels.</p> <p>Paragraph 39: The regional office will also continue to promote initiatives within the regional operations management teams to expand operational and logistics capacity through increased coordination and sharing of services, through the common back offices, and strengthen supply-chain management, including through prepositioning of humanitarian supplies.</p>	<p>OEE 3: Expanded partnerships for impact.</p> <p>Number of UN results group or issue-based coalitions that UNFPA chair/co-chairs</p> <p>Baseline: 5</p> <p>2022 Target: 5</p> <p>2023 Target: 5</p> <p>2024 Target: 5</p>

		2025 Target: 5
WCA	<p>Paragraph 12: United Nations reform is progressively being implemented at the regional and country levels and inter-agency collaboration is being strengthened via joint programming, joint mobilization of financial resources, cost-sharing and strong coordination to implement expected results. The region will reinforce its position in <u>the seven opportunity issues-based coalitions where UNFPA is leading two opportunity issues-based coalitions on data and the demographic dividend</u>, as per the recommendation of the Secretary-General on regional United Nations development system reforms in response to the 2020 quadrennial comprehensive policy review of operational activities for the development of the United Nations system and General Assembly resolution 72/279 on the repositioning of the United Nations development system</p>	

ANNEX 4 : IBC AND OTHER COLLABORATIVE GROUPS

Africa Region

O-IBC²⁴	UNFPA Role
Strengthened integrated data and statistical systems for sustainable development	CO-Chair with ECA
Ensuring effective and efficiency macroeconomic management and accelerated inclusive economic transformation and diversification	
Harnessing demographic dividends through investments in youth and women's empowerment (Health, education and employment) for sustainable development	CO-Chair with ILO
Leveraging new technologies and enabling digital transitions for inclusive growth and development	
Fostering climate action and resilience	
Peace, security and the respect of human rights	
Forced displacement and migration	
Task Forces²⁵	
Knowledge Management Hub	
System wide reporting	
Common Back Offices	

Asia and the Pacific Region

IBC	UNFPA Role
Climate change and migration	Member
Building resilience	Member
Inclusion and empowerment	Member
Human mobility and urbanization	Member

²⁴ The Africa region chose to add opportunities to the name IBC

²⁵ The three Task Forces are based on Recommendations 2 (Knowledge Management Hub), 3 (System-wide Reporting) and 5 (Common Back Offices) of the Secretary-General's Report on the Implementation of General Assembly resolution 71/243 on the QCPR

Gender equality and human rights	Co-chair with UNHCHR and UN women
Means of Implementation Working Groups	
SDG Statistics and Data WG	Co-chair with ESCAP
System wide reporting	Member
Knowledge Management	Member
Regional OMT	Member
Networking groups	
Asia Pacific Inter-agency Network on Youth (APINY)	Member
Education 2030+	Member
Asia-Pacific Informal Regional Network of Ageing Focal Points	Member
Country support groups	
Peer support group (Chair: DCO)	Member
Evaluation Group (Chair: UNEDAP)	Chair?

Arab States

IBC	UNFPA role
Migration	Member
Food security, climate action and environment	
Urbanization	
Humanitarian development nexus	Member
Gender justice and equality	CO-Chair
Youth empowerment and inclusion	
Macroeconomic management and social protection	
Quality social services and community resilience	member
Other groups	
Regional Working Group on Gender in Humanitarian Action (WG/GiHA), Arab States/MENA	
Regional Health Alliance (RHA) for the Global Action Plan on Healthy Lives & Wellbeing	

Latin America and The Caribbean

IBC	UNFPA Role
Climate change and resilience	Member

Crime and violence	Member
Equitable growth	Member
Governance and institutions	Member
Human mobility	Member
Financing for Development	Member
Thematic Working Groups	
Gender equality / equity and empowerment of women and girls	Member
Youth	Co-Chair with UNDP
Operational Working Groups	
Peer Support Group	Member
Partnership and Communication Working Group	Co-Chair
Knowledge Management Hub Steering Committee	Member
SDG Data and Statistics Group	Co-Chair with UNICEF and UN Women
Regional M&E task teams	Co-Chair with UNICEF
Regional Operations Management Team	Co-Chair with UNDP

Europe and Central Asia

IBC	UNFPA Role
Adolescents and youth	Co-Chair with UNICEF
Environment and climate change	
Gender equality	Co-Chair with UN Women
Health and well-being	Member
Large movements of people, displacement and resilience	Member
Social protection	Member?
Sustainable food systems	
Other regional thematic inter-agency coordination groups	
Digital transformation	

Regional Coordination Group on data and statistics	
Operational Working Groups	
OMT	
PSG	

IBC of SDG Data and monitoring???

ANNEX 5 : UNFPA INTERNAL SURVEY ON UN REFORM - COUNTRY OFFICES

Q3. To what degree are you familiar with the following UNDS Reform work streams: Regional Reform

	Very Familiar	Familiar	Partially Familiar	Unfamiliar	BLANK	Total
APRO	4 (25%)	4 (25%)	6 (38%)	2 (13%)		16
ASRO	-	2 (29%)	3 (43%)	2 (29%)		7
EECARO	2 (13%)	9 (56%)	5 (31%)	-		16
ESARO	-	13 (68%)	4 (21%)	2 (11%)		19
LACRO	2 (15%)	6 (46%)	5 (38%)	-		13
WCARO	1 (8%)	5 (38%)	5 (38%)	2 (15%)		13
Orange	3 (27%)	6 (55%)	2 (18%)	-		11
Pink	3 (11%)	11 (39%)	11 (39%)	3 (11%)		28
Red	2 (7%)	13 (43%)	11 (37%)	4 (13%)		30
Yellow	1 (8%)	7 (54%)	4 (31%)	1 (8%)		13
n/a	-	2 (100%)	-	-		2
I	5 (14%)	18 (49%)	11 (30%)	3 (8%)		37
II	-	12 (55%)	7 (32%)	3 (14%)		22
III	2 (10%)	7 (33%)	10 (48%)	2 (10%)		21
MCP	2	-	-	-		2
n/a	(100%)	2 (100%)	-	-		2
Humanitarian (Y)	5 (13%)	20 (53%)	9 (24%)	4 (11%)		38
Humanitarian (N)	4 (9%)	18 (39%)	19 (41%)	5 (11%)		46
HIC	-	2 (100%)	-	-		2
UMIC	2 (8%)	13 (52%)	9 (36%)	1 (4%)		25
LMIC	5 (14%)	14 (40%)	11 (31%)	5 (14%)		35
LIC	-	8 (47%)	8 (48%)	1 (6%)		17
Multiple	2	-	-	-		2
Not classified	(100%)	2 (67%)	-	1 (33%)		3
-	-	-	-	-		-
2019 start	-	4 (36%)	5 (45%)	2 (18%)		11
2020 start	1 (13%)	3 (38%)	4 (50%)	-		8
2021 start	1 (5%)	12 (60%)	7 (35%)	-		20
2022 start	2 (11%)	9 (47%)	5 (26%)	3 (16%)		19
2023 start	5 (22%)	8 (35%)	7 (30%)	3 (13%)		23
n/a	-	3 (100%)	-	-		3

Q 4 As UNFPA Representative/ Head of Office, to what extent do you agree with the following statements on UNDS Reform?

Regional reforms have resulted in increased support from the regional UNDS to COs/MCOs	COs	% of total COs
Strongly agree	2	2%
Agree	37	44%
Disagree	40	48%
Strongly disagree	3	4%
(blank)	2	2%
Grand Total	84	

ANNEX XII: Discussion paper #2: The positioning of UNFPA's transformative results at the country level

Final Version, 8 May 2022

Contents

Acronyms and Abbreviations	39
1. Introduction	40
2. Background	40
3. Methodology	42
4. Points for Discussion	44
4.1 Reflection of TRs in country-level strategic planning during the UNFPA strategic plan 2018-2021	44
4.2 Reflection of TRs in country-level strategic planning during the UNFPA strategic plan 2022-2025	57
4.3 Alignment of country-level strategic planning to the Nairobi voluntary commitments	64
5. Key Messages	66
Message 1: All three TRs are well-established features in CCAs and UNDAFs/UNSDCFs, which lays a solid foundation for accelerating progress towards zero	66
Message 2: Very high TR prioritization in UNDS country-level strategic planning is insufficiently backed up with TR indicators, which diminishes the level of commitment and accountability	67
Message 3: More coherent presence of TRs across sets of UNDS strategic planning documents at the individual country level would further leverage the UNDS to accelerate progress towards the TRs	68
Message 4: Where the TR on GBV and harmful practices is treated as a single unit, there is a risk that child marriage and FGM are not given due attention	69
6. Options for Action	70
Table 1: Coherence between CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021 - Big chain analysis	54
Table 2: Indicator chains across TRs 2018-2021	56
Table 3: Coherence between CCAs, UNSDCFs and CPDs 2022 - Big chain analysis	62
Table 4: Indicator chains across TRs 2022	63
Box 1: TR indicators UNFPA strategic plan 2018-2021	47
Box 2: TR indicators directly linked to one TR as per the UNFPA strategic plan 2022-2025	58
Box 3: Nairobi voluntary commitments relevant to the TRs	65
Figure 1: Presence of TR indicators versus TRs as UNCT priority in UNDAFs/UNSDCFs 2018-2021	48
Figure 2: Presence of TR indicators versus TRs as UNFPA priority in CPDs 2018-2021	49
Figure 3: Presence of TR indicators versus TRs as UNCT priority in UNSDCFs 2022	59
Figure 4: Presence of TR indicators versus TRs as UNFPA priority in CPDs 2022	60
Figure 5 Positioning of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2022	67

Annex 1: Overview of country packages

Annex 2: Analysis tables

Annex 3: Detailed methodology

Acronyms and Abbreviations

CCA	Common Country Assessment/Analysis
CPD	UNFPA country programme document
ERG	Evaluation Reference Group
FGM	Female genital mutilation
GBV	Gender-based violence
SDG	Sustainable Development Goal
TR	Transformative result
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDS	United Nations development system
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The UNFPA Evaluation Office has commissioned an evaluation of UNFPA's engagement in the reform of the United Nations development system (UNDS). The purpose of the evaluation is to draw lessons and make recommendations that will help UNFPA to provide more effective support for the UNDS reform, while ensuring that the reform is also conducive to achieving UNFPA's goals, and particularly UNFPA's transformative results (TRs). Three discussion papers were included in the framework of the evaluation and they serve two purposes:

- (iii) They complement the evaluation report with standalone documents focusing on issues of strategic importance for UNFPA with regard to its engagement in the UNDS reform, allowing for insights into topics that may, in addition, not be addressed in such detail in the final evaluation report
- (iv) They provide early feedback on these issues as the papers are made available before the end of the evaluation process - by the end of the data collection phase in March 2022 - with a view to triggering informed discussion on key elements of the UNDS reform and allowing the organization to make corrections as deemed necessary.

The subjects of the three discussion papers were selected in consultation with the Evaluation Reference Group (ERG) and the UNFPA evaluation manager. Initially, a long list was developed following interviews with ERG members and other UNFPA headquarter informants during the inception phase. A proposal for three subjects was then shared with the ERG and discussed with the group at an inception meeting. Following further feedback from the ERG, the final selection was made:

Discussion paper #1: Regional reform implementation: Lessons learned and good practices.

Discussion paper #2: The positioning of UNFPA's transformative results at the country level.

Discussion paper #3: UNFPA's engagement in the UNDS reforms from the perspective of working in vulnerable and humanitarian settings.

2. Background

Context: A central element of the reform of the UNDS as set out in United Nations General Assembly resolution 72/279 of May 2018 is "a new generation of United Nations country teams", which seeks to increase coordination and coherence among United Nations operational activities for supporting the achievement of the Sustainable Development Goals (SDGs) at the country-level through the new UN Sustainable Development Cooperation Framework (UNSDCF), underpinned by a new Common Country Analysis (CCA) as an analytical tool.

The UNFPA strategic plan 2018-2021 closely aligned UNFPA to the 2030 Agenda for Sustainable Development and committed the organization to focus its work around three transformative results (TRs) during three consecutive strategic plan cycles: 1) zero unmet need for family planning; 2) zero preventable maternal deaths; and 3) zero GBV and harmful practices - i.e., female genital mutilation (FGM) and child marriage. To track progress towards the TRs, nine outcome and goal-level indicators, of which eight were SDG indicators, were included in the strategic plan. The UNFPA strategic plan 2022-2025 introduced a new

results architecture structured around the acceleration towards the TRs as strategic plan outcomes and included a set of 27 SDG and SDG-related indicators to track progress.

Justification: UNFPA's commitment to the TRs constitutes the most direct channel through which the organization contributes to the implementation of the 2030 Agenda. UNFPA does not expect to achieve the TRs on its own. Rather, the UNFPA strategic plans 2018-2021 and 2022-2025 emphasize the organization's catalytic and aspirational role, and the need for strengthened partnerships in general and stronger collaboration and coordination within the UNDS. The TRs should be visible on the agenda of the UNDS.

UNDS country-level common planning instruments, notably UNSDCFs (and previously UNDAFs) as a central pillar of United Nations reforms, as well as national and UN system-wide processes leading up to them and ensuring their quality, are therefore crucial entry points and opportunities for strategically and effectively positioning United Nations country teams (UNCTs) around the TRs, thus laying a stronger basis for collaboration and coordination with United Nations sister agencies and other actors and increasing the likelihood of the SDGs being achieved by 2030. This was recognized in the UNFPA strategic plan 2022-2025 that tracks, in OEE 1.21, the proportion of new UNSDCFs that integrate the ambition and acceleration for: (a) ending preventable maternal deaths; (b) ending unmet need for family planning; and (c) ending gender-based violence.

Value-added: In order for UNFPA to leverage partners and financing from within the UNDS and beyond to pursue the TRs, it is crucial for the TRs and TR indicators to be included not only in CPDs but also in system-wide strategic planning documents - i.e., the better the TRs are cemented throughout these documents, the higher the likelihood that the TRs are achieved. However, given political sensitivities related to UNFPA's mandate and competition among agency priorities, this may not be an easy task.

The formative evaluation of UNFPA's engagement in the reform of the UNDS examines UNFPA engagement at all levels - global, region and country - and the effects of the reform on UNFPA. While the evaluation report will provide findings on UNFPA's contribution to the development and implementation of CCAs and UNSDCFs, including through the alignment of UNFPA country programme documents (CPDs), the TRs are not a unit of analysis for the findings as a whole. This discussion paper adds value by providing a quantitative analysis of the positioning of the TRs at the country level. It complements and takes further [CCA/UNSDCF analysis](#) conducted by the UNFPA Policy and Strategy Division. Importantly, the analysis looks at coherence across country-level strategic planning documents, including CPDs and, as requested, in the evaluation TOR, explores the extent to which UNFPA has benefited from flexibility to address the TRs despite them not being a priority in UNDAFs/UNSDCFs ("outside-of-UNSDCF CPD commitments"). In addition, the analysis provides a disaggregated analysis of the GBV and harmful practices TR, covering GBV and the harmful practices child marriage and FGM, which are tracked by way of TR indicators.

The discussion paper consciously does not attempt to explore the contexts underlying the positioning of the TRs, which would have been too broad a scope given the global coverage of the analysis. It is meant to trigger internal discussions within UNFPA on challenges, opportunities and corrective actions in view of a next phase of the UNDS reform that is more focused on achieving development results together.

This discussion paper responds to three questions:

(1) How are the TRs reflected in CCAs and in UNDAFs/UNSDCFs associated with (i) UNFPA CPDs approved under the UNFPA strategic plan 2018-2021 and (ii) with the first set of CPDs governed by the UNFPA strategic plan 2022-2025?

(2) How coherently are the TRs covered across CCAs, UNDAFs/UNSDCFs and UNFPA CPDs for the two strategic plan periods?

(3) How consistent are UNSDCF and CPDs with voluntary commitments to TR-related categories made by programme governments on the occasion of the Nairobi Summit on ICPD25 from 12-14 November 2019, in terms of positioning the TRs in national development processes and plans?

3. Methodology

To ascertain the extent to which the TRs are reflected in country-level strategic planning instruments, the evaluation team conducted a desk review of three sets of CCA-UNDAF/UNSDCF-CPD packages²⁶ (a list of countries is available in Annex 1):

1) UNFPA CPDs approved since the first regular session of the UNFPA executive board in 2018 and following the framework of the UNFPA strategic plan 2018-2021, as well as their associated CCAs and UNDAFs/UNSDCFs;

2) CPDs submitted to the first regular session of the UNFPA executive board in January 2022 following the framework of the UNFPA strategic plan 2022-2025, as well as their associated CCAs and UNSDCF; and

3) CPDs submitted to the first regular session of the UNFPA executive board in 2020 and beyond, and their associated UNSDCF - i.e., post Nairobi Summit on ICPD25.

For the 2018-2021 period, the evaluation team was able to gather 61 of a possible 67 complete country packages, which corresponds to a high 91%. In terms of drawing any conclusions for the entire universe of UNFPA country programmes, it can be noted that the set of complete country packages for the 2018-2021 period corresponds to 51% of UNFPA's country programmes globally (119²⁷). To gain first insights into the positioning of the TRs in country-level strategic planning under the UNFPA strategic plan period 2022-2025, which, it is recognized, has only just started and a transition phase is underway, the evaluation team analysed UNFPA CPDs approved by the UNFPA executive board at the 1st regular session in 2022, and their associated CCAs and UNSDCF. Complete country packages were assembled for nine of a possible 13 complete packages, which corresponds to 69%. The corresponding data set and more details on coverage is available in Table 1 in Annex 2).

To respond to study questions (1) and (2), the following sets of analysis were undertaken for both sets of country-level planning documents, globally and by groupings - i.e., by region, quadrant, tier²⁸,

²⁶ Documents were downloaded from the public domain and the UNSDG knowledge portal and received from DCO at the request of the evaluation team.

²⁷ Total number of UNFPA country and territory offices, according to the [UNFPA website](#) are 121, including the GCC Office and the Seychelles for which no CPDs exist and Nicaragua where there is no UNCT.

²⁸ The tiers being a new concept introduced with the UNFPA strategic plan 2022-2025, but considered a relevant criterion by the evaluation team for learning purposes.

humanitarian versus non-humanitarian programme country settings²⁹, as well as by type of document (UNDAF or UNSDCF) and pre- and post-UNFPA guidance on CPD development in the context of UNSDCFs (March 2020)³⁰:

- 1) Analysis of how often each individual TR appears in each type of document
- 2) Analysis of prevalence of TR indicators
- 3) Analysis of how many TRs each type of document contains
- 4) Analysis of whether TRs that are discussed in CCAs are also a UNCT and UNFPA priority, and are being tracked with the help of TR indicators in the UNDAF/UNSDCF and UNFPA CPD results frameworks (*big chain analysis*)
- 5) Analysis of which of the TR indicators are included in UNDAF/UNSDCF and CPD results frameworks, and where they are the same or different (*indicator chain analysis*)

The detailed methodology for this quantitative analysis is explained in Annex 3, but for a basic understanding it is worth mentioning here that to ascertain whether CCAs include an analysis of the TRs and whether UNDAFs/UNSDCFs and CPDs include them, a narrative word search was undertaken. A TR was considered a UNCT or UNFPA priority if one of the key words appears at least once in the narrative on strategic/programme priorities and/or in the results framework.³¹

TR indicators were extracted from the UNDAF/UNSDCF and CPD results frameworks.³² For CPDs submitted to the 1st regular session of the UNFPA executive board in January 2022 and their associated CCAs and UNSDCFs, the list of key words was adapted and expanded to take into account the strategic plan results framework newly organized around the TRs as outcome statements and the new set of outcome indicators.

Lastly, to broaden the analysis to include relevant national priorities, the evaluation team also compiled information about programme country government voluntary commitments to the TRs during the Nairobi Summit in November 2019. The evaluation team analysed 69 complete country packages in relation to the Nairobi voluntary commitments made by programme governments.³³ An analysis was undertaken of the extent to which programme country commitments to one or more TR-related commitment categories

²⁹ According to UNFPA Humanitarian Action 2021 Overview.

³⁰ UNFPA. CPD guide for UNFPA field offices in the context of the UNSDCF, March 2020. Guidance applicable for CPDs submitted to the second regular session of the UNFPA executive board in 2020 until the 2nd regular session in 2021.

³¹ The evaluation team recognizes that the TRs are inter-linked and that progress in one area may lead to progress in another. However, for this analysis, for a TR to be considered a priority, it expected it to be mentioned at least once.

³² Other indicators not included in the UNFPA strategic plans that also serve to measure progress towards the TRs were not used.

³³ CPDs that were presented to the UNFPA executive board from the 1st regular session in 2020 onwards were included. The Caribbean, included in the analysis of the group of CCAs/UNSDCFs and CPDs beginning in 2022, was excluded in this analysis, as of the six countries of the Caribbean in which there are UNCTs only one had made commitments in the relevant categories.

are being leveraged by way of reflecting them as priorities in UNDAFs/UNSDCFs and CPDs, and where they are the same or different.

Throughout, it was kept in mind that not all TRs are equally relevant for each programme country (e.g., FGM), and that UNFPA COs are not expected to commit to achieving all TRs. For the 2018-2021 period, according to guidance provided to UNFPA country offices (COs), UNFPA country programmes had to commit to work on at least one TR; country programmes rolled out after 2018 must include at least one TR indicator.³⁴ For 2022-2025, each country programme must focus on at least one TR depending on the country's needs and priorities, the overall operational context (human resources, funding availability, and partnerships) and the assessment of progress towards a TR and risk of falling behind. In line with heightening the UNFPA normative role everywhere, a country programme should, ideally, give attention to all three transformative results, promoting them and protecting the gains made.³⁵

The temporal scope of the analysis goes back to the beginning of 2018 when the UNFPA strategic plan 2018-2021 introduced the TRs in the context of UNDAFs and the ongoing process of UNFPA's engagement in system-wide work that led to UNGA Resolution 72/279, thus also allowing an analysis of before and after the issuance of the UNSDCF guidance in June 2019. The evaluation team has not provided assessments of the positioning of the TRs in country-level strategic planning in individual countries.

Keeping in mind that UNFPA has committed to deriving its CPDs from UNDAFs/UNSDCFs, it can be safely assumed that UNFPA has greater influence on the extent to which its own CPDs cover the TRs and use TR indicators than on the scope of CCAs and UNDAFs/UNSDCFs, which are negotiated and system-wide documents. CCAs may or may not reference the TRs, and UNDAFs/UNSDCFs may or may not include the TRs as UNCT priorities or use TR indicators to track progress and performance, with valid reasons. However, with the chosen methodology based on desk review, conclusions or value statements on why or why not the TRs and TR indicators are or are not or should be included in system-wide strategic planning documents or CPDs, are not made.

4. Points for Discussion

4.1 Reflection of TRs in country-level strategic planning during the UNFPA strategic plan 2018-2021

This section responds to above study questions (1) and (2) for the UNFPA strategic plan period 2018-2021. The analysis is divided into three sub-sections which examine the reflection of individual TRs and the prevalence of individual TR indicators in country-level documents (4.1.1.); the number of TRs reflected in different country-level documents (4.1.2) and coherence of TRs across country-level documents (4.1.3).

4.1.1 Reflection of individual TRs in CCAs, UNDAFs/UNSDCFs and CPDs

³⁴ Transformative Results Guidance to clarify the concept. Last updated: February 14, 2018; UNFPA. PRC User Guide - Quality Assurance Guidelines for Country Programme Documents under the Strategic Plan 2018-2021, July 2020.

³⁵ UNFPA. Strategic Plan 2022-2025 Implementation Toolkit - December 2021 version. The evaluation team is not aware of any new guidance regarding the use of TR indicators.

Point 1. Maternal health, family planning and GBV enjoy very high coverage in CCAs for the 2018-2021 period, which provides a strong basis for their prioritization in system-wide strategic planning. In the context of high-incidence countries, child marriage and FGM are also well reflected in CCAs.

Source: Annex 2, Table 2

The analysis shows a very high coverage of the three TRs in CCAs: All 61 CCAs speak to preventable maternal deaths, 59 (97%) to unmet need for family planning and 60 (98%) to GBV and harmful practices.³⁶

Data for the disaggregated GBV and harmful practices TR show that GBV coverage is also very high across the CCAs (60; 98%). Overall, analysis of child marriage is not quite as frequent, but still high (54; 88%) and going beyond the group of 68 countries across the world that are host to around 90% of the global burden of child marriage. As for these high-incidence countries, data show that child marriage is on the radar of UNCTs in 33 of the 35 high-incidence countries that are part of the present analysis (94%), including six countries where the UNFPA-UNICEF Global Programme to End Child Marriage is implemented.³⁷ Only 16 of the 61 CCAs address FGM (26%). However, FGM is considered a common practice in only 18 countries covered by the present analysis.³⁸ Data show that CCAs analyse FGM for 15 of these 18 high-incidence countries (83%), including eight countries covered by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation.³⁹

Point 2. For the 2018-2021 period, the extent to which UNDAFs/UNSDCFs include the three TRs as UNCT priorities drops vis-à-vis the level of analysis in CCAs, but coverage remains very high, which provides ample opportunities for UNFPA to leverage sister UN agencies and other partners to accelerate progress towards zero. The extent to which child marriage and FGM are taken up as UNCT priorities is less, and, especially as regards child marriage, does not reflect high-incidence levels.

Source: Annex 2, Table 4

Where TRs are not UNCT priorities, it is hard to justify their inclusion in CPDs and a difficult starting point for collective action. The present analysis found that the prioritization of the three TRs and of GBV in UNDAFs/UNSDCFs is very high. The smallest drops in percentage points are for the GBV and harmful practices TR (from 98% of CCAs to 97%) and for GBV (also from 98% to 97%). 56 UNDAFs/UNSDCFs prioritize maternal health (92%) and another 56 (92%) family planning.

³⁶ The evaluation team did not go into the substance of references to the TRs. It was sufficient for selected key words to be present. See detailed methodology in Annex 3.

³⁷ The UNFPA-UNICEF global joint programme on child marriage is implemented in 12 of the most high-incidence countries. Six of these countries are also part of the present analysis and child marriage is addressed in all their respective CCAs. Bangladesh: Y; Burkina Faso: N/A; Ethiopia: Y; Ghana: Y; India: N/A; Mozambique: N/A; Nepal: N/A; Niger: Y; Sierra Leone: Y; Uganda: Y; Yemen: N/A; Zambia: N/A; <https://www.unfpa.org/unfpa-unicef-global-programme-end-child-marriage>. COSTING THE THREE TRANSFORMATIVE RESULTS, UNFPA January 2020.

³⁸ Of the 31 countries in Africa and South-East Asia that are considered FGM high-incidence countries, 18 are part of the present analysis. COSTING THE THREE TRANSFORMATIVE RESULTS, UNFPA January 2020.

³⁹ The global joint programme on FGM is implemented in 17 countries. Burkina Faso: N/A; Djibouti: Y; Egypt: N/A; Eritrea: N/A; Ethiopia: Y; Gambia: N/A; Guinea: N/A; Guinea-Bissau: N/A; Kenya: Y; Mali: Y; Mauritania: Y; Nigeria: N/A; Senegal: Y; Somalia: Y; Sudan: N/A; Uganda: Y; Yemen: N/A; <https://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm>. https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#where_practiced.

While the coverage of child marriage in CCAs is high, child marriage is included as a UNCT priority in only 28 the UNDAFs/UNSDCFs (45%). Moreover, UNCTs in only 16 of the 35 high-incidence countries covered by the current analysis prioritize child marriage (46%), however including all six UNFPA-UNICEF global joint programme countries.

The reflection of FGM also drops, although not quite as much. While CCAs in 15 high-incidence countries talk to FGM, it is taken forward as a UNCT priority in 12 UNDAFs/UNSDCFs (66%), of which 11 are high-incidence countries (including the eight UNFPA-UNICEF global joint programme countries).

Point 3. Keeping in mind that the coverage of the three TRs in UNDAFs/UNSDCFs is already very high for the 2018-2021 period, their coverage in UNFPA CPDs is practically universal. This suggests that, in line with corporate and system-wide guidance, UNFPA is flexible to enter into commitments outside of UNDAFs/UNSDCFs.

Source: Annex 2, Table 8

The level of alignment of CPDs to the three TRs is even higher than their already very high prioritization in the UNDAFs/UNSDCFs.⁴⁰ Coverage of the three TRs in the 61 CPDs is practically universal. All CPDs prioritize unmet need for family planning and GBV and harmful practices; all CPDs apart from one envisage work on preventable maternal deaths.

Furthermore, data show that all CPDs address GBV. Child marriage is also a UNFPA programme priority, although not at the same level as maternal health, family planning and GBV, but more so than at the level of UNCTs. Child marriage is taken up as a UNFPA priority in 38 CPDs (62%), going beyond high-incidence countries. Among the 35 high-incidence countries covered by this analysis, CPDs for 26 countries prioritize child marriage (74%). Overall, similar to UNDAFs/UNSDCFs, the prioritization of FGM in CPDs is low (15; 25%). CPDs for 13 of the 18 high-incidence countries covered by the present analysis prioritize FGM (72%).

Point 4. Prioritization of the TRs in UNDAFs/UNSDCFs is not consequently backed up by the inclusion of at least one associated TR indicator in their results frameworks, despite them being SDG indicators, which impedes the ability to monitor and report on progress towards their achievement and inform corporate policies. This is especially the case for GBV. UNDAFs/UNSDCFs make most use of the TR indicators for maternal health.

Source: Annex 2, Table 6

The UNFPA strategic plan 2018-2021 determined nine goal and outcome-level indicators as TR indicators, all of which except for one⁴¹ are also SDG indicators - two indicators for preventable maternal deaths, three for unmet need for family planning and four for GBV and harmful practices (two for GBV, one for child marriage and one for FGM) (see Box 1).

Box 1: TR indicators UNFPA strategic plan 2018-2021

⁴⁰ The evaluation team noted that CPDs under the UNFPA strategic plan 2018-2021 do not explicitly commit the organization to achieving one or more TRs by 2030 - i.e., achieving zero. For the purpose of this discussion paper, therefore, it was considered sufficient for UNFPA to work on the respective topics of family planning, maternal health, GBV, child marriage and FGM irrespective of timelines and targets.

⁴¹ Unmet need for family planning (SP Outcome indicator 1.6).

Preventable maternal deaths

SDG indicator 3.1.1: Maternal mortality ratio (SP Goal indicator 1)

SDG indicator 3.1.2: Proportion of births attended by skilled health personnel (SP Outcome indicator 1.2)

Unmet need for family planning

SDG indicator 3.7.1: Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods (SP Outcome indicator 1.4)

Unmet need for family planning (SP Outcome indicator 1.6)

SDG indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SP Goal indicator 2)

GBV

SDG indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence (SP Outcome indicator 3.2)

SDG 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 (SP Outcome indicator 3.3)

Child marriage

SDG indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SP Goal indicator 3)

FGM

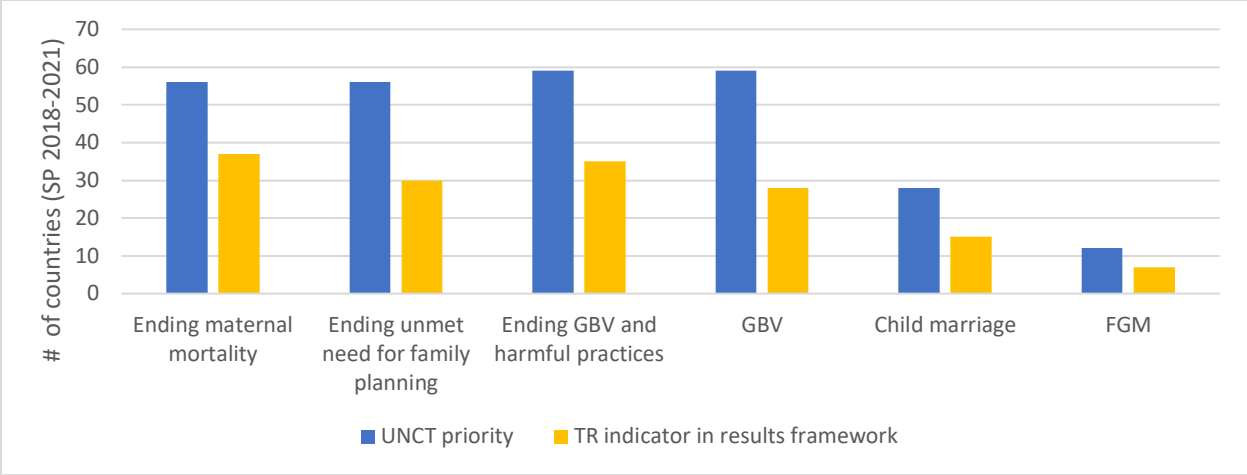
SDG indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting by age (SP Outcome indicator 3.5)

As Figure 1 illustrates, for the 2018-2021 period, UNDAFs/UNSDCFs make most use of the TR indicators for maternal health: 37 UNDAFs/UNSDCFs (61%) include at least one TR indicator to track the contribution of the UNCT towards reducing preventable maternal deaths. Slightly less - i.e., 35 UNDAFs/UNSDCFs (57%) - use at least one TR indicator to measure progress towards the combined GBV and harmful practices TR. 31 UNDAFs/UNSDCFs (49%) measure progress towards reduced unmet need for family planning.

Further analysis of the GBV and harmful practices TR shows that only 28 UNDAFs/UNSDCFs (46%) include at least one of the two GBV TR indicators. 15 UNDAFs/UNSDCFs (25%) include the child marriage TR indicator and 7 UNDAFs/UNSDCFs (11%) the TR indicator for FGM.

Besides visualizing the use of TR indicators in UNDAFs/UNSDCFs, Figure 1 shows that prioritization of any of the TRs in UNDAFs/UNSDCFs is not consequently backed up with TR indicators, and especially in the case of GBV (down by 51 percentage points).

Figure 1: Presence of TR indicators versus TRs as UNCT priority in UNDAFs/UNSDCFs 2018-2021



Point 5. For the 2018-2021 period, more UNFPA CPDs include at least one indicator for a specific TR than UNDAFs/UNSDCFs. However, similar to UNDAFs/UNSDCFs, progress towards TRs as UNFPA priorities is not systematically tracked with the help of relevant TR indicators, and especially not GBV. TR indicators for family planning are most frequently included in UNFPA CPDs.

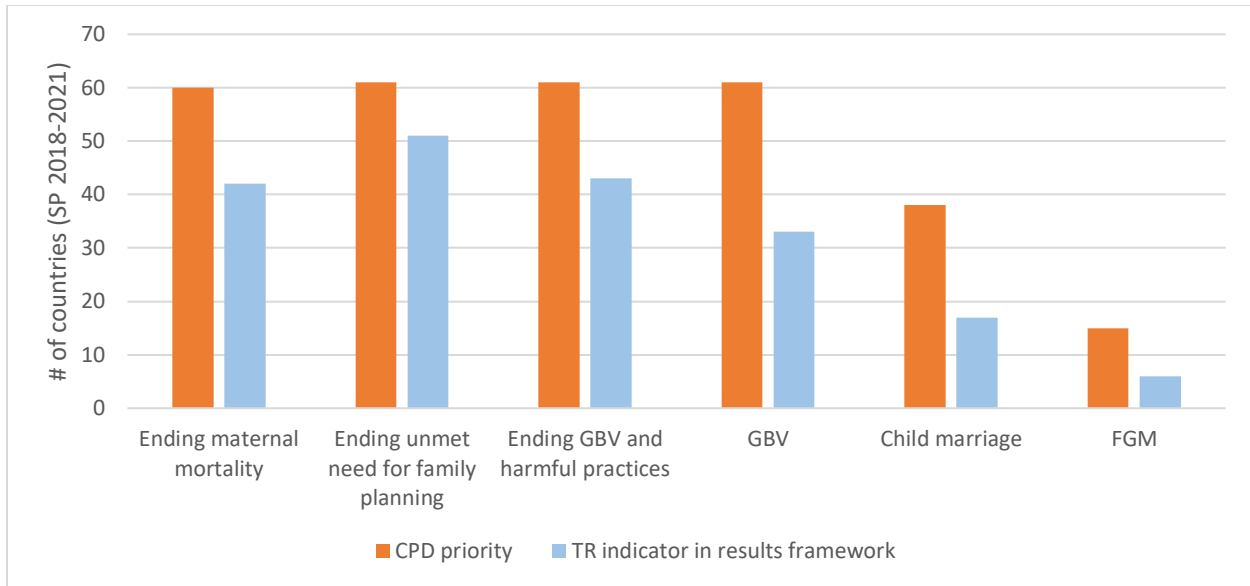
Source: Annex 2, Table 10

As Figure 2 illustrates, for the 2018-2021 period, TR indicators measuring progress towards zero unmet need for family planning are most frequently used in CPD results frameworks: 51 CPDs (84%) include at least one of the three TR indicators for unmet need for family planning. Two-thirds of the CPDs (42; 69%) use at least one of the two TR indicators for maternal health.

The present analysis also shows that 43 CPDs (70%) are using at least one of the four TR indicators for the combined GBV and harmful practices TR. However, further unpacking reveals that only 33 (54%) include at least one of the two TR indicators for GBV, 17 (28%) the TR indicator for child marriage and 6 (10%) the indicator for FGM.

Data show that, overall, more CPDs include at least one indicator for a specific TR than UNDAFs/UNSDCFs, except in the area of FGM, and in particular in the area of unmet need for family planning - i.e., 51 CPDs versus 30 UNDAFs/UNSDCFs. Besides illustrating the presence of TR indicators in CPDs, Figure 2 also shows that prioritization of any of the TRs and their components is not consequently backed up with TR indicators, especially in the case of GBV (down by 46 percentage points).

Figure 2: Presence of TR indicators versus TRs as UNFPA priority in CPDs 2018-2021



Point 6. Keeping in mind the very high coverage of the three TRs as UNCT priorities but comparatively less use of TR indicators overall, the two most frequently used TR indicators in UNDAFs/UNSDCFs for the 2018-2021 period are maternal mortality ratio (SDG indicator 3.1.1) and intimate partner violence (SDG indicator 5.2.1). More UNDAFs/UNSDCFs than CPDs include maternal mortality ratio and the SDG indicator 3.7.1 family planning needs satisfied.

Source: Annex 2, Table 12

To learn more about the use of TR indicators for tracking and reporting on UNCT performance and making work on the TRs visible, the evaluation team explored the extent to which individual indicators are included in UNDAF/UNSDCF results frameworks.

The analysis shows that the TR indicator maternal mortality ratio (SDG indicator 3.1.1) is used most - i.e., in 27 UNDAFs/UNSDCFs (44%), which corresponds to 48% of those UNDAFs/UNSDCFs prioritizing maternal health. A close second is the TR indicator for intimate partner violence prevalence among ever partnered women (SDG indicator 5.2.1) - i.e., 26 (43%), which corresponds to 44% of those UNDAFs/UNSDCFs prioritizing GBV. The only TR indicator that is not an SDG indicator - “unmet need for family planning” - is included the least in UNDAFs/UNSDCFs.

Compared to UNFPA CPDs, it is noticeable that more UNDAFs/UNSDCFs include maternal mortality ratio (44% versus 29%). More UNDAFs/UNSDCFs also include SDG indicator 3.7.1 “proportion of women of reproductive age who have their need for family planning satisfied with modern methods” (36% versus 28% of CPDs). UNCTs have made little use of the indicator for violence prevalence by persons other than an intimate partner (SDG indicator 5.2.2) (16% and 18%).

Point 7. For the 2018-2021 period, UNCTs and UNFPA COs in all six regions have worked on maternal health, family planning, GBV and child marriage. FGM has been addressed in WCA, ESA and AS. Contrary to expectations, none of the TRs is prioritized by greater shares of UNFPA COs and UNCTs in Tier I countries.

Source: Annex 2, Tables 3, 5, 7, 9, 11, 13-15

The extent to which CCAs speak to the three TRs is generally very high across the regions, quadrants and tiers, be that in humanitarian or non-humanitarian programme countries.⁴² Data show that child marriage is also on the radar of UNCTs in all regions, and especially in AS (6; 100%) and EECA (13; 100%). 16 CCAs in all regions apart from EECA address FGM, the bulk of which in the WCA region (9).

The reflection of the three TRs in UNDAFs/UNSDCFs is also high in all six regions. The analysis shows that all UNDAFs/UNSDCFs in AP and LAC prioritize maternal health and family planning; all UNDAFs/UNSDCFs in EECA prioritize family planning and GBV and harmful practices, with variations for the third TR. All UNDAFs/UNSDCFs in AS, ESA and WCA support the prevention of GBV and harmful practices alongside other TRs. While GBV and child marriage are, to a greater or lesser extent, UNCT priorities in countries across all regions, FGM is prioritized by UNCTs in WCA, ESA and AS.

The level of alignment of CPDs to the three TRs is higher than UNDAFs/UNSDCFs in all regions. Analysis of the disaggregated GBV and harmful practices TR shows that all CPDs in all regions address GBV; child marriage is a UNFPA priority in all regions. Besides covering all UNFPA-UNICEF global joint programme countries that are part of the present analysis, FGM is on the radar of other UNFPA COs in Africa and of one in LAC.

As regards the use of individual TR indicators, compared to other regions, UNCTs in WCA (12; 92%) and AP (6; 86%) more frequently include at least one maternal health TR indicator in their UNDAF/UNSDCF results frameworks. A high 80% of UNDAFs/UNSDCFs in EECA (10) use at least one of the three family planning TR indicators. GBV TR indicators appear in all regions, and especially in LAC (6; 75%), except for AS where none of the six UNDAFs/UNSDCFs, all of which prioritize GBV, use them. The 15 UNDAFs/UNSDCFs that use the child marriage TR indicator to track progress are scattered across all regions. The use of the FGM TR indicator mirrors the geographical coverage of FGM as a UNCT priority in WCA, ESA and AS.

As concerns TR indicator prevalence, it is noticeable that UNDAFs/UNSDCFs in ESA, LAC and WCA make the difference in terms of more UNDAFs/UNSDCFs than CPDs that include the maternal mortality ratio TR indicator (44% versus 29%). Furthermore, more UNDAFs/UNSDCFs than CPDs include SDG indicator 3.7.1 “proportion of women of reproductive age who have their need for family planning satisfied with modern methods” (36% versus 28%). UNCTs in all regions except for LAC include the indicator more than UNFPA.

The concept of tiers was only introduced and the categorization of programme countries by tier only happened with the UNFPA strategic plan 2022-2025, and which will have implications for UNFPA in terms of resource allocation. The analysis shows that, while there is hardly a difference in the case of CPDs, each of the three TRs is prioritized by greater shares of UNCTs in Tier II than Tier I countries. This is especially

⁴² The coverage of total possible country packages is high for different country groups. The analysis covers 100% of total possible CCA, UNDAF/UNSDCF and CPD packages for the EECA and LAC regions; 93% for WCA; and more than 80% for AP, AS and ESA. It covers 96% of total possible packages for pink countries and nearly 90% for the red, orange and yellow quadrants. Furthermore, 90% of possible packages for Tier I countries are covered (89% for Tier II and 94% for Tier III) and more than 90% of humanitarian and non-humanitarian countries. For more details, see Annex 2.

the case for unmet need for family planning (86% of Tier I and 94% of Tier II countries), which, in addition, is prioritized by all UNDAFs/UNSDCFs for Tier III countries.

Point 8. While no cause-and-effect relationships can be established, the introduction of UNSDCF does not appear to have made a significant difference in terms of increased analysis and prioritization of the TRs, but some shifts in terms of use of TR indicators are noted, both positive and negative. The UNFPA guidance on CPD development in the UNSDCF context may have contributed to improved coverage of family planning, GBV and child marriage in UNSDCF.

Source: Annex 2, Tables 3, 5, 7, 9, 11, 13-15

Looking at the inclusion of the TRs along different timeframes, no significant differences are visible among the CCAs underpinning UNDAFs on the one hand and UNSDCF on the other or among CCAs formulated pre- or post-UNFPA guidance on CPD development in the UNSDCF context.

Neither is there a significant difference between the presence of the TRs in UNDAFs and in UNSDCF, or a clear trend to be seen. 19 UNDAFs (95%) and 37 UNDAFs (90%) include maternal health as a UNCT priority; 17 UNDAFs (85%) and 39 UNSDCF (95%) include family planning; and 19 UNDAFs (95%) and 40 UNSDCF (98%) reflect GBV and harmful practices. 9 UNDAFs (45%) and 19 UNSDCF (46%) prioritize child marriage, and 4 UNDAFs (20%) and 8 UNSDCF (20%) prioritize FGM.

As regards the use of TR indicators, a closer look shows that a larger share of UNSDCF than UNDAFs use at least one TR indicator, and considerably in the case of GBV, apart for maternal health where a drop is evident. Regarding the latter, the analysis shows that the share of all UNDAFs using maternal mortality ratio and using skilled birth attendance as performance indicators was larger than of UNSDCF (reduction by 26 percentage points in the case of skilled birth attendance). This pattern does not change when focusing on the share of those UNDAFs and UNSDCF that prioritize maternal health.

Post-UNFPA guidance on CPD development in the UNSDCF context, a higher share of UNCTs prioritizes child marriage (up by 17 percentage points), unmet need for family planning (up by 9 percentage points) and GBV (up by 6 percentage points). Moreover, the use of SDG indicators 5.3.1 on child marriage, 3.7.1 (family planning needs satisfied) and 5.2.1 (intimate partner violence) increases, in the case of child marriage and intimate partner violence significantly - i.e., increase from 33% to 63% of UNSDCF that prioritize child marriage and increase from 11% to 60% of UNSDCF that prioritize intimate partner violence. On the contrary, both maternal health TR indicators figure less in UNSDCF developed after UNFPA's guidance on CPD development in the UNSDCF context compared to those developed before.

4.1.2 Number of TRs reflected in CCAs, UNDAFs/UNSDCFs and CPDs

Point 9. For the 2018-2021 period, a large majority of CCAs, UNDAFs/UNSDCFs and CPDs cover all three maternal health, family planning and GBV and harmful practices TRs, going beyond the required minimum of committing to achieving one TR. Across the board, CPDs prioritize more TRs than UNDAFs/UNSDCFs, including by use of TR indicators, but the differences are not significant.

Source: Annex 2, Tables 16, 17, 24, 25

Section 5.1.1 analyses data from the point of view of coverage of individual TRs in the CCAs, UNDAFs/UNSDCFs and CPDs for the 2018-2021 period. In addition, the evaluation team looked at the combined number of TRs covered by the different types of documents.

Overall, 58 CCAs analyse all three TRs (95%); 51 UNDAFs/UNSDCFs (84%) prioritize all three. All but one CPD cover all three TRs. Taking a closer look by using the disaggregated GBV and harmful practices TR, the analysis shows that 15 CCAs (25%), 5 UNDAFs/UNSDCFs (8%) and 13 CPDs (21%) cover all TR areas of maternal health, family planning, GBV, child marriage and FGM. All in all, on average, CCAs analyse 3 TRs; UNDAFs/UNSDCFs prioritize 2.8 TRs and CPDs 3 TRs.

Just under a quarter of UNDAFs/UNSDCFs include indicators for all three TRs in their respective results frameworks (14; 23%) (with the help of at least one TR indicator each). The largest group of UNDAFs/UNSDCFs - i.e., one third (20; 33%) - tracks progress towards two TRs. On average, UNDAFs/UNSDCFs track progress towards 1.7 TRs. Only 8 UNDAFs/UNSDCFs (13%) are not using any TR indicators.⁴³ The number of TRs covered by CPDs by use of TR indicators is higher. More CPDs than UNDAFs/UNSDCFs are tracking progress towards 2 or 3 TRs - i.e., 48 (78%). On average, CPDs are using TR indicators to track progress towards 2.2 TRs.

Point 10. While in all country groupings the large majority of country-level strategic planning documents have a high coverage of the TRs, the affiliation to a particular country grouping makes a difference in terms of the number of TRs prioritized by use of at least one TR indicator. UNDAFs/UNSDCFs and CPDs in Tier I countries do not automatically prioritize more TRs than those in the other two tiers. The extent to which planning instruments cover the range of TRs increases with the introduction of the UNSDCF and the issuance of UNFPA guidance on CPD development in the UNSDCF context.

Source: Annex 2, Tables 18-23, 26-29

A large majority of CCAs, UNDAFs/UNSDCFs and CPDs in all regions, quadrants and tiers as well as in humanitarian programme countries have a high coverage of the TRs.⁴⁴ As for the regions, at least all but one CCAs, UNDAFs/UNSDCFs and CPDs cover all three TRs, except for UNDAFs/UNSDCFs in the WCA region where four out of nine cover two TRs. An analysis along the quadrants shows the same level of coverage by CCAs and CPDs, but more than one UNDAF/UNSDCF covering less than three TRs. Being a Tier I country is not reflected in a greater number of TRs covered by CPDs and UNDAFs/UNSDCFs compared to the other tiers.

In terms of number of TRs prioritized by use of TR indicators, the analysis shows that the region with the highest UNDAF/UNSDCF coverage is AP (average of 2.0 TRs); the lowest being AS (1.0 TR). The region with the highest CPD coverage is ESA (average of 2.5 TRs); the lowest being LAC (1.8). A closer look at the tiers

⁴³ Of which four UNDAFs and four UNSDCFs.

⁴⁴ The coverage of total possible country packages is high for different country groups. The analysis covers 100% of total possible CCA, UNDAF/UNSDCF and CPD packages for the EECA and LAC regions; 93% for WCA; and more than 80% for AP, AS and ESA. It covers 96% of total possible packages for pink countries and nearly 90% for the red, orange and yellow quadrants. Furthermore, 90% of possible packages for Tier I countries are covered (89% for Tier II and 94% for Tier III) and more than 90% of humanitarian and non-humanitarian countries. For more details, see Annex 2.

shows that while CPDs for Tier I countries have the highest average coverage of the three TRs (2.7 TRs), the same logic does not apply to the UNDAFs/UNSDCFs.

In terms of different timelines, the analysis shows that, while TR coverage generally remains high, a larger share of UNSDCFs and their associated CCAs and CPDs address two or more TRs than did UNDAFs. Moreover, on average, UNSDCFs make greater use of TR indicators than UNDAFs. The same was found for UNSDCFs published post-UNFPA guidance on CPD development in the UNSDCF context.

4.1.3 Coherence of TRs across CCAs, UNDAFs/UNSDCFs and CPDs

To examine the coherence of TR inclusion among the strategic planning documents for an individual country, the evaluation team combined the analysis of TR prioritization and inclusion of TR indicators discussed above into so-called chains. This allowed the connection between the various documents to be looked at more closely, both in terms of the full package of documents (CCA, UNDAF/UNSDCF and CPD) and with a focus on the TR indicators.

Point 11. For the 2018-2021 period, coherence between CCAs, UNDAFs/UNSDCFs and CPDs is not hard-wired. Overall, only half of the *big chains* are coherent. Around half of the maternal health and family planning and one third of GBV and child marriage *big chains* are coherent. Interruptions are largely at the level of TR indicators. The remaining chains are interrupted in diverse ways and are missed opportunities for working towards zero.

Source: Annex 2, Table 30

The *big chain* analysis examines the connections and coherence between related United Nations and UNFPA country-level programming documents, specifically the CCAs, UNDAF/UNSDCFs and the CPDs.⁴⁵ The *big chain* for each TR⁴⁶ individually assumes that:

- (i) the CCA includes analysis related to the TR;
- (ii) the TR is a UNCT priority according to the UNDAF/UNSDCF;
- (iii) at least one of the TR indicators is included in the UNDAF/UNSDCF results framework;
- (iv) the TR is a UNFPA priority according to the UNFPA CPD; and
- (v) at least one of the TR indicators is included in the CPD results framework⁴⁷.

Where the above assumptions (i)-(v) are all true, chains were considered intact. Given 61 countries and five TRs, the total number of chains is 305.

Besides finding a total of 91 intact *big chains* for maternal health, family planning, GBV, child marriage and FGM where the above assumptions (i)-(v) are all true, twelve patterns were found (see Table 1). Patterns A and B (61) are considered coherent through the absence of the TRs - i.e., total absence and absence beyond the CCA. Thus, including Patterns A and B, coherent *big chains* amount to half of the total number of chains for the 61 countries (152; 50%).

⁴⁵ See detailed methodology in Annex 3 for further details.

⁴⁶ Disaggregated GBV and other harmful practices TR - i.e., GBV, child marriage and FGM.

⁴⁷ The *big chain* only considered whether or not either of the results frameworks include TR indicators for the concerned TR(s). It does not speak to coherence in the use of TR indicators. Neither does it consider indicators other than the TR indicators.

Patterns C-E (111) include isolated interruptions to the chain of assumptions at the level of TR indicators. Patterns F-L, each of which are less frequent but together amount to a sizable number of chains (41), include consecutive interruptions.

Table 1: Coherence between CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021 - Big chain analysis

Pattern	Frequency across TRs	% of total chains
Chain intact	91	30%
Pattern A: None of the assumptions are fulfilled: There is coherence in that the TR is not reflected in any of the three documents.	47	15%
Pattern B: Only assumption (i) is fulfilled: The CCA includes analysis related to the TR. All other assumptions (ii, iii, iv and v) are not fulfilled. There is coherence between the UNDAF/UNSDCF and the CPD.	14	5%
Coherent chains: Intact chains and Patterns A-B	152	50%
Pattern C: Assumption (iii) is not fulfilled: There is no TR indicator in the UNDAF/UNSDCF results framework. All other assumptions (i, ii, iv, and v) are fulfilled.	45	15%
Pattern D: Assumption (v) is not fulfilled: There is no TR indicator in the CPD results framework. All other assumptions (i, ii, iii, and iv) are fulfilled.	25	8%
Pattern E: Assumptions (iii) and (v) are not fulfilled: There is neither a TR indicator in the UNDAF/UNSDCF nor in the CPD results framework. All other assumptions (i, ii and iv) are fulfilled.	41	13%
Patterns C-E: Isolated interruptions to the chain of assumptions	111	36%
Pattern F: Assumptions (i) and (iv) are fulfilled: The CCA includes analysis related to the TR and the TR is a UNFPA priority. All other assumptions (ii, iii, and v) are not fulfilled.	17	6%
Pattern G: Assumptions (i), (iv) and (v) are fulfilled: The CCA includes analysis related to the TR; the TR is a UNFPA priority; and at least one of the TR indicators is included in the CPD results framework. Assumptions (ii) and (iii) are not fulfilled.	10	3%
Pattern H: Assumption (iv) is fulfilled: The TR is a UNFPA priority. All other assumptions (i, ii, iii, and v) are not fulfilled.	5	2%
Pattern I: Assumptions (iv) and (v) are fulfilled: The TR is a UNFPA priority and at least one of the TR indicators is included in the CPD results framework. All other assumptions (i, ii and iii) are not fulfilled.	1	<1%
Pattern J: Assumptions (i) and (ii) are fulfilled: The CCA includes analysis related to the TR and the TR is a UNCT priority. All other assumptions (iii, iv and v) are not fulfilled.	4	1%
Pattern K: Assumptions (i), (ii) and (iii) are fulfilled: The CCA includes analysis related to the TR; the TR is a UNCT priority; and at least one of the TR indicators is included in the UNDAF/UNSDCF results framework. Assumptions (iv) and (v) are not fulfilled.	4	1%
Pattern L: Assumption (ii) is fulfilled: The TR is a UNCT priority. All other assumptions (i, iii, iv, and v) are not fulfilled.	1	<1%

Patterns F-L: Consecutive interruptions to the chain of assumptions	42	14%
Total <i>big chains</i>	305	

Looking at the individual TRs, the analysis shows that around half of the maternal health and family planning *big chains* and around one third of the GBV chains are coherent - i.e., 32 (53%), 28 (46%) and 21 (34%) respectively. In the case of deviations, Patterns C-E with isolated interruptions at the level of the TR indicators are common for maternal health and family planning - i.e., 23 (38%) and 28 (47%) respectively - and very common for GBV where 38 (62%) of the chains are interrupted. Attention is especially drawn to those 15 chains for maternal health, family planning and GBV where the TR indicator is missing in the UNFPA CPD (Pattern D). Only in very few country packages are the maternal health (6; 10%), family planning (5; 9%) and GBV (2; 4%) chains incoherent because of consecutive interruptions (Patterns F-L). Only in one single CPD did UNFPA neglect to reflect the UNCT priority (Patterns J-L).

Child marriage and FGM present themselves differently in that the largest shares of the child marriage and FGM *big chains* follow Patterns A and B respectively, which are coherent through the absence of the TRs: the FGM TR is not at all present in 42 country packages (69%); the child marriage TR is analysed in 13 CCAs and subsequently dropped (21%). Only 8 child marriage chains (13%) and 3 FGM chains (5%) are intact according to the definition above. 36 child marriage (60%) and 15 FGM chains (26%) experience isolated (Patterns C-E) or consecutive interruptions (Patterns F-L), including a total of 18 chains where UNFPA has not piggybacked on prioritization and/or use of TR indicators in UNDAFs/UNSDCFs and 15 chains where UNFPA has benefited from flexibility to address the issues without aligning to UNDAFs/UNSDCFs.

Point 12. For the 2018-2021 period, less coherent *indicator chains* were found than coherent *big chains*. Overall, the share of coherent *indicator chains* is just over one-third. Only around a third of the maternal health *indicator chains* are coherent. For family planning and GBV it is even less. More child marriage and FGM *indicator chains* are coherent due to the fact that a large number of country packages do not include the TRs. Where the TR indicators are included, intact patterns are only few.

Source: Annex 2, Table 30, 32

The *indicator chain* analysis looks specifically at where the TR indicator(s) included in the UNDAFs/UNSDCFs and CPDs is/are the same or different.⁴⁸ Where UNDAFs/UNSDCFs and CPDs include at least one TR indicator for a specific TR and the indicator(s) is/are the same, the chain is considered intact.

Besides finding intact *indicator chains* where both results frameworks contain the exact same TR indicator(s), six patterns were found (Table 2). Of the 305 chains, the evaluation team found 49 intact chains. This is far less than the 131 chains without any TR indicators (Pattern 1) that are not intact. It is also less than the 125 chains (Patterns 2-6⁴⁹), including 58 chains where CPDs include one or more indicator for a specific TR when the UNDAF/UNSDCF does not contain any (Pattern 2), especially for family planning (23).

⁴⁸ 2 TR indicators for maternal health; 3 for family planning; 2 for GBV; 1 for child marriage; 1 for FGM.

⁴⁹ Patterns 4-5 only apply to maternal health, family planning and GBV TR areas which have more than one TR indicator each.

To determine the extent to which the 131 *indicator chains* that follow Pattern 1 can be considered coherent (in addition to the intact *indicator chains*) because no TR indicators are expected to be found, the evaluation team drew on the number of coherent *big chains* with no TRs (Patterns A and B in Table 1).⁵⁰ Accordingly, coherent *indicator chains* (110) amount to just over one third of the total number of chains for the 61 countries (36%).

Table 2: Indicator chains across TRs 2018-2021

Pattern	Frequency across TRs	% of total chains
Chain intact	49	16%
Pattern 1: No TR indicator(s) in either results framework	131	43%
Pattern 2: There is/are no TR indicator(s) in the UNDAF/UNSDCF results framework, while CPD results framework does have TR indicator(s).	58	19%
Pattern 3: There is/are no TR indicator(s) in the CPD results framework, while the UNDAF/UNSDCF results framework does have TR indicator(s).	26	9%
Pattern 4: There are more TR indicators in the UNDAF/UNSDCF results framework than in CPD results framework (for maternal health, family planning and GBV only).	15	5%
Pattern 5: There are more TR indicators in the CPD results framework than in UNDAF/UNSDCF results framework (for maternal health, family planning and GBV only).	6	2%
Pattern 6: There are the same number of TR indicator(s) in UNDAF/UNSDCF and CPD results frameworks, but they are not the same (for maternal health, family planning and GBV only).	20	7%
Total <i>indicator chains</i>	305	

Looking at the individual TRs, data show that a third (20; 33%) of the maternal health *indicator chains* are coherent.⁵¹ Only 14 GBV (23%) and five family planning (8%) *indicator chains* are intact. Nearly half of the maternal health chains (28; 47%) and of the GBV chains (26; 43%) are interrupted, as are 48 family planning chains (79%). Interruptions mainly follow Pattern 2 where UNFPA CPDs include one or more indicator for the particular TR where the UNDAF/UNSDCF includes none.

Only 8 child marriage *indicator chains* (13%) and 3 FGM *indicator chains* (5%) are intact in the sense that the TR indicator(s) in the UNDAF/UNSDCF and CPD results frameworks is/are the same. However, including country packages where the TRs are absent (Patterns A and B in Table 1), coherent child marriage chains amount to 25 (41%) and FGM to 46 (75%) chains.

Point 13. None of the regions or tiers stand out as particularly coherent in terms of the connections between related United Nations and UNFPA country-level programming documents. Taking a closer

⁵⁰ Coherent *indicator chains* defined as intact *indicator chains* plus the number of *big chains* where the TR is absent, and therefore no TR indicators are expected to be found.

⁵¹ 19 intact maternal health *indicator chains* and 20 coherent chains when considering Patterns A and B.

look at UNDAFs and UNSDCF, it is noticeable that overall coherence in the area of maternal health decreases and in GBV increases considerably.

Source: Annex 2, Tables 31 and 33

An analysis of *big chains* by region shows that AP (5 chains; 71%) and WCA (11; 85%) have most intact chains in the area of maternal health. EECA, on the other hand, has most intact chains in the area of family planning (8; 62%); and LAC in the area of GBV (6; 75%). In AS, it is striking how there are only interrupted chains for GBV. Four of the six GBV chains (67%) follow Pattern E whereby GBV is a UNCT and UNFPA priority, but there is no TR indicator in the UNDAF/UNSDCF or in the CPD results framework. In ESA and LAC, all child marriage chains are interrupted; in WCA only one is intact. Ten of the 17 chains are interrupted in ESA (59%); six of the eight chains in LAC (75%); and nine of the thirteen in WCA (69%). As seen above, FGM is predominantly an issue in WCA, ESA and AS. While 83% of FGM chains in AS are coherent (5) and 71% in ESA (10), it is only 38% in WCA. A majority of Tier I countries have intact *big chains* in the area of maternal health (75%), but interrupted chains in the areas of family planning (64%) and GBV (71%). A majority of Tier II and Tier III countries have intact chains in the area of family planning (56% and 53% respectively), but the majority of maternal health and GBV chains are interrupted.

In terms of timelines, larger shares of family planning and especially GBV *big chains* are intact for country packages with UNSDCF than UNDAFs and for country packages with UNSDCF published post-guidance on CPD development in the UNSDCF context. At the same time, the coherence of maternal health chains decreases considerably. In terms of child marriage, less UNSDCF chains (18; 44%) are interrupted than UNDAF chains (13; 65%). The equivalent figures for FGM are five interrupted UNDAF (25%) and nine interrupted UNSDCF chains (22%). The same patterns do not apply for the *indicator chains* - i.e., the shares of interrupted chains not intact in the areas of family planning and GBV increases and the coherence of maternal health increases. Similar to the *big chains*, the shares of coherent child marriage and FGM *indicator chains* increase - i.e., there are less chains not intact.

4.2 Reflection of TRs in country-level strategic planning during the UNFPA strategic plan 2022-2025

This section responds to above questions (1) and (2) based on the first set of CPDs approved for the UNFPA strategic plan period 2022-2025. The analysis is again divided into three sub-sections, which examine the reflection of individual TRs and the prevalence of TR indicators in country-level documents (4.2.1.); the number of TRs reflected in different country-level documents (4.2.2) and coherence of TRs across country-level documents (4.2.3).

4.2.1 Reflection of TRs in CCAs, UNSDCF and CPDs

Point 14. Very similar to the country document packages reviewed for the 2018-2021 strategic plan cycle, all three TRs and GBV are prioritized by the CPDs submitted for approval to the 1st session of the UNFPA executive board in January 2022 and their associated CCAs and UNSDCF. Furthermore, prioritization of child marriage and FGM does not systematically respond to high-incidence rates.

Source: Annex 2, Tables 34-39

The evaluation team considered the extent to which the TRs are considered in nine CCAs, UNSDCFs and CPDs submitted to the UNFPA executive board at its first regular session in 2022 using a broader range of key words based on the UNFPA strategic plan 2022-2025, including its results framework. Data show that all three TRs and GBV are prioritized in all documents.

Further disaggregating the GBV and harmful practices TR, the evaluation team found that CCAs pay high attention to child marriage (8; 89%) and that FGM is analysed in four CCAs (44%). All four high-incidence child marriage countries and three high-incidence FGM countries that are part of the present analysis are included in these figures.

Prioritization of these harmful practices is less: Child marriage is prioritized by four UNSDCFs (44%), of which two are high-incidence countries, and by CPDs for a different combination of four countries (44%), of which three are high-incidence countries. FGM is prioritized by CPDs for all three high-incidence countries (as opposed to only one UNSDCF).

Point 15. As already seen for the 2018-2021 period, based on the existence of at least one TR indicator in CPD and UNSDCF results frameworks, each TR receives less priority in 2022. GBV is not at all being tracked - due to the change of the TR indicator under the UNFPA strategic plan 2022-2025; neither is FGM. The maternal health and family planning TRs as well as GBV and child marriage are somewhat more present in CPDs compared to UNSDCFs.

Source: Annex 2, Tables 40-43

The UNFPA strategic plan 2022-2025 partially modified and increased the set of TR indicators compared to the previous period. It introduced indicators that serve to track progress towards two or three TRs. TR indicators are no longer predominantly SDG indicators. Box 2 lists those directly linked to one particular TR, and used for the following analysis.

Box 2: TR indicators directly linked to one TR as per the UNFPA strategic plan 2022-2025

Preventable maternal deaths

SDG indicator 3.1.1: Maternal deaths per 100,000 live births (SP Goal indicator 1)

Annual rate of reduction of maternal mortality (SP Outcome indicator 2)

SDG indicator 3.1.2: Proportion of births attended by skilled health personnel (SP Outcome indicator 5)

The proportion of births occurring in health facilities (SP Outcome indicator 7)

Number of unsafe abortions averted (SP Outcome indicator 8)

Unmet need for family planning

SDG indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SP Goal indicator 2)

Unmet need for family planning (SP Goal indicator 5)

Annual rate of reduction of unmet need for family planning (SP Outcome indicator 1)

SDG indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SP Outcome indicator 4)

GBV

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence (SP Outcome indicator 10)

Child marriage

SDG indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union; (a) before age 15; (b) before age 18 (SP Goal indicator 3)

Rate of reduction of the proportion of women aged 20-24 years who were married or in a union (SP Outcome indicator 6)

FGM

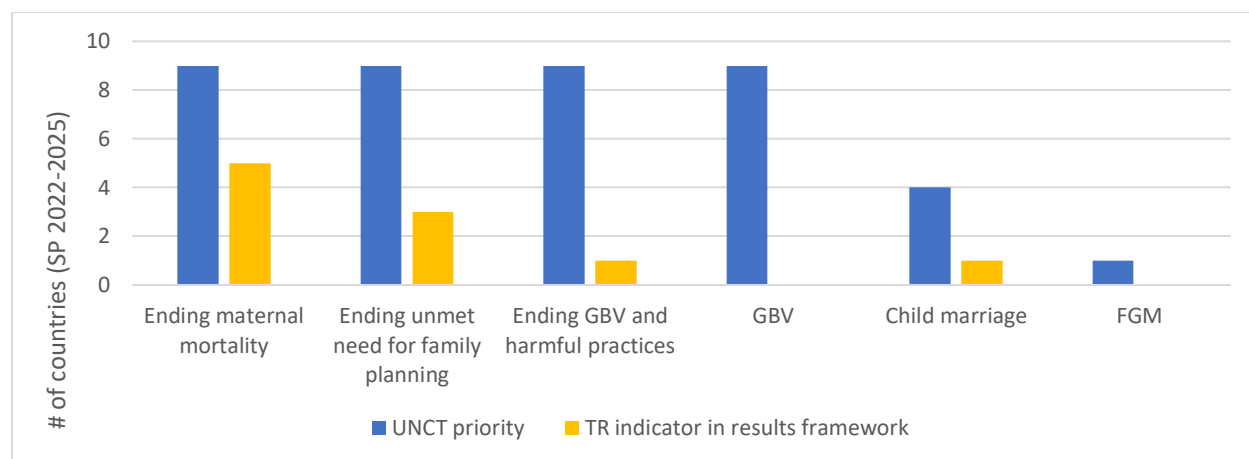
SDG indicator 5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SP Goal indicator 4)

Rate of reduction of the annual incidents of female genital mutilations among girls aged under 10 (SP Outcome indicator 3)

Analysis against the TR indicators shows that prioritization of individual TRs in UNSDCFs and CPDs does not go hand in hand with the use of related TR indicators (see Figures 3 and 4). It is especially striking that no country package prioritizes GBV based on the new TR indicator combining SDG indicators 5.2.1 and 5.2.2.⁵² In comparison, under the 2018-2021 strategic plan, 5 UNSDCFs (56%) in the present set of country documents would be considered to prioritize GBV based on the presence of at least one TR indicator.⁵³ While, as seen above, three CPDs and one UNSDCF prioritize FGM, they do not contain any TR indicators for FGM.

This said, based on the existence of at least one of the related TR indicators under the UNFPA strategic plan 2022-2025, the maternal health and family planning TRs as well as GBV and child marriage are more present in CPDs compared to UNSDCFs.

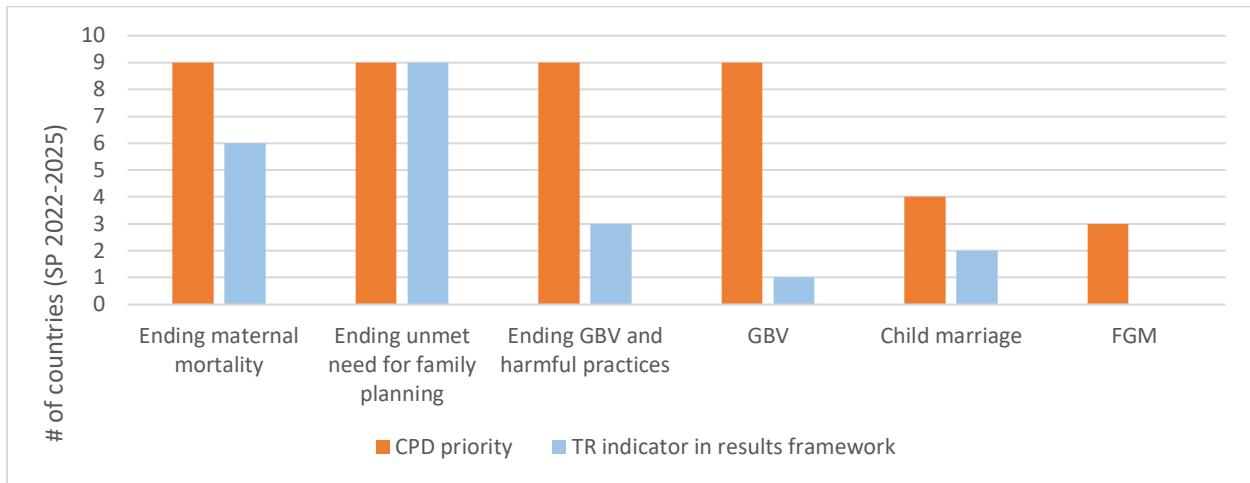
Figure 3: Presence of TR indicators versus TRs as UNCT priority in UNSDCFs 2022



⁵² “Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence” (SP outcome 10).

⁵³ For the purpose of learning, the country packages were also analyzed using the method applied for the country packages for the 2018-2021 strategic plan cycle. Because six UNSDCFs use SDG indicator 5.2.1, of which one UNSDCF also uses SDG indicator 5.2.2.

Figure 4: Presence of TR indicators versus TRs as UNFPA priority in CPDs 2022



Point 16. UNSDCFs include more of the 27 TR indicators than CPDs, but not a majority. The most frequently used TR indicators in the UNSDCFs are family planning needs satisfied (SDG indicator 3.7.1) and, mirroring the 2018-2021 period, maternal mortality ratio (SDG indicator 3.1.1). While CPDs do not, UNSDCFs also use two new TR indicators - i.e., number of new HIV infections (SDG indicator 3.3.1) and coverage of essential health services (SDG indicator 3.8.1).

Source: Annex 2, Tables 44 and 45

Using the complete set of TR indicators for the strategic plan 2022-2025, the evaluation team explored which TR indicators are used the most to guide collaboration and to monitor and report on progress towards the TRs. Overall, UNSDCFs include 14 of the 27 TR indicators; CPDs include 12.

The most frequently used TR indicators in the UNSDCFs are family planning needs satisfied (SDG indicator 3.7.1) (5 UNSDCFs; 7 CPDs), maternal mortality ratio (SDG indicator 3.1.1) (4 UNSDCFs; 5 CPDs) as well as the new TR indicators “number of new HIV infections” (SDG indicator 3.3.1) (4 UNSDCFs; 0 CPDs) and coverage of essential health services (SDG indicator 3.8.1) (4 UNSDCFs; 0 CPDs). SDG indicator 5.2.1 on intimate partner violence is included in five UNSDCFs (6 CPDs), but is no longer a TR indicator. Of the other new TR indicators, the majority are not used in UNSDCFs; five are included in one UNSDCF each and one in two UNSCDFs.

4.2.2 Number of TRs reflected in CCAs, UNSDCFs and CPDs

Point 17. All CCAs, UNSDCFs and CPDs for all nine countries analyse and prioritize three TRs, although not all five TR areas. Assessed against the new set of TR indicators, UNSDCFs prioritize less TRs than CPDs.

Source: Annex 2, Tables 46-53

All nine CCAs, UNSDCFs and CPDs submitted to the first regular session of the UNFPA executive board 2022 cover the three TRs. Four CCAs, one UNSDCF and two CPDs cover all five TR areas - i.e., maternal health, family planning, GBV, child marriage and FGM.

Measured by the extent to which TR indicators⁵⁴ are used in UNSDCF and CPD results frameworks, the level of reflection of one or more of the three TRs is no longer universal. For the nine country packages, UNSDCFs prioritize an average of 1.3 and CPDs 2.0 TRs. Breaking down the TRs into their five components, the analysis shows that no UNSDCF or CPD covers more than three TR areas measured against the use of “new” TR indicators in their respective results frameworks. CPDs have a higher coverage than UNSDCFs.

4.2.3 Coherence of TRs across CCAs, UNSDCFs and CPDs

To examine the coherence of TR inclusion among the strategic planning documents for an individual country, the evaluation team combined the analysis of TR prioritization and inclusion of TR indicators discussed above into so-called chains. This allowed the connection between the various documents to be looked at more closely, both in terms of the full package of documents (CCA, UNDAF/UNSDCF and CPD) and with a focus on the TR indicators.

Point 18. Coherence between CCAs, UNSDCFs and CPDs submitted to the 1st regular session of the UNFPA executive board in 2022 is not a given. Including *big chains* where a TR is not at all reflected or is dropped as a UNCT and UNFPA priority, less than half of the country packages are coherent. Coherent *big chains* only exist for the maternal health and family planning TRs. Child marriage and FGM chains are interrupted in various manners; almost all GBV chains are interrupted because only one UNFPA CO includes the new TR indicator for GBV in its CPD.

Source: Annex 2, Tables 54 and 55

The *big chain* analysis examined the connections and coherence between related United Nations and UNFPA country-level programming documents, specifically the CCAs, UNSDCFs and the CPDs.⁵⁵ The *big chain* for each TR is considered intact when the following assumptions all come true:

- (i) the CCA includes analysis related to the TR;
- (ii) the TR is a UNCT priority according to the UNSDCF;
- (iii) at least one of the TR indicators is included in the UNSDCF results framework;
- (iv) the TR is a UNFPA priority according to the UNFPA CPD; and
- (v) at least one of the TR indicators is included in the CPD results framework⁵⁶.

Where the above assumptions (i)-(v) are all true, *big chains* were considered intact. Given nine countries and five TRs, the total number of chains is 45.

While across all TR areas, 11 *big chains* are intact, the number of coherent *big chains* - i.e., including Patterns A and B, amount to 20 chains (44%) for the nine countries. 25 are interrupted. Especially a high number of chains (13) where there is neither a TR indicator in the UNSDCF nor in the CPD results framework (Pattern E) is evident. For six countries, UNFPA added a TR indicator in the CPD results framework where there is none in the UNSDCF (Pattern C).

⁵⁴ Methodology: Only using those TR indicators directly linked to one TR only.

⁵⁵ See detailed methodology in Annex 3 for further details.

⁵⁶ The *big chain* only considered whether or not either of the results frameworks include TR indicators for the concerned TR(s) (it does not speak to coherence in the use of TR indicators). Only those TR indicators directly linked to one TR only were used for the analysis of the *big chains*.

Table 3: Coherence between CCAs, UNSDCFs and CPDs 2022 - Big chain analysis

Patterns	Frequency across TRs	% of total chains
Chain intact	11	24%
Pattern A: None of the assumptions are fulfilled: The TR is not reflected in any of the three documents.	6	13%
Pattern B: Only assumption (i) is fulfilled: The CCA includes analysis related to the TR. All other assumptions (ii, iii, iv and v) are not fulfilled, and therefore, there is coherence between the UNSDCF and the CPD.	3	7%
Coherent chains: Intact chains and Patterns A-B	20	44%
Pattern C: Assumption (iii) is not fulfilled: There is no TR indicator in the UNSDCF results framework. All other assumptions (i, ii, iv, and v) are fulfilled.	6	13%
Pattern D: Assumption (v) is not fulfilled: There is no TR indicator in the CPD results framework. All other assumptions (i, ii, iii, and iv) are fulfilled.	-	-
Pattern E: Assumptions (iii) and (v) are not fulfilled: There is neither a TR indicator in the UNSDCF nor in the CPD results framework. All other assumptions (i, ii and iv) are fulfilled.	13	29%
Patterns C-E: Isolated interruptions to the chain of assumptions	19	42%
Pattern F: Assumptions (i) and (iv) are fulfilled: The CCA includes analysis related to the TR and the TR is a UNFPA priority. All other assumptions (ii, iii, and v) are not fulfilled.	3	7%
Pattern G: Assumptions (i), (iv) and (v) are fulfilled: The CCA includes analysis related to the TR; the TR is a UNFPA priority; and at least one of the TR indicators is included in the CPD results framework. Assumptions (ii) and (iii) are not fulfilled.	1	2%
Pattern H: Assumption (iv) is fulfilled: The TR is a UNFPA priority. All other assumptions (i, ii, iii, and v) are not fulfilled.	-	-
Pattern I: Assumptions (iv) and (v) are fulfilled: The TR is a UNFPA priority and at least one of the TR indicators is included in the CPD results framework. All other assumptions (i, ii and iii) are not fulfilled.	-	-
Pattern J: Assumptions (i) and (ii) are fulfilled: The CCA includes analysis related to the TR and the TR is a UNCT priority. All other assumptions (iii, iv and v) are not fulfilled.	1	2%
Pattern K: Assumptions (i), (ii) and (iii) are fulfilled: The CCA includes analysis related to the TR; the TR is a UNCT priority; and at least one of the TR indicators is included in the UNSDCF results framework. Assumptions (iv) and (v) are not fulfilled.	1	2%
Pattern L: Assumption (ii) is fulfilled: The TR is a UNCT priority. All other assumptions (i, iii, iv, and v) are not fulfilled.	-	-
Patterns F-L: Consecutive interruptions to the chain of assumptions	6	13%
Total number of chains	45	

Two-thirds of the family planning *big chains* are coherent (6; 67%); the remaining three chains are interrupted because the UNSDCF is missing a TR indicator. Over half of the maternal health *big chains* (5; 56%) are coherent; four are either missing TR indicators (3; Pattern C) or are also interrupted because the UNSDCF has not included a TR indicator (1; Pattern E).

The TR areas child marriage and GBV appear critical in terms of coherence across CCAs, UNSDCFs and CPDs. Eight of the nine GBV *big chains* are interrupted because only one country package (one CPD) uses the GBV TR indicator of the UNFPA strategic plan 2022-2025. The analysis shows that a number of country packages include the SDG indicator 5.2.1 (one also includes SDG indicator 5.2.2). Thus, if considering SDG indicator 5.2.1 as a TR indicator as was the case under the UNFPA strategic plan 2018-2021, five chains would be intact.

Child marriage is subject to multiple patterns of isolated and consecutive interruptions to the chain of assumptions. Excluding the six *big chains* with no TR presence (Patterns A-B), all remaining three FGM chains are interrupted.

Point 19. For the country packages submitted to the UNFPA executive board in January 2022, the share of coherent *indicator chains* is one-third of all chains. Often, UNFPA uses more TR indicators than UNCTs. Coherent *indicator chains* were only found for maternal health, family planning and child marriage, albeit only few. No intact chains were found for the new set of TR indicators related to both maternal health and family planning. Regarding the new TR indicators related to all three TRs, a pattern is visible whereby these chains are not intact because CPDs do not include TR indicators that appear in the UNSDCF results frameworks.

Source: Annex 2, Tables 56 and 57

Of the 45 chains, six intact *indicator chains* were found where both UNSDCF and CPD results frameworks contain the exact same TR indicator(s) (13%) (see Table 4).⁵⁷ This is less than the 26 chains where there is/are no TR indicator(s) in either results framework (58%; Pattern 1) or the 13 chains that are not intact in one way or another (28%; Patterns 2-6). Including the nine country packages without TR indicators (Patterns A and B in Table 3), coherent *indicator chains* amount to one-third of the total number of chains for the nine countries (33%). In the case of eleven *indicator chains* (24%), UNFPA CPDs use more TR indicators in their results frameworks than UNSDCFs (Patterns 2 and 5).

Table 4: Indicator chains across TRs 2022

Pattern	Frequency across TRs	% of total chains
Chain intact	6	13%
Pattern 1: No TR indicator(s) in either results framework	26	58%
Pattern 2: There is/are no TR indicator(s) in the UNSDCF results framework, while CPD results framework does have TR indicator(s).	6	13%
Pattern 3: There is/are no TR indicator(s) in the CPD results framework, while the UNSDCF results framework does have TR indicator(s).	1	2%

⁵⁷ Methodology: Only using those TR indicators directly linked to one TR only.

Pattern 4: There are more TR indicators in the UNSDCF results framework than in CPD results framework (for maternal health, family planning and GBV only).	1	2%
Pattern 5: There are more TR indicators in the CPD results framework than in UNSDCF results framework (for maternal health, family planning and GBV only).	5	11%
Pattern 6: There are the same number of TR indicator(s) in the UNSDCF and CPD results frameworks, but they are not the same (for maternal health, family planning and GBV only).	-	-
Total number of chains	45	

Of the nine countries, two have coherent maternal health *indicator chains*⁵⁸; three have coherent family planning chains. In the case of child marriage, one intact chain respectively four coherent chains were found. There are no intact GBV or FGM chains, but in the case of FGM 6 coherent chains.

Given the different architecture of the results framework in the UNFPA strategic plan 2022-2025, an additional *indicator chain* was added to the analysis for those four TR indicators relating to both ending preventable maternal deaths and ending unmet need for family planning.⁵⁹ Five of the nine *indicator chains* follow Pattern 1 where there is/are no TR indicator(s) in either results framework; three follow Pattern 3 where the CPDs do not include the TR indicator contained in the UNSDCF - specifically SDG indicators 3.3.1 on number of new HIV infections in two countries and 5.6.2 on laws and regulations in one country.

Additionally, the strategic plan 2022-2025 results framework contains nine indicators related to all three TRs. Two intact *indicator chains* containing the same TR indicator related to all three TRs were found - i.e., SDG indicator 5.6.1 on women's ability to decide in one country package and youth empowerment index in the other. Four of the nine *indicator chains* for SDG indicator 3.8.1 on coverage of essential health services and SDG indicator 13.1.2 on disaster risk reduction follow Pattern 3.

4.3 Alignment of country-level strategic planning to the Nairobi voluntary commitments

This section responds to above study question (3). It extends the discussion on coherence among United Nations and UNFPA country-level documents to national prioritization of the TRs.

4.3.1 Reflection of the TRs in Nairobi voluntary commitments, UNSDCFs and CPDs

Point 20. When considering Nairobi Summit on ICPD25 voluntary commitments in relation to the TRs as a UNCT priority in UNSDCFs and a UNFPA priority in the CPDs adopted by the UNFPA executive board

⁵⁸ The two coherent maternal health *indicator chains* and three family planning chains are also intact.

⁵⁹ Percentage of countries where 60% of service delivery points reporting no stock out of any contraceptives (related to SDG indicator 3.7.1); Percentage of countries where there is at least 85% of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available (related to SDG indicator 3.7.1); Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG indicator 5.6.2); Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG indicator 3.3.1).

since its 1st regular session in 2020, near universal coherence was found. Most intact *Nairobi chains* are in the area of GBV and harmful practices. Even where programme countries did not commit to particular TRs or to any TRs at all, UNCTs and UNFPA very often reflect them as a priority.

Source: Annex 2, Tables 58-61

Of the total number of 70 complete country packages analysed, 69 were considered in relation to the Nairobi Summit on ICPD25 voluntary commitments.⁶⁰ Of the 69 countries with full UNSDCF-CPD packages, 49 programme country governments made commitments in at least one of the three commitment categories considered relevant to UNFPA's TRs (see Box 3).⁶¹ 44 of those countries have UNSDCFs and CPDs that started after the Nairobi Summit in November 2019.⁶² Of these, 28 countries (64%) made Nairobi commitments in at least one of the three commitment categories directly related to the TRs (16 countries made no commitments).

Of the 28 countries, the TR with the highest number of voluntary commitments is ending GBV and harmful practices (25; 89%). Ending preventable maternal deaths received 17 commitments (61%); ending unmet need for family planning 12 (43%). Ten of the 28 countries made voluntary commitments in one TR category, ten further countries made commitments in two categories and eight countries made commitments in all three.

Box 3: Nairobi voluntary commitments relevant to the TRs

Commitment category (2): Zero unmet need for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives was considered as related to the TR for family planning.

Commitment category (3): Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights was considered as related to TR on maternal deaths.

Commitment category (5): (a) Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation; and (b) Elimination of all forms of discrimination against all women and girls, in order to realize all individuals' full socio-economic potential was considered as related to the TR on GBV and harmful practices.

When considering the Nairobi voluntary commitments in relation to the TRs being a UNCT priority in the UNSDCF and a UNFPA priority in the CPD, the *Nairobi chain* is considered intact when (i) the programme country made a voluntary commitment in the relevant commitment category; (ii) the TR is a UNCT priority;

⁶⁰ The Caribbean, included in the analysis in the group of CCAs, UNDAFs/UNSDCFs and CPDs beginning in 2022, was excluded in this analysis, as of the six countries in which there are UNCTs only one had made commitments in the relevant categories.

⁶¹ Source: <https://www.nairobisummitcpd.org/commitments>. A breakdown of the GBV and other harmful practices TR is not provided.

⁶² CPDs that were presented to the UNFPA executive board from the 1st regular session in 2020 were included.

and (iii) the TR is a UNFPA priority. In all 25 countries with a voluntary commitment to end GBV and harmful practices, the *Nairobi chain* is intact. The same is also true for all 12 countries that made voluntary commitments to end unmet need for family planning. Only one deviating case is found where one programme country⁶³ made a commitment to end preventable maternal deaths and it is a UNFPA priority, but not a UNCT priority.

As discussed above, not all of the 28 countries that made a voluntary commitment in at least one of the relevant TR categories made commitments across all three TR areas. A closer look at the 20 countries committed to either one or two TR categories reveals that, almost universally, even where a country did not make a commitment to a particular TR, UNCTs and UNFPA included it as a priority. Data for the 16 programme countries in the analysis that made no Nairobi commitment in any of the TR-related categories, reveals that, even where programme countries made no Nairobi commitments, the UNCTs and UNFPA included the TRs as a priority, with very few exceptions.

5 Key Messages

This discussion paper on the positioning of UNFPA's TRs at the country level offers an analysis based on quantitative data to support UNFPA's deliberations on where to invest time and efforts to take advantage of CCAs and UNSDCF as central UNDS reform elements to focus on and accelerate progress towards the TRs under the UNFPA strategic plan 2022-2025.

Overall, the present analysis shows that the three TRs - ending preventable maternal deaths, ending unmet need for family planning and ending GBV and harmful practices - are regular features in United Nations system-wide strategic planning at the country level and that it is common for individual CCAs and UNDAFs/UNSDCFs to reflect more than one TR (Message 1), although not to explicitly commit to achieving zero by 2030. However, and significantly, a discrepancy was found between agreeing on TRs as UNCT priorities and using TR indicators to guide the work of the UNCT and country-level programming, and which would facilitate joint monitoring and reporting on progress at country and global levels and serve to inform corporate policies in an evidence-based manner (Message 2). Moreover, this paper found a noticeable level of disconnectedness across individual packages of CCAs, UNDAFs/UNSDCFs and CPDs in terms of TR coverage and prioritization (Message 3), which may or may not be because of conscious decisions, and which have the potential to hamper or facilitate work on the TRs. Lastly, data disaggregation reveals scope for UNFPA to pay more attention to or for UNFPA to attempt to overcome barriers to bringing UNCTs together around child marriage and FGM (Message 4).

Messages 1 and 2 below respond to study question (1); and Message 3 to question (2). Within the big picture, the evaluation team sees no need to convey a particular message as regards study question (3) - i.e., the consistency of country-level strategic planning with the Nairobi commitments.

⁶³ In other words, no cases were found where a country had made a voluntary commitment, but neither the UNCT nor UNFPA had or where UNFPA had not.

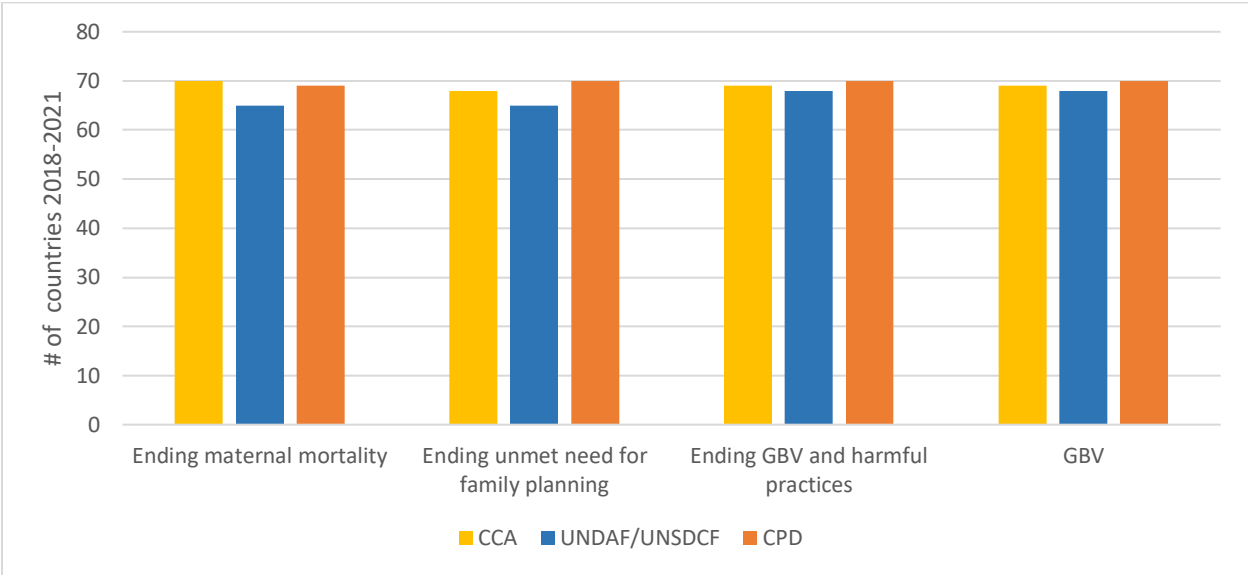
Message 1: All three TRs are well-established features in CCAs and UNDAFs/UNSDCFs, which lays a solid foundation for accelerating progress towards zero

Please refer to points #1, 2, 14, 17

The very high coverage of the three TRs and of GBV in the total of 70 CCAs that were part of this analysis is very encouraging (see Figure 5). On top of external facilitating factors, the combination of UNFPA inputs and contributions into CCA development processes seems to be effective. The very high coverage is also encouraging in terms of anticipating the solid positioning of TRs in future CCAs, thus continuing to provide a strong basis for their prioritization in UNSDCF. Indeed, this is what seems to have happened. The extent to which the complete set of UNDAFs/UNSDCFs covered by this analysis prioritizes the three TRs drops only slightly vis-à-vis the level of analysis in the CCAs.

Opportunities for leveraging partners to accelerate progress towards zero are therefore plenty. This said, the question arises how UNFPA can allocate and engage its limited resources to effectively seize and optimally manage these many opportunities, without losing focus, visibility and speed - i.e., how to strike a good balance between focus and broad coverage at the individual country level.

Figure 5 Positioning of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2022



Message 2: Very high TR prioritization in UNDS country-level strategic planning is insufficiently backed up with TR indicators, which diminishes the level of commitment and accountability

Please refer to points #4, 6, 15, 16

From a prioritization point of view, UNFPA is thus well positioned to leverage UNCTs to focus on and integrate the three TRs in their work. However, for the 2018-2021 period (and in the first set of documents submitted to the UNFPA executive board in January 2022), these commitments were curtailed by a sub-optimal use of the TR indicators. Thus, it is important to realize that there is no automatism between

prioritization of a TR and inclusion of a TR indicator. A case in point is GBV where less than half of the UNDAFs/UNSDCFs include at least one of the two GBV TR indicators. This can weaken joint accountability for demonstrating results and make it difficult to align to the UNFPA strategic plan and monitor and report on progress towards achieving the TRs at the country and global levels - especially at a time when the UNDS and UNFPA want to shift their focus from reform processes to achieving results.

This is not to say that, where TR indicators are missing, progress towards a TR is not at all being monitored (although this is also conceivable), as there can be good reasons for using alternative indicators - e.g., where there is preference for or and better availability of data for national and survey indicators. But it is also important to realize that those TR indicators that are SDG indicators that are commonly understood and follow an internationally agreed methodology are more likely to be accepted as UNSDCF outcome-level indicators, both by programme governments and the UNDS. And indeed, this analysis shows that UNDAFs/UNSDCFs have made less use of TR indicators that are not SDG indicators.

Message 3: More coherent presence of TRs across sets of UNDS strategic planning documents at the individual country level would further leverage the UNDS to accelerate progress towards the TRs

Please refer to points #11, 12, 18, 19

The evaluation team found a considerable level of disconnect between CCAs, UNDAFs/UNSDCFs and CPDs at the individual country level, which UNFPA needs to be aware of. Overall, including those country document packages where the TRs are not priorities, only half of the *big chains* and just over one third of the *indicator chains* are considered coherent. Disconnectedness has occurred in a variety of ways that are within or outside UNFPA's direct control, and which, on the one hand, reveal missed opportunities for common efforts and, on the other hand, institutional flexibility to enter into "out-of-UNSDCF" commitments.

In a number of *big chains* (Patterns F-I above), CPDs include TRs and/or TR indicators where UNDAFs/UNSDCFs do not, as such showing flexibility to work outside the UNCT priorities.⁶⁴ It could perhaps also be indicative of missed opportunities to engage the system. Especially those cases within UNFPA's control appear as patterns of concern to the evaluation team, to the extent that qualitative research would not unearth reasonable justifications.⁶⁵ These are especially those *big chains* where there is an interruption at the level of the CPD results framework - i.e., a missing TR indicator (Pattern D); where CPDs do not pick up a UNCT priority (Pattern J); and where CPDs neither reflect a UNCT priority nor a TR indicator included in the UNDAF/UNSDCF (Pattern K).

A closer look at the usage of TR indicators (*indicator chains*) confirms that country-level coherence largely suffers due to inconsistent use of TR indicators. In a majority of the countries covered by this analysis, UNDAFs/UNSDCF and CPD results frameworks do not reflect each other.⁶⁶ UNDAFs/UNSDCFs include a TR

⁶⁴ Total of 37 *big chains* for 2018-2021 and 2022 - i.e., 11% of the total number of chains. See Tables 1 and 3.

⁶⁵ Total of 36 *big chains* for 2018-2021 and 2022 - i.e., 10% of the total number of chains. See Tables 1 and 3.

⁶⁶ Total of 138 *indicator chains* for 2018-2021 and 2022 - i.e., 39% of all chains (for 2022 only those TR indicators directly pertaining to one TR). Patterns 2-6.

indicator(s) for a particular TR where the CPDs do not or include less/more or other TR indicators and *vice versa*. Again, UNFPA would have had different levels of control over the question of inclusion or exclusion.

This said, coherence on paper among UNSDCFs and CPDs is not necessarily sufficient for delivering results and accelerating progress towards the TRs. Results groups and joint workplans are just as, if not more, important in terms of influencing priority setting and achieving results.

Message 4: Where the TR on GBV and harmful practices is treated as a single unit, there is a risk that child marriage and FGM are not given due attention

Please refer to points #1, 2, 11, 12, 14, 15, 18, 19

The third TR - i.e., ending GBV and harmful practices - combines the two important SDG targets 5.2 and 5.3, but is usually looked at by UNFPA as a single unit. As seen above, overall, coverage of the GBV and harmful practices TR is very high in CCAs, UNDAFs/UNSDCFs and CPDs - thanks to near universal coverage of GBV.

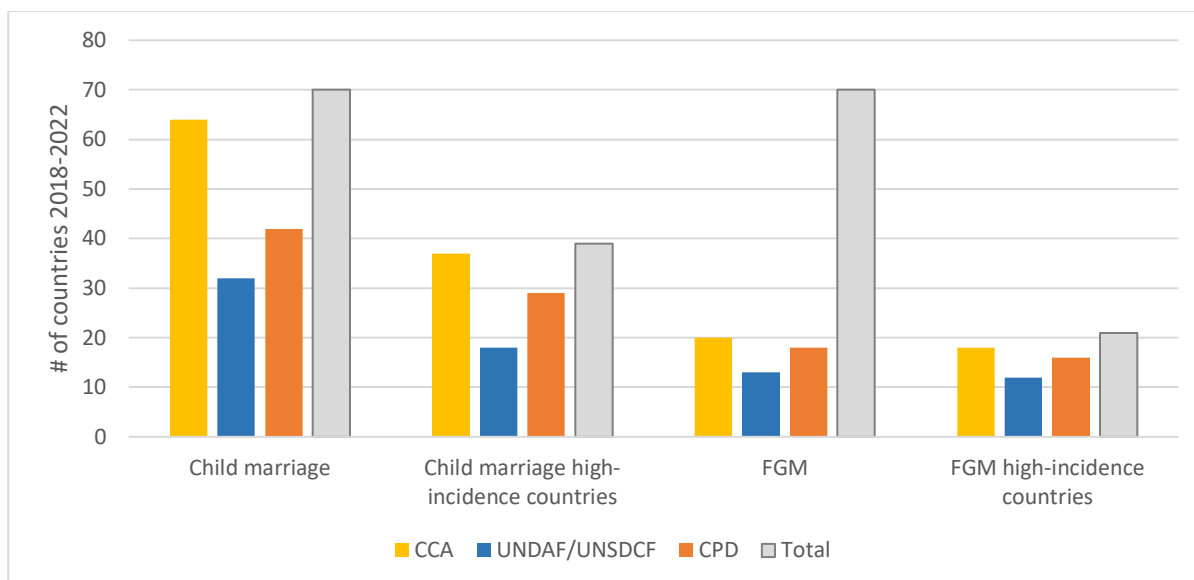
However, while there is also very good coverage of the UNFPA-UNICEF joint global programme countries, a disaggregated analysis reveals some discrepancies between where child marriage and FGM are an issue⁶⁷ and where they appear in United Nations country-level strategic planning documents. Besides showing the coverage of child marriage and FGM for all 70 countries that were part of this analysis, Figure 6 visualizes the extent to which CCAs and UNDAFs/UNSDCFs respond to high-incidence levels. As otherwise seen, CCAs perform best, but there is an obvious drop in the case of prioritization of child marriage and FGM in UNDAFs/UNSDCFs and - less so - in CPDs.

In addition, potential opportunities for working towards zero have been missed because strategic planning documents at the individual country level are often not coherent in a variety of ways, especially because of missing TR indicators in the UNSDCF and/or CPD despite the harmful practice being a priority. Nevertheless, UNFPA has on occasion been able to include child marriage and/or FGM in CPDs where they are not UNCT priorities.

Thus, recognizing that FGM and child marriage can be very sensitive issues to explicitly address and put in writing, and that e.g., non-availability of financing may lead to a decision not to commit, UNFPA risks falling behind on addressing these harmful practices and not meeting expectations.

Figure 6 Positioning of child marriage and FGM in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2022

⁶⁷ Reference is made to FGM and child marriage high-incidence countries. COSTING THE THREE TRANSFORMATIVE RESULTS, UNFPA January 2020.



6 Options for Action

This discussion paper, elaborated alongside two others as part of the process of evaluating UNFPA's engagement in the UNDS reform, intends to trigger discussions and learning within UNFPA, where more information is also available to explain the findings based on the quantitative analysis undertaken by the evaluation team.

Where the organization decides that corrective action is necessary in order to accelerate progress towards all elements of the three TRs, there are different possible ways forward, for example:

Within UNFPA:

- (i) adapting the strategic plan 2022-2025 implementation toolkit to provide further guidance
- (ii) regularly updating corporate programming guidance, including with good practices
- (iii) strengthening systems thinking as an approach to more strategic engagement in common country programming processes in order to effectively link and demonstrate the importance of TRs to sustainable development in an integrated manner
- (iv) strengthening results-based monitoring and evaluation expertise within the organization
- (v) increasing the annual ceiling of regular resources for COs going through CCA/UNSDCF and CPD processes
- (vi) using the revamped UNFPA country programme development and approval processes to ensure optimal positioning and coherence
- (vii) better articulating the level of commitment to individual TRs in UNFPA CPDs and explaining coherence with UNCT priorities

Within the UNDS:

- (i) prioritizing participation in the UNSDG Task Team on Programme Development and Results
- (ii) leveraging good relationships with the UN Resident Coordinator and with sister UN agencies
- (iii) continuing to directly and indirectly engage in national development processes to ensure that UNCT and UNFPA priority setting is supported by national development frameworks
- (iv) prioritizing data generation for measuring performance and reporting against SDG indicators - particularly for GBV
- (v) continuing to support CCA (including CCA updates) and UNSDCF processes with strong data and analyses on the TRs
- (vi) strengthening UNFPA influence in programme support groups (PSGs)

Annex 1: Overview of Country Packages

1. UNFPA CPDs Approved by the UNFPA Executive Board in 2018, 2019, 2020 and 2021 under the Strategic Plan 2018-2021 and Corresponding CCAs/UNDAFs/UNSDCFs

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update ⁶⁸	CPD	EB Session
1.	Albania	Y	2020	2022-2026		2022-2026	EB 2021 II
2.	Angola	Y	2018	2020-2022		2020-2022	EB 2019 II
3.	Armenia	Y	2020	2021-2025		2021-2025	EB 2021 AS
4.	Azerbaijan	Y	2020	2021-2025		2021-2025	EB 2021 I
5.	Bangladesh	Y	2020	2022-2026		2022-2026	EB 2021 II
6.	Belarus	Y	2019	2021-2025		2021-2025	EB 2020 II
7.	Benin	Y	2017	2019-2023		2019-2023	EB 2018 II
8.	Bhutan	Y	2018	2019-2023		2019-2023	EB 2018 II
9.	Bosnia & Herzegovina	Y	2020	2021-2025		2021-2025	EB 2020 II
10.	Burundi	Y	2018	2019-2023		2019-2023	EB 2018 II
11.	Cambodia	Y		2019-2023	2021	2019-2023	EB 2019 I
12.	Cape Verde	Y		2018-2022	2020	2018-2022	EB 2018 I
13.	Central African Republic	Y	2017	2018-2022		2018-2021	EB 2018 I
14.	China	Y	2020	2021-2025		2021-2025	EB 2021 I
15.	Colombia	Y	2019	2020-2023		2021-2024	EB 2020 II
16.	Comoros	Y	2020	2022-2026		2022-2026	EB 2021 II
17.	Congo	Y	2018	2020-2024		2020-2024	EB 2019 II
18.	Côte d'Ivoire	Y	2020	2021-2025		2021-2025	EB 2021 I
19.	Cuba	Y	2019	2020-2024		2020-2024	EB 2020 I

⁶⁸ CCAs updated during UNDAF/UNSDCF cycle.

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update ⁶⁸	CPD	EB Session
20.	Dem Rep Congo	Y	2019	2020-2024		2020-2024	EB 2020 I
21.	Djibouti	Y	2016	2018-2022		2018-2022	EB 2018 I
22.	Ecuador	Y	2018	2019-2022		2019-2022	EB 2018 II
23.	Equatorial Guinea	Y	2017	2019-2023		2019-2023	EB 2018 II
24.	Eswatini	Y	2020	2021-2025		2021-2025	EB 2021 I
25.	Ethiopia	Y		2020-2025	2020	2020-2025	EB 2020 AS
26.	Georgia	Y	2020	2021-2025		2021-2025	EB 2021 I
27.	Ghana	Y	2016	2018-2022		2018-2022	EB 2018 I
28.	Guatemala	Y	2019	2020-2025		2022-2025	EB 2021 II
29.	Indonesia	Y	2019	2021-2025		2021-2025	EB 2020 II
30.	Iraq	Y	2020	2020-2024		2020-2024	EB 2020 I
31.	Jordan	Y	2017	2018-2022		2018-2022	EB 2018 I
32.	Kazakhstan	Y	2019	2021-2025		2021-2025	EB 2020 II
33.	Kenya	Y	2018	2018-2022		2018-2022	EB 2018 AS
34.	Kosovo ⁶⁹	Y	2020	2021-2025		2021-2025	EB 2020 II
35.	Lesotho	Y	2017	2019-2023		2019-2023	EB 2018 II
36.	Liberia	Y	2018	2020-2024		2020-2024	EB 2019 II
37.	Libya	Y	2018	2019-2020		2019-2020	EB 2018 II
38.	Madagascar	Y	2020	2021-2023		2021-2023	EB 2021 II
39.	Mali	Y	2019	2020-2024		2020-2024	EB 2020 I
40.	Mauritania	Y	2017	2018-2022		2018-2022	EB 2018 I
41.	Mexico	Y	2018	2020-2025		2020-2024	EB 2019 II
42.	Namibia	Y	2017	2019-2023		2019-2023	EB 2018 II
43.	Niger	Y	2017	2019-2021		2019-2021	EB 2019 I
44.	North Macedonia	Y	2020	2021-2025		2021-2025	EB 2021 I

⁶⁹ Kosovo is an addendum to Serbia CPD.

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update ⁶⁸	CPD	EB Session
45.	Panama	Y	2020	2021-2025		2021-2025	EB 2021 I
46.	Paraguay	Y		2020-2024	2021	2020-2024	EB 2020 I
47.	Philippines	Y	2018	2019-2023		2019-2023	EB 2018 II
48.	Rwanda	Y	2017	2018-2023		2018-2022	EB 2018 AS
49.	Senegal	Y	2018	2019-2023		2019-2023	EB 2018 II
50.	Serbia	Y	2020	2021-2025		2021-2025	EB 2020 II
51.	Sierra Leone	Y		2020-2023	2020	2020-2023	EB 2019 II
52.	Somalia	Y	2020	2021-2025		2021-2025	EB 2021 I
53.	South Africa	Y	2019	2020-2025		2020-2025	EB 2020 AS
54.	Timor-Leste	Y	2019	2021-2025		2021-2025	EB 2020 II
55.	Tunisia	Y	2020	2021-2025		2021-2025	EB 2021 I
56.	Turkmenistan	Y	2019	2021-2025		2021-2025	EB 2020 II
57.	Turkey	Y	2020	2021-2025		2021-2025	EB 2020 II
58.	Uganda	Y	2020	2021-2025		2021-2025	EB 2021 I
59.	Uruguay	Y	2020	2021-2025		2021-2025	EB 2021 I
60.	Uzbekistan	Y	2020	2021-2025		2021-2025	EB 2021 I
61.	Zimbabwe	Y	2021	2022-2026		2022-2026	EB 2021 II

Incomplete packages EB 2018 I to EB 2021 II:

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update	CPD	EB Session
62.	Botswana	Y	2020	2022-2026 ⁷⁰		2022-2026	EB 2021 II
63.	Egypt	Y		2018-2022		2018-2022	EB 2018 I
64.	Lao	Y		2022-2026		2022-2026	EB 2021 II
65.	Malawi	Y		2019-2023		2019-2023	EB 2018 II
66.	South Sudan	Y		2019-2021		2019-2021	EB 2018 II

⁷⁰ Only results framework available.

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update	CPD	EB Session
67.	Togo	Y	2018	2019-2023 ⁷¹		2019-2023	EB 2018 II

CCA/UNSDCFs where no UNFPA CPDs:

	Country	CO	CCA	UNDAF or UNSDCF	CCA Update	CPD	EB Session
1.	Mauritius	N	2018	2019-2023		n/a	n/a
2.	Kuwait	GCC Office	2018	2020-2025		n/a	n/a
3.	Seychelles	N		2019-2023		n/a	n/a

2. UNFPA CPDs for Approval by the UNFPA Executive Board during 2022 1st regular session under the Strategic Plan 2022-2025 and Corresponding CCAs/UNSDCFs

	Country	CO	CCA	UNSDCF	Draft CPD	EB Session
1.	Cameroon	Y	2020	2022-2026	2022-2026	EB 2022 I
2.	Caribbean	Y	2021	2022-2026	2022-2026	EB 2022 I
3.	El Salvador	Y	2021	2022-2026	2022-2026	EB 2022 I
4.	Guinea-Bissau	Y	2020	2022-2026	2022-2026	EB 2022 I
5.	Malaysia	Y	2019	2021-2025	2022-2025	EB 2022 I
6.	Maldives	Y	2020	2022-2026	2022-2026	EB 2022 I
7.	Peru	Y	2021	2022-2026	2022-2026	EB 2022 I
8.	Thailand	Y	2021	2022-2026	2022-2026	EB 2022 I
9.	Viet Nam	Y	2020	2022-2026	2022-2026	EB 2022 I

	Country	CO	CCA	UNSDCF	Draft CPD	EB Session
10	Argentina	Y	2020	2021-2026 ⁷²	2022-2026	EB 2022 I

⁷¹ Results framework missing.

⁷² Results framework without indicators.

	Country	CO	CCA	UNSDCF	Draft CPD	EB Session
11	Eritrea	Y		2022-2026 ⁷³	2022-2026	EB 2022 I
12	Honduras	Y		2022-2026	2022-2026	EB 2022 I
13	Mozambique	Y		2022-2026 ⁷⁴	2022-2026	EB 2022 I

⁷³ Only results framework in files.

⁷⁴ Only results framework in files.

Annex 2: Analysis Tables

Table 1: Country packages sample sizes	3
Table 2: Analysis of TRs in CCAs 2018-2021	3
Table 3: Analysis of TRs in CCAs 2018-2021 by groups	3
Table 4: TRs as UNCT priorities in UNDAFs/UNSDCFs 2018-2021	4
Table 5: TRs in UNDAFs/UNSDCFs 2018-2021 by groups	4
Table 6: UNDAFs/UNSDCFs 2018-2021 with at least one TR indicator (for the specified TR)	5
Table 7: UNDAFs/UNSDCFs 2018-2021 with at least one TR indicator by groups	5
Table 8: TRs as priorities in UNFPA CPDs 2018-2021	5
Table 9: TRs in UNFPA CPDs 2018-2021 by groups	6
Table 10: CPDs 2018-2021 with at least one TR indicator (for a specific indicator)	6
Table 11: CPDs with at least one TR indicator (for a specific indicator) by groups	6
Table 12: Prevalence of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021	7
Table 13: Prevalence of maternal health TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups	7
Table 14: Prevalence of family planning TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups	8
Table 15: Prevalence of GBV and harmful practices TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups	9
Table 16: # of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021	10
Table 17: # of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021 (disaggregated)	10
Table 18: # of TRs in CCAs 2018-2021 by groups	10
Table 19: # of TRs in CCAs 2018-2021 (disaggregated) by groups	11
Table 20: # of TRs in UNDAFs/UNSDCFs 2018-2021 by groups	11
Table 21: # of TRs in UNDAFs/UNSDCFs 2018-2021 (disaggregated) by groups	11
Table 22: # of TRs in CPDs 2018-2021 by groups	12
Table 23: # of TRs in CPDs 2018-2021 (disaggregated) by groups	12
Table 24: # of TRs by use of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021	13
Table 25: # of TRs by use of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 (disaggregated)	13
Table 26: # of TRs by use of TR indicators in UNDAFs/UNSDCFs 2018-2021 by groups	13
Table 27: # of TRs by use of indicators in UNDAFs/UNSDCFs 2018-2021 (disaggregated) by groups	14
Table 28: # of TRs by use of TR indicators in CPDs 2018-2021 by groups	14
Table 29: # of TRs by use of TR indicators in CPDs 2018-2021 (disaggregated) by groups	15
Table 30: Analysis of "big" chain by TR (disaggregated) 2018-2021	15
Table 31: Analysis of "big" chain by TR (disaggregated) by groups 2018-2021	16
Table 32: Indicator chain analysis by TR (disaggregated) 2018-2021	21
Table 33: Indicator chain analysis by TR (disaggregated) by groups 2018-2021	22
Table 34: Analysis of TRs in CCAs 2022 (2018-21 method)	25
Table 35: Analysis of TRs in CCAs 2022	25
Table 36: Prioritization of TRs in UNSDCF 2022 (2018-2021 method)	26
Table 37: Prioritization of TRs in UNSDCF 2022	26
Table 38: Prioritization of TRs in CPDs 2022 (2018-2021 method)	26
Table 39: Prioritization of TRs in CPDs 2022	26

Table 40: UNSDCFs 2022 with at least one TR indicator (for the specified TR) (2018-2021 method)	26
Table 41: UNSDCFs 2022 with at least one TR indicator (for the specified TR)	26
Table 42: CPDs with at least on TR indicator (for the specified TR) (2018-2021 method)	27
Table 43: CPDs 2022 with at least one TR indicator (for the specified TR)	27
Table 44: Prevalence of TR indicators in UNSDCFs and CPDs 2022 (2018-2021 method)	27
Table 45: Prevalence of TR indicators in UNSDCFs and CPDs 2022	28
Table 46: # of TRs in CCAs, UNSDCFs and CPDs 2022 (2018-2021 method)	29
Table 47: # of TRs in CCAs, UNSDCFs and CPDs 2022	29
Table 48: # of TRs in CCAs, UNSDCFs and CPDs 2022 (disaggregated) (2018-2021 method)	29
Table 49: # of TRs in CCAs, UNSDCFs and CPDs 2022 (disaggregated)	29
Table 50: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (2018-2021 method)	29
Table 51: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022	29
Table 52: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (disaggregated) (2018-2021 method)	30
Table 53: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (disaggregated)	30
Table 54: Analysis of "big" chain by TR 2022 (disaggregated) (2018-2021 method)	30
Table 55: Analysis of "big" chain by TR 2022 (disaggregated)	30
Table 56: Indicator chain analysis by TR 2022 (disaggregated) (2018-2021 method)	31
Table 57: Indicator chain analysis by TR 2022 (disaggregated)	32
Table 58: Nairobi voluntary commitments in the TR areas - overview	32
Table 59: Number of countries with Nairobi voluntary commitments to one or more TR categories	33
Table 60: Intact and interrupted "Nairobi chains" where programme country commitment to at least one TR-related category	33
Table 61: Intact and interrupted "Nairobi" chains where no programme country commitment	33

Table 1: Country packages sample sizes

Group		Complete country packages analysed	Total possible packages Jan 2018-Sep 2021	Complete country packages analysed Jan 2022	Total possible packages Jan 2022	Total UNFPA CPDs
Sample size		61 (91% of possible packages) (51% of UNFPA CPDs)	67 (56% of UNFPA CPDs)	9 (69% of possible 2022 packages) (8% of UNFPA CPDs)	13 (11% of UNFPA CPDs)	119
Region	APRO ASRO EECARO ESARO LACRO WCARO	7 (88%) (30%) 6 (86%) (40%) 13 (100%) (76%) 14 (82%) (67%) 8 (100%) (38%) 13 (93%) (57%)	8 (35%) 7 (50%) 13 (76%) 17 (81%) 8 (38%) 14 (61%)	4 (100%) (17%) - - - - 3 (60%) (14%) 2 (100%) (9%)	4 (17%) - - 2 (10%) 5 (24%) 2 (9%)	23 14 17 21 21 23
Quadrant	Red Orange Yellow Pink	24 (89%) (53%) 8 (89%) (50%) 7 (88%) (41%) 22 (96%) (54%)	27 (60%) 9 (56%) 8 (47%) 23 (56%)	2 (50%) (4%) - 2 (100%) (12%) 5 (83%) (12%)	4 (9%) 1 (6%) 2 (12%) 6 (15%)	45 16 17 41
Tier	Tier I Tier II Tier III MCP	28 (90%) (52%) 16 (89%) (48%) 17 (94%) (57%) -	31 (57%) 18 (55%) 18 (60%) -	3 (60%) (6%) 1 (100%) (3%) 4 (67%) (13%) 1 (100%) (50%)	5 (9%) 1 (3%) 6 (20%) 1 (50%)	54 33 30 2
Humanitarian	Y N	28 (90%) (49%) 33 (92%) (53%)	31 (54%) 36 (58%)	2 (67%) (4%) 7 (70%) (11%)	3 (5%) 10 (16%)	57 62
Type of document	UNDAF UNSDCF	20 41		- 9 (69%)	- 13	
Guidance on CPD formulation in context of UNSDCF	Pre-guidance Post-guidance	32 (89%) 29 (94%)	36 31	- 9 (69%)	- 13	

Table 2: Analysis of TRs in CCAs 2018-2021

	Preventable maternal deaths	Unmet need for family planning	GBV and harmful practices ⁷⁵	GBV	Child marriage	FGM
Countries Y	61	59	60	60	54	16
Countries N	-	2	1	1	7	45
Y in % of total sample	100%	97%	98%	98%	88%	26%

Table 3: Analysis of TRs in CCAs 2018-2021 by groups

⁷⁵ CCA analyses at least one of the harmful practices (GBV, CM and/or FGM).

	Preventable maternal deaths (Y)	Unmet need for family planning (Y)	GBV and harmful practices ⁷⁶ (Y)	GBV (Y)	Child marriage (Y)	FGM (Y)	Complete country packages
ALL	61	59	60	60	54	16	61
APRO	7 (100%)	7 (100%)	6 (86%)	6 (86%)	6 (86%)	1 (14%)	7
ASRO	6 (100%)	5 (83%)	6 (100%)	6 (100%)	6 (100%)	2 (33%)	6
EECARO	13 (100%)	13 (100%)	13 (100%)	13	13	-	13
ESARO	14 (100%)	14 (100%)	14 (100%)	(100%)	(100%)	3 (21%)	14
LACRO	8 (100%)	8 (100%)	8 (100%)	14	13 (93%)	1 (13%)	8
WCARO	13 (100%)	12 (92%)	13 (100%)	(100%)	4 (50%)	9 (69%)	13
				8 (100%)	12 (92%)		
				13			
				(100%)			
Red	24 (100%)	23 (96%)	24 (100%)	24	24	14 (58%)	24
Orange	8 (100%)	8 (100%)	7 (88%)	(100%)	(100%)	8 (100%)	8
Yellow	7 (100%)	6 (86%)	7 (100%)	7 (88%)	5 (63%)	1 (14%)	7
Pink	22 (100%)	22 (100%)	22 (100%)	7 (100%)	6 (86%)	1 (5%)	22
				22	19 (86%)		
				(100%)			
Tier I	28 (100%)	26 (93%)	27 (96%)	27 (96%)	26 (93%)	13 (46%)	28
Tier II	16 (100%)	16 (100%)	16 (100%)	16	15 (94%)	3 (19%)	16
Tier III	17 (100%)	17 (100%)	17 (100%)	(100%)	13 (76%)	-	17
				17			
				(100%)			
Humanitarian Y	28 (100%)	26 (93%)	27 (96%)	27 (96%)	24 (86%)	10 (36%)	28
Humanitarian N	33 (100%)	33 (100%)	33 (100%)	33	30 (91%)	6 (18%)	33
				(100%)			
UNDAF	20 (100%)	19 (95%)	19 (95%)	19 (95%)	17 (85%)	7 (35%)	20
UNSDCF	41 (100%)	40 (96%)	41 (100%)	41	37 (90%)	9 (22%)	41
				(100%)			
Pre-guidance	32 (100%)	30 (94%)	31 (97%)	31 (97%)	26 (81%)	11 (34%)	32
Post-guidance	29 (100%)	29 (100%)	29 (100%)	29	28 (97%)	5 (17%)	29
				(100%)			

Table 4: TRs as UNCT priorities in UNDAFs/UNSDCFs 2018-2021

	Preventable maternal deaths	Unmet need for family planning	GBV and harmful practices ⁷⁷	GBV	Child marriage	FGM
Countries Y	56	56	59	59	28	12
Countries N	5	5	2	2	33	49
Y in % of total sample	92%	92%	97%	97%	45%	20%

Table 5: TRs in UNDAFs/UNSDCFs 2018-2021 by groups

	Preventable maternal deaths (Y)	Unmet need for family planning (Y)	GBV and harmful practices ⁷⁸ (Y)	GBV (Y)	Child marriage (Y)	FGM (Y)	Complete country packages
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⁷⁶ CCA analyses at least one of the harmful practices (GBV, CM and/or FGM).

⁷⁷ UNDAF/UNSDCF has at least one of the harmful practices (GBV, CM and/or FGM) as a UNCT priority.

⁷⁸ UNDAF/UNSDCF has at least one of the harmful practices (GBV, CM and/or FGM) as a UNCT priority.

ALL	56	56	59	59	28	12	61
APRO	7 (100%)	7 (100%)	6 (86%)	6 (86%)	4 (57%)	-	7
ASRO	5 (83%)	5 (83%)	6 (100%)	6 (100%)	1 (17%)	2 (33%)	6
EECARO	12 (92%)	13 (100%)	13 (100%)	13 (100%)	8 (62%)	-	13
ESARO	12 (86%)	13 (93%)	14 (100%)	14 (100%)	7 (50%)	4 (29%)	14
LACRO	8 (100%)	8 (100%)	7 (88%)	7 (88%)	2 (25%)	-	8
WCARO	12 (92%)	10 (77%)	13 (100%)	13 (100%)	6 (46%)	6 (46%)	13
Red	22 (92%)	21 (88%)	24 (100%)	24 (100%)	12 (50%)	12 (50%)	24
Orange	7 (88%)	8 (100%)	7 (88%)	7 (88%)	4 (50%)	-	8
Yellow	6 (86%)	5 (71%)	7 (100%)	7 (100%)	3 (43%)	-	7
Pink	21 (95%)	22 (100%)	21 (95%)	21 (95%)	9 (41%)	-	22
Tier I	26 (93%)	24 (86%)	27 (96%)	27 (96%)	13 (46%)	11 (39%)	28
Tier II	15 (94%)	15 (94%)	16 (100%)	16 (100%)	10 (63%)	1 (6%)	16
Tier III	15 (88%)	17 (100%)	16 (94%)	16 (94%)	5 (29%)	-	17
Humanitarian Y	25 (89%)	24 (86%)	26 (93%)	26 (93%)	12 (10%)	7 (25%)	28
Humanitarian N	31 (94%)	32 (97%)	33 (100%)	33 (100%)	16 (48%)	5 (15%)	33
UNDAF	19 (95%)	17 (85%)	19 (95%)	19 (95%)	9 (45%)	4 (20%)	20
UNSDCF	37 (90%)	39 (95%)	40 (98%)	40 (98%)	19 (46%)	8 (20%)	41
Pre-guidance	30 (94%)	28 (88%)	30 (94%)	30 (94%)	12 (38%)	8 (25%)	32
Post-guidance	26 (90%)	28 (97%)	29 (100%)	29 (100%)	16 (55%)	4 (14%)	29

Table 6: UNDAFs/UNSDCFs 2018-2021 with at least one TR indicator (for the specified TR)

	Preventable maternal deaths	Unmet need for family planning	GBV and harmful practices ⁷⁹	GBV	Child marriage	FGM
Countries Y	37	30	35	28	15	7
Countries N	24	31	26	33	46	54
Y in % of total sample	61%	49%	57%	46%	25%	11%

Table 7: UNDAFs/UNSDCFs 2018-2021 with at least one TR indicator by groups

	Preventable maternal deaths (Y)	Unmet need for family planning (Y)	GBV and harmful practices ⁸⁰ (Y)	GBV (Y)	Child marriage (Y)	FGM (Y)	Complete country packages
ALL	37 (61%)	30 (49%)	35 (57%)	28 (46%)	15 (25%)	7 (11%)	61
APRO	6 (86%)	3 (43%)	5 (71%)	5 (71%)	3 (43%)	-	7
ASRO	2 (33%)	2 (33%)	3 (50%)	-	1 (17%)	2 (33%)	6
EECARO	4 (31%)	10 (80%)	9 (69%)	8 (62%)	5 (38%)	-	13
ESARO	9 (64%)	6 (43%)	6 (43%)	5 (36%)	1 (7%)	1 (7%)	14
LACRO	4 (50%)	4 (50%)	6 (75%)	6 (75%)	1 (13%)	-	8
WCARO	12 (92%)	5 (38%)	6 (46%)	4 (31%)	4 (31%)	4 (31%)	13
Red	21 (88%)	9 (38%)	12 (50%)	8 (33%)	5 (21%)	7 (29%)	24
Orange	5 (63%)	6 (75%)	3 (38%)	3 (38%)	1 (13%)	-	8
Yellow	5 (71%)	2 (29%)	5 (71%)	4 (57%)	2 (29%)	-	7
Pink	6 (27%)	13 (59%)	15 (68%)	13 (59%)	7 (32%)	-	22
Tier I	24 (86%)	10 (36%)	14 (50%)	9 (32%)	7 (25%)	7 (25%)	28
Tier II	9 (56%)	9 (56%)	11 (69%)	9 (56%)	6 (38%)	-	16
Tier III	4 (24%)	11 (65%)	10 (59%)	10 (59%)	2 (12%)	-	17

⁷⁹ The UNDAF/UNSDCF results framework includes at least one TR indicator for at least one of the harmful practices (GBV, CM and/or FGM).

⁸⁰ The UNDAF/UNSDCF results framework includes at least one TR indicator for at least one of the harmful practices (GBV, CM and/or FGM).

Humanitarian Y	18 (64%)	11 (39%)	13 (46%)	8 (29%)	5 (18%)	3 (11%)	28
Humanitarian N	19 (58%)	19 (58%)	22 (67%)	20 (61%)	10 (30%)	4 (12%)	33
UNDAF	15 (75%)	8 (40%)	6 (30%)	2 (10%)	3 (15%)	2 (10%)	20
UNSDCF	22 (54%)	22 (54%)	29 (71%)	26 (63%)	12 (29%)	5 (12%)	41
Pre-guidance	24 (75%)	13 (41%)	15 (47%)	10 (31%)	6 (19%)	5 (16%)	32
Post-guidance	13 (45%)	17 (59%)	20 (69%)	18 (62%)	9 (31%)	2 (7%)	29

Table 8: TRs as priorities in UNFPA CPDs 2018-2021

	Preventable maternal deaths	Unmet need for family planning	GBV and harmful practices ⁸¹	GBV	Child marriage	FGM
Countries Y	60	61	61	61	38	15
Countries N	1	-	-	-	23	46
Y in % of total sample	98%	100%	100%	100%	62%	25%

Table 9: TRs in UNFPA CPDs 2018-2021 by groups

	Preventable maternal deaths (Y)	Unmet need for family planning (Y)	GBV and harmful practices ⁸² (Y)	GBV (Y)	Child marriage (Y)	FGM (Y)	Complete country packages
ALL	60	61	61	61	38	15	61
APRO	7 (100%)	7 (100%)	7 (100%)	7 (100%)	4 (57%)	-	7
ASRO	6 (100%)	6 (100%)	6 (100%)	6 (100%)	3 (50%)	3 (50%)	6
EECARO	13 (100%)	13 (100%)	13 (100%)	13 (100%)	6 (46%)	-	13
ESARO	13 (93%)	14 (100%)	14 (100%)	14 (100%)	10 (71%)	3 (21%)	14
LACRO	8 (100%)	8 (100%)	8 (100%)	8 (100%)	6 (75%)	1 (13%)	8
WCARO	13 (100%)	13 (100%)	13 (100%)	13 (100%)	9 (69%)	8 (62%)	13
Red	24 (100%)	24 (100%)	24 (100%)	24 (100%)	19 (79%)	13 (54%)	24
Orange	7 (88%)	8 (100%)	8 (100%)	8 (100%)	3 (38%)	-	8
Yellow	7 (100%)	7 (100%)	7 (100%)	7 (100%)	5 (71%)	1 (14%)	7
Pink	22 (100%)	22 (100%)	22 (100%)	22 (100%)	11 (50%)	1 (5%)	22
Tier I	28 (100%)	28 (100%)	28 (100%)	28 (100%)	20 (71%)	13 (46%)	28
Tier II	15 (94%)	16 (100%)	16 (100%)	16 (100%)	12 (75%)	2 (13%)	16
Tier III	17 (100%)	17 (100%)	17 (100%)	17 (100%)	6 (35%)	-	17
Humanitarian Y	27 (96%)	28 (100%)	28 (100%)	28 (100%)	21 (75%)	10 (36%)	28
Humanitarian N	33 (100%)	33 (100%)	33 (100%)	33 (100%)	17 (52%)	5 (15%)	33
UNDAF	19 (95%)	20 (100%)	20 (100%)	20 (100%)	12 (60%)	7 (35%)	20
UNSDCF	41 (100%)	41 (100%)	41 (100%)	41 (100%)	26 (63%)	8 (20%)	41
Pre-guidance	31 (97%)	32 (100%)	32 (100%)	32 (100%)	21 (66%)	11 (34%)	32
Post-guidance	29 (100%)	29 (100%)	29 (100%)	29 (100%)	17 (59%)	4 (14%)	29

Table 10: CPDs 2018-2021 with at least one TR indicator (for a specific indicator)

	Preventable maternal deaths	Unmet need for family planning	GBV and harmful practices ⁸³	GBV	Child marriage	FGM
Countries Y	42	51	43	33	17	6
Countries N	19	10	18	28	44	55

⁸¹ CPD has at least one of the harmful practices (GBV, CM and/or FGM) as a UNFPA priority.

⁸² CPD has at least one of the harmful practices (GBV, CM and/or FGM) as a UNFPA priority.

⁸³ The CPD results framework includes at least one TR indicator for at least one of the harmful practices (GBV, CM and/or FGM).

Y in % of total sample	69%	84%	70%	54%	28%	10%
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Table 11: CPDs with at least one TR indicator (for a specific indicator) by groups

	Preventable maternal deaths (Y)	Unmet need of family planning (Y)	GBV and harmful practices ⁸⁴ (Y)	GBV (Y)	Child marriage (Y)	FGM (Y)	Complete country packages
ALL	42 (69%)	51 (84%)	43 (70%)	33 (54%)	17 (28%)	6 (10%)	61
APRO	6 (86%)	5 (71%)	4 (57%)	3 (43%)	3 (43%)	-	7
ASRO	4 (67%)	5 (83%)	4 (67%)	2 (33%)	2 (33%)	2 (33%)	6
EECARO	7 (54%)	10 (77%)	9 (69%)	6 (46%)	5 (38%)	-	13
ESARO	10 (71%)	14 (100%)	11 (79%)	11 (79%)	4 (29%)	1 (7%)	14
LACRO	4 (50%)	8 (100%)	7 (88%)	7 (88%)	-	-	8
WCARO	11 (85%)	9 (69%)	8 (62%)	4 (31%)	3 (23%)	3 (25%)	13
Red	22 (92%)	20 (83%)	19 (79%)	14 (58%)	9 (38%)	6 (25%)	24
Orange	4 (50%)	7 (88%)	3 (38%)	3 (38%)	-	-	8
Yellow	4 (57%)	5 (71%)	6 (86%)	5 (71%)	2 (29%)	-	7
Pink	12 (55%)	19 (86%)	15 (68%)	11 (50%)	6 (27%)	-	22
Tier I	23 (82%)	23 (82%)	20 (71%)	15 (54%)	7 (25%)	5 (18%)	28
Tier II	13 (81%)	15 (94%)	12 (75%)	9 (56%)	7 (44%)	1 (6%)	16
Tier III	6 (35%)	13 (76%)	11 (65%)	9 (53%)	3 (18%)	-	17
Humanitarian Y	18 (64%)	25 (89%)	20 (71%)	16 (57%)	10 (36%)	3 (11%)	28
Humanitarian N	24 (73%)	26 (79%)	23 (70%)	17 (52%)	7 (21%)	3 (9%)	33
UNDAF	14 (70%)	14 (70%)	10 (50%)	5 (25%)	6 (30%)	4 (20%)	20
UNSDCF	28 (68%)	37 (90%)	33 (80%)	28 (68%)	11 (27%)	2 (5%)	41
Pre-guidance	20 (63%)	27 (84%)	22 (69%)	15 (47%)	7 (22%)	4 (13%)	32
Post guidance	22 (76%)	24 (83%)	21 (72%)	18 (62%)	10 (34%)	2 (7%)	29

Table 12: Prevalence of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021

TR Indicator (Y)	# of UNDAFs/UNSDCFs	# of CPDs
Maternal mortality ratio (SDG indicator 3.1.1)	27 (44%)	18 (29%)
Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)	20 (33%)	29 (48%)
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1)	22 (36%)	17 (28%)
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG indicator 3.7.2)	18 (30%)	25 (41%)
Unmet need for family planning (UNFPA SP Outcome indicator 1.6)	3 (5%)	25 (41%)
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 (SDG indicator 5.2.1)	26 (43%)	28 (46%)
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 (SDG indicator 5.2.2)	10 (16%)	11 (18%)
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)	15 (25%)	17 (28%)
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SDG indicator 5.3.2)	7 (11%)	6 (10%)

⁸⁴ The CPD results framework includes at least one TR indicator for at least one of the harmful practices (GBV, CM and/or FGM).

Table 13: Prevalence of maternal health TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups

TR Indicator (Y)	# of UNDAFs/ UNSDCFs	# of CPDs	Complete country packages
3.1.1 Maternal mortality ratio	27 (44%)	18 (29%)	61
APRO	5 (71%)	5 (71%)	7
ASRO	1 (17%)	2 (33%)	6
EECARO	4 (31%)	6 (46%)	13
ESARO	7 (50%)	1 (7%)	14
LACRO	3 (38%)	2 (25%)	8
WCARO	7 (54%)	2 (15%)	13
UNDAF	10 (50%)	3 (15%)	20
UNSDCF	17 (41%)	15 (37%)	41
Pre-guidance	17 (53%)	4 (13%)	32
Post-guidance	10 (34%)	14 (48%)	29
3.1.2 Proportion of births attended by skilled health personnel	20 (33%)	29 (48%)	61
APRO	2 (29%)	3 (43%)	7
ASRO	2 (33%)	3 (50%)	6
EECARO	-	1 (8%)	13
ESARO	5 (36%)	10 (71%)	14
LACRO	2 (25%)	3 (38%)	8
WCARO	9 (69%)	9 (69%)	13
UNDAF	10 (50%)	11 (55%)	20
UNSDCF	10 (24%)	18 (44%)	41
Pre-guidance	14 (44%)	17 (53%)	32
Post-guidance	6 (21%)	12 (41%)	29

Table 14: Prevalence of family planning TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups

TR Indicator (Y)	# of UNDAFs/ UNSDCFs	# of CPDs	Complete country packages
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	22 (36%)	17 (28%)	61
APRO	2 (29%)	1 (14%)	7
ASRO	2 (33%)	1 (17%)	6
EECARO	7 (54%)	5 (38%)	13
ESARO	6 (43%)	5 (36%)	14
LACRO	1 (13%)	4 (50%)	8
WCARO	4 (31%)	1 (8%)	13
UNDAF	7 (35%)	2 (10%)	20
UNSDCF	7/17 (41%) 15 (37%) 15/39 (38%)	15 (37%)	41
Pre-guidance	10 (31%)	6 (19%)	32
Post-guidance	10/28 (36%) 12 (41%) 12/28 (43%)	11 (38%)	29
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	18 (30%)	25 (41%)	61
APRO	2 (29%)	5 (71%)	7
ASRO	1 (17%)	1 (17%)	6

EECARO	6 (46%)	3 (23%)	13
ESARO	2 (14%)	8 (57%)	14
LACRO	3 (38%)	3 (38%)	8
WCARO	4 (31%)	5 (38%)	13
UNDAF	4 (20%)	9 (45%)	20
UNSDCF	4/17 14 (34%) 14/39	16 (39%)	41
Pre-guidance	9 (28%)	15 (47%)	32
Post-guidance	9/28 9 (31%) 9/28	10 (34%)	29
Unmet need for family planning (SP Outcome indicator 1.6)	3 (5%)	25 (41%)	61
APRO	-	3 (43%)	7
ASRO	1 (17%)	4 (67%)	6
EECARO	-	4 (31%)	13
ESARO	-	4 (29%)	14
LACRO	-	4 (50%)	8
WCARO	2 (15%)	6 (46%)	13
UNDAF	1 (5%)	8 (40%)	20
UNSDCF	1/17 2 (5%) 2/39	17 (41%)	41
Pre-guidance	3 (9%)	15 (47%)	32
Post-guidance	3/28 - -/28	10 (34%)	29

Table 15: Prevalence of GBV and harmful practices TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 by groups

TR Indicator (Y)	# of UNDAFs/ UNSDCFs	# of CPDs	Complete country packages
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	26 (43%)	28 (46%)	61
APRO	5 (71%)	3 (43%)	7
ASRO	-	2 (33%)	6
EECARO	8 (62%)	6 (46%)	13
ESARO	5 (36%)	7 (50%)	14
LACRO	5 (63%)	6 (75%)	8
WCARO	3 (23%)	4 (31%)	13
UNDAF	2 (10%)	3 (15%)	20
UNSDCF	24 (59%)	25 (61%)	41
Pre-guidance	9 (28%)	11 (34%)	32
Post-guidance	17 (59%)	17 (59%)	29
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	10 (16%)	11 (18%)	61
APRO	2 (29%)	1 (14%)	7
ASRO	-	1 (17%)	6
EECARO	3 (23%)	2 (15%)	13

ESARO	-	5 (36%)	14
LACRO	3 (38%)	1 (13%)	8
WCARO	2 (15%)	1 (8%)	13
UNDAF	1 (5%)	3 (15%)	20
UNSDCF	9 (22%)	8 (20%)	41
Pre-guidance	3 (9%)	6 (19%)	32
Post-guidance	7 (24%)	5 (17%)	29
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	15 (25%)	17 (28%)	61
APRO	3 (43%)	3 (43%)	7
ASRO	1 (17%)	2 (33%)	6
EECARO	5 (38%)	5 (38%)	13
ESARO	1 (7%)	4 (29%)	14
LACRO	1 (13%)	-	8
WCARO	4 (31%)	3 (23%)	13
UNDAF	3 (15%)	6 (30%)	20
UNSDCF	12 (29%)	11 (27%)	41
Pre-guidance	6 (19%)	7 (22%)	32
Post-guidance	9 (31%)	10 (34%)	29
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	7 (11%)	6 (10%)	61
ASRO	2 (33%)	2 (33%)	6
ESARO	1 (7%)	1 (7%)	14
WCARO	4 (31%)	3 (23%)	13
UNDAF	2 (10%)	4 (20%)	20
UNSDCF	5 (12%)	2 (5%)	41
Pre-guidance	5 (16%)	4 (13%)	32
Post-guidance	2 (7%)	2 (7%)	29

Table 16: # of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021

# of TRs in analysis	0 TR	1 TR	2 TRs	All 3 TRs	Complete country packages
# of CCAs	-	-	3 (5%)	58 (95%)	61
# of UNDAFs/UNSDCFs	-	2 (3%)	8 (13%)	51 (84%)	61
# of CPDs	-	-	1 (2%)	60 (98%)	61

Table 17: # of TRs in CCAs, UNDAFs/UNSDCFs and CPDs 2018-2021 (disaggregated⁸⁵)

# of TRs in analysis	0 TR	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
# of CCAs	-	-	1 (2%)	8 (13%)	37 (61%)	15 (25%)	61
# of UNDAFs/UNSDCFs	-	1 (2%)	5 (8%)	25 (41%)	25 (41%)	5 (8%)	61
# of CPDs	-	-	-	23 (38%)	25 (41%)	13 (21%)	61

Table 18: # of TRs in CCAs 2018-2021 by groups

	0 TR	1 TR	2 TRs	All 3 TRs	Total
ALL	-	-	3 (5%)	58 (95%)	61
APRO	-	-	1 (14%)	6 (86%)	7

⁸⁵ The GBV and other harmful practices TR is disaggregated into GBV, child marriage and FGM.

ASRO			1 (17%)	5 (83%)	6
EECARO			-	13 (100%)	13
ESARO			-	14 (100%)	14
LACRO			-	8 (100%)	8
WCARO			1 (8%)	12 (92%)	13
Red	-	-	1 (4%)	23 (96%)	24
Orange			1 (13%)	7 (86%)	8
Yellow			1 (14%)	6 (86%)	7
Pink			-	22 (100%)	22
Tier I	-	-	3 (11%)	25 (89%)	28
Tier II			-	16 (100%)	16
Tier III			-	17 (100%)	17
Humanitarian Y	-	-	3 (11%)	25 (89%)	28
Humanitarian N			-	33 (100%)	33
UNDAF	-	-	2 (10%)	18 (90%)	20
UNSDCF			1 (2%)	40 (98%)	41
Pre-guidance	-	-	3 (9%)	29 (91%)	32
Post-guidance			-	29 (100%)	29

Table 19: # of TRs in CCAs 2018-2021 (disaggregated) by groups

	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
ALL	-	-	1 (2%)	8 (13%)	37 (61%)	15 (25%)	61
APRO	-	-	1 (14%)	-	5 (71%)	1 (14%)	7
ASRO			-	1 (17%)	3 (50%)	2 (33%)	6
EECARO			-	-	13 (100%)	-	13
ESARO			-	2 (14%)	9 (64%)	3 (21%)	14
LACRO			-	4 (50%)	3 (38%)	1 (13%)	8
WCARO			-	1 (8%)	4 (31%)	8 (62%)	13
Red	-	-	-	1 (4%)	10 (42%)	13 (54%)	24
Orange			1 (13%)	2 (25%)	5 (63%)	-	8
Yellow			-	2 (29%)	4 (57%)	1 (14%)	7
Pink			-	3 (14%)	18 (82%)	1 (5%)	22
Tier I	-	-	1 (4%)	3 (11%)	12 (43%)	12 (43%)	28
Tier II			-	1 (6%)	12 (75%)	3 (19%)	16
Tier III			-	4 (24%)	13 (76%)	-	17
Humanitarian Y	-	-	1 (4%)	5 (18%)	13 (46%)	9 (32%)	28
Humanitarian N			-	3 (9%)	24 (73%)	6 (18%)	33
UNDAF	-	-	1 (5%)	2 (10%)	11 (55%)	6 (30%)	20
UNSDCF			-	6 (14%)	26 (63%)	9 (22%)	41
Pre-guidance	-	-	1 (3%)	6 (19%)	15 (47%)	10 (31%)	32
Post-guidance			-	2 (7%)	22 (76%)	5 (17%)	29

Table 20: # of TRs in UNDAFs/UNSDCFs 2018-2021 by groups

	0 TR	1 TR	2 TRs	All 3 TRs	Total
ALL	-	2 (3%)	8 (13%)	51 (84%)	61
APRO	-	-	1 (14%)	6 (86%)	7
ASRO		1 (17%)	-	5 (83%)	6
EECARO		-	1 (8%)	12 (92%)	13
ESARO		1 (7%)	1 (7%)	12 (86%)	14
LACRO		-	1 (13%)	7 (88%)	8
WCARO		-	4 (31%)	9 (69%)	13

Red	-	1 (4%)	3 (13%)	20 (83%)	24
Orange	-	-	2 (25%)	6 (75%)	8
Yellow	-	1 (14%)	1 (14%)	5 (71%)	7
Pink	-	-	2 (9%)	20 (91%)	22
Tier I	-	1 (4%)	5 (18%)	22 (79%)	28
Tier II	-	1	-	15 (100%)	16
Tier III	-	-	3 (18%)	14 (82%)	17
Humanitarian Y	-	2 (7%)	5 (18%)	21 (75%)	28
Humanitarian N	-	-	3 (9%)	30 (91%)	33
UNDAF	-	-	5 (25%)	15 (75%)	20
UNSDCF	-	2 (5%)	3 (7%)	36 (88%)	41
Pre-guidance	-	1 (3%)	6 (19%)	25 (78%)	32
Post guidance	-	1 (3%)	2 (7%)	26 (90%)	29

Table 21: # of TRs in UNDAFs/UNSDCFs 2018-2021 (disaggregated) by groups

	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
ALL	-	1	5	25	25	5	61
APRO	-	-	1 (14%)	2 (29%)	4 (57%)	-	7
ASRO	-	1 (17%)	-	2 (33%)	3 (50%)	-	6
EECARO	-	-	-	6 (46%)	7 (54%)	-	13
ESARO	-	-	1 (7%)	7 (50%)	3 (22%)	3 (22%)	14
LACRO	-	-	1 (13%)	5 (63%)	2 (25%)	-	8
WCARO	-	-	2 (15%)	3 (23%)	6 (46%)	2 (15%)	13
Red	-	-	2 (8%)	6 (25%)	11 (46%)	5 (21%)	24
Orange	-	-	2 (25%)	2 (25%)	4 (50%)	-	8
Yellow	-	1 (14%)	-	4 (57%)	2 (29%)	-	7
Pink	-	-	1 (5%)	13 (59%)	8 (36%)	-	22
Tier I	-	1 (4%)	2 (7%)	8 (29%)	13 (46%)	4 (14%)	28
Tier II	-	-	1 (6%)	6 (38%)	8 (50%)	1 (6%)	16
Tier III	-	-	2 (12%)	11 (65%)	4 (24%)	-	17
Humanitarian Y	-	1 (4%)	4 (14%)	10 (36%)	10 (36%)	3 (11%)	28
Humanitarian N	-	-	1 (3%)	15 (45%)	15 (45%)	2 (6%)	33
UNDAF	-	-	3 (15%)	7 (35%)	9 (45%)	1 (5%)	20
UNSDCF	-	1 (2%)	2 (5%)	18 (44%)	16 (39%)	4 (10%)	41
Pre-guidance	-	1 (3%)	4 (13%)	12 (38%)	12 (38%)	3 (9%)	32
Post-guidance	-	-	1 (3%)	13 (45%)	13 (45%)	2 (7%)	29

Table 22: # of TRs in CPDs 2018-2021 by groups

	0 TR	1 TR	2 TRs	All 3 TRs	Complete country packages
ALL	-	-	1 (2%)	60 (97%)	61
APRO	-	-	-	7 (100%)	7
ASRO	-	-	-	6 (100%)	6
EECARO	-	-	-	13 (100%)	13
ESARO	-	-	1 (7%)	13 (87%)	14
LACRO	-	-	-	8 (100%)	8
WCARO	-	-	-	13 (100%)	13
Red	-	-	-	24 (100%)	24
Orange	-	-	1 (13%)	7 (88%)	8
Yellow	-	-	-	7 (100%)	7

Pink			-	22 (100%)	22
Tier I	-	-	-	28 (100%)	28
Tier II			1 (6%)	15 (94%)	16
Tier III			-	17 (100%)	17
Humanitarian Y	-	-	1 (4%)	27 (96%)	28
Humanitarian N			-	33 (100%)	33
UNDAF	-	-	1 (5%)	19 (95%)	20
UNSDCF			-	41 (100%)	41
Pre-guidance	-	-	1 (3%)	31 (97%)	32
Post-guidance			-	29 (100%)	29

Table 23: # of TRs in CPDs 2018-2021 (disaggregated) by groups

	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
ALL	-	-	-	23 (38%)	25 (41%)	13 (21%)	61
APRO	-	-	-	3 (43%)	4 (57%)	-	7
ASRO				2 (33%)	2 (33%)	2 (33%)	6
EECARO				7 (54%)	6 (46%)	-	13
ESARO				5 (36%)	6 (43%)	3 (21%)	14
LACRO				2 (25%)	5 (63%)	1 (13%)	8
WCARO				3 (23%)	3 (23%)	7 (54%)	13
Red	-	-	-	3 (13%)	10 (42%)	11 (46%)	24
Orange				6 (75%)	2 (25%)	-	8
Yellow				2 (29%)	4 (57%)	1 (14%)	7
Pink				11 (50%)	10 (45%)	1 (5%)	22
Tier I	-	-	-	6 (21%)	11 (39%)	11 (39%)	28
Tier II				5 (31%)	9 (56%)	2 (13%)	16
Tier III				11 (65%)	6 (35%)	-	17
Humanitarian Y	-	-	-	7 (25%)	12 (43%)	9 (32%)	28
Humanitarian N				15 (45%)	14 (42%)	4 (12%)	33
UNDAF	-	-	-	7 (35%)	8 (40%)	5 (25%)	20
UNSDCF				15 (37%)	18 (44%)	8 (20%)	41
Pre-guidance	-	-	-	10 (31%)	13 (41%)	9 (28%)	32
Post-guidance				12 (41%)	13 (45%)	4 (14%)	29

Table 24: # of TRs by use of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021

# of TRs in results frameworks ⁸⁶	0 TR	1 TR	2 TRs	All 3 TRs	Complete country packages
# of UNDAFs/UNSDCFs (at least one TR indicator per TR)	8 (13%)	19 (31%)	20 (33%)	14 (23%)	61
# of CPDs (at least one TR indicator per TR)	1 (2%)	12 (20%)	21 (34%)	27 (44%)	61

Table 25: # of TRs by use of TR indicators in UNDAFs/UNSDCFs and CPDs 2018-2021 (disaggregated)

# of TRs in results frameworks ⁸⁷	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
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⁸⁶ Methodology: The results framework includes at least one of the indicators for the respective TR.

⁸⁷ Methodology: The results framework includes at least one of the indicators for the respective TR.

# of UNDAFs/UNSDCFs (at least one TR indicator per TR)	8 (13%)	18 (30%)	15 (25%)	14 (23%)	4 (7%)	2 (3%)	61
# of CPDs (at least one TR indicator per TR)	1 (2%)	12 (20%)	19 (31%)	20 (33%)	6 (10%)	3 (5%)	61

Table 26: # of TRs by use of TR indicators in UNDAFs/UNSDCFs 2018-2021 by groups

	0 TR	1 TR	2 TRs	All 3 TRs	Total
ALL	8 (13%)	19 (31%)	20 (33%)	14 (23%)	61
APRO	-	2 (29%)	3 (43%)	2 (29%)	7
ASRO	3 (50%)	1 (17%)	1 (17%)	1 (17%)	6
EECARO	1 (8%)	3 (23%)	7 (54%)	2 (15%)	13
ESARO	2 (14%)	5 (36%)	5 (36%)	2 (14%)	14
LACRO	2 (25%)	1 (13%)	2 (25%)	3 (38%)	8
WCARO	-	7 (54%)	2 (15%)	4 (31%)	13
Red	1 (4%)	10 (42%)	7 (29%)	6 (25%)	24
Orange	1 (13%)	3 (38%)	1 (13%)	3 (38%)	8
Yellow	1 (14%)	1 (14%)	4 (57%)	1 (14%)	7
Pink	5 (23%)	5 (23%)	8 (36%)	4 (18%)	22
Tier I	3 (11%)	10 (36%)	7 (25%)	8 (29%)	28
Tier II	2 (13%)	4 (25%)	6 (38%)	4 (25%)	16
Tier III	3 (18%)	5 (29%)	7 (41%)	2 (12%)	17
Humanitarian Y	6 (21%)	9 (32%)	7 (25%)	6 (21%)	28
Humanitarian N	2 (6%)	10 (30%)	13 (39%)	8 (24%)	33
UNDAF	3 (15%)	9 (45%)	5 (25%)	3 (15%)	20
UNSDCF	5 (12%)	10 (24%)	15 (37%)	11 (27%)	41
Pre-guidance	4 (13%)	12 (38%)	9 (28%)	7 (22%)	32
Post guidance	4 (14%)	7 (24%)	11 (38%)	7 (24%)	29

Table 27: # of TRs by use of indicators in UNDAFs/UNSDCFs 2018-2021 (disaggregated) by groups

	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
ALL	8 (13%)	18 (30%)	15 (25%)	14 (23%)	4 (7%)	2 (3%)	61
APRO	-	1 (14%)	3 (43%)	2 (29%)	1 (14%)	-	7
ASRO	3 (50%)	1 (17%)	1 (17%)	1 (17%)	-	-	6
EECARO	1 (8%)	3 (23%)	3 (23%)	6 (46%)	-	-	13
ESARO	2 (14%)	5 (36%)	4 (29%)	3 (21%)	-	-	14
LACRO	2 (25%)	1 (13%)	2 (25%)	2 (25%)	1 (13%)	-	8
WCARO	-	7 (54%)	2 (15%)	-	2 (15%)	2 (15%)	13
Red	1 (4%)	10 (42%)	5 (21%)	4 (17%)	2 (8%)	2 (8%)	24
Orange	1 (13%)	3 (38%)	1 (13%)	2 (25%)	1 (13%)	-	8
Yellow	1 (14%)	1 (14%)	3 (43%)	2 (29%)	-	-	7
Pink	5 (23%)	4 (18%)	6 (27%)	6 (27%)	2 (9%)	-	22
Tier I	3 (11%)	10 (36%)	5 (18%)	5 (18%)	3 (11%)	2 (7%)	28
Tier II	2 (13%)	3 (19%)	5 (31%)	5 (31%)	1 (6%)	-	16
Tier III	3 (18%)	5 (29%)	5 (29%)	4 (24%)	-	-	17
UNDAF	3 (15%)	9 (45%)	5 (25%)	2 (10%)	1 (5%)	-	20
UNSDCF	5 (12%)	9 (22%)	10 (24%)	12 (29%)	3 (7%)	2 (5%)	41
Humanitarian Y	6 (21%)	9 (32%)	5 (18%)	7 (25%)	1 (4%)	-	28
Humanitarian N	2 (6%)	9 (27%)	10 (30%)	7 (21%)	3 (9%)	2 (6%)	33
Pre-guidance	4 (13%)	11 (34%)	9 (28%)	5 (16%)	2 (6%)	1 (3%)	32
Post guidance	4 (14%)	7 (24%)	6 (21%)	9 (31%)	2 (7%)	1 (3%)	29

Table 28: # of TRs by use of TR indicators in CPDs 2018-2021 by groups

	0 TR	1 TR	2 TRs	All 3 TRs	Complete country package
ALL	1 (2%)	12 (20%)	21 (34%)	27 (44%)	61
APRO	-	3 (43%)	-	4 (57%)	7
ASRO	-	1 (17%)	3 (50%)	2 (33%)	6
EECARO	1 (8%)	3 (23%)	4 (31%)	5 (38%)	13
ESARO	-	2 (14%)	3 (21%)	9 (64%)	14
LACRO	-	-	5 (63%)	3 (38%)	8
WCARO	-	3 (23%)	6 (46%)	4 (31%)	13
Red	-	2 (8%)	8 (33%)	14 (58%)	24
Orange	-	5 (63%)	-	3 (38%)	8
Yellow	1 (14%)	-	3 (43%)	3 (43%)	7
Pink	-	5 (23%)	10 (45%)	7 (32%)	22
Tier I	-	5 (18%)	9 (32%)	14 (50%)	28
Tier II	-	1 (6%)	6 (38%)	9 (56%)	16
Tier III	1 (6%)	6 (35%)	6 (35%)	4 (24%)	17
UNDAF	-	8 (40%)	6 (30%)	6 (30%)	20
UNSDCF	1 (2%)	4 (10%)	15 (37%)	21 (51%)	41
Humanitarian Y	-	6 (21%)	10 (36%)	12 (43%)	28
Humanitarian N	1 (3%)	6 (18%)	11 (33%)	15 (45%)	33
Pre-guidance	-	7 (22%)	14 (44%)	11 (34%)	32
Post-guidance	1 (3%)	5 (17%)	7 (24%)	16 (55%)	29

Table 29: # of TRs by use of TR indicators in CPDs 2018-2021 (disaggregated) by groups

	0	1 TR	2 TRs	3 TRs	4 TRs	All 5 TRs	Complete country packages
ALL	1 (2%)	12 (20%)	19 (31%)	20 (33%)	6 (10%)	3 (5%)	61
APRO	-	3 (43%)	-	2 (29%)	2 (29%)	-	7
ASRO	-	1 (17%)	3 (50%)	1 (17%)	-	1 (17%)	6
EECARO	1 (8%)	3 (23%)	3 (23%)	5 (38%)	1 (8%)	-	13
ESARO	-	2 (14%)	3 (21%)	5 (36%)	3 (21%)	1 (7%)	14
LACRO	-	-	5 (62%)	3 (38%)	-	-	8
WCARO	-	3 (23%)	5 (38%)	4 (31%)	-	1 (8%)	13
Red	-	2 (8%)	7 (29%)	8 (33%)	4 (17%)	3 (13%)	24
Orange	-	5 (62%)	-	3 (38%)	-	-	8
Yellow	1 (14%)	-	3 (43%)	2 (29%)	1 (14%)	-	7
Pink	-	5 (23%)	9 (41%)	7 (32%)	1 (5%)	-	22
Tier I	-	5 (18%)	8 (29%)	10 (36%)	3 (11%)	2 (7%)	28
Tier II	-	1 (6%)	6 (38%)	5 (31%)	3 (19%)	1 (6%)	16
Tier III	1 (6%)	6 (35%)	5 (29%)	5 (29%)	-	-	17
Humanitarian Y	-	6 (21%)	9 (32%)	6 (21%)	5 (18%)	2 (7%)	28
Humanitarian N	1 (3%)	6 (18%)	10 (30%)	14 (42%)	1 (3%)	1 (3%)	33
UNDAF	-	8 (40%)	5 (25%)	4 (20%)	2 (10%)	1 (5%)	20
UNSDCF	1 (2%)	4 (10%)	14 (34%)	16 (39%)	4 (10%)	2 (5%)	41
Pre-guidance	-	7 (22%)	13 (41%)	9 (28%)	2 (6%)	1 (3%)	32
Post-guidance	1 (3%)	5 (17%)	6 (21%)	11 (38%)	4 (14%)	2 (7%)	29

Table 30: Analysis of "big" chain by TR (disaggregated) 2018-2021

Chain pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Chain intact: Analysis in CCA & UNCT priority & TR indicator in UNDAF/UNSDCF & UNFPA priority & TR indicator in CPD	31 (51%)	28 (46%)	21 (34%)	8 (13%)	3 (5%)
Pattern A: TR is not present anywhere	1 (2%)	-	-	4 (7%)	42 (69%)
Pattern B: Analysis in CCA, but nowhere else	-	-	-	13 (21%)	1 (2%)
Pattern C: NO TR indicator in UNDAF/UNSDCF RF	9 (15%)	18 (30%)	11 (18%)	5 (8%)	2 (3%)
Pattern D: NO TR indicator in CPD RF	5 (8%)	4 (7%)	6 (10%)	6 (10%)	4 (7%)
Pattern E: NO TR indicator in UNDAF/UNSDCF OR CPD RFs	9 (15%)	6 (10%)	21 (34%)	3 (5%)	2 (3%)
Pattern F: Analysis in CCA & UNFPA priority	3 (5%)	1 (2%)	-	9 (15%)	4 (7%)
Pattern G: Analysis in CCA & UNFPA priority & TR indicator in CPD	2 (3%)	2 (3%)	1 (2%)	4 (7%)	1 (2%)
Pattern H: Only UNFPA priority	-	1 (2%)	1 (2%)	3 (5%)	-
Pattern I: UNFPA priority & TR indicator in CPD	-	1 (2%)	-	-	-
Pattern J: Analysis in CCA & UNCT priority	-	-	-	4 (7%)	-
Pattern K: Analysis in CCA & UNCT priority & TR indicator in UNDAF/UNSDCF	1 (2%)	-	-	2 (3%)	1 (2%)
Pattern L: Only UNCT priority	-	-	-	-	1 (2%)
Complete country packages	61	61	61	61	61

Table 31: Analysis of “big” chain by TR (disaggregated) by groups 2018-2021

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Chain intact: Analysis in CCA & UNCT priority & TR indicator in UNDAF/UNSDCF & UNFPA priority & TR indicator in CPD	31 (51%)	28 (46%)	21 (34%)	8 (13%)	3 (5%)	61
APRO	5 (71%)	3 (43%)	3 (43%)	2 (29%)	-	7
ASRO	2 (33%)	2 (33%)	-	1 (17%)	2 (33%)	6
EECARO	4 (31%)	8 (62%)	5 (38%)	4 (31%)	-	13
ESARO	6 (43%)	6 (43%)	4 (29%)	-	-	14
LACRO	3 (38%)	4 (50%)	6 (75%)	-	-	8
WCARO	11 (85%)	5 (38%)	3 (23%)	1 (8%)	1 (8%)	13
Red	19 (79%)	9 (38%)	7 (29%)	2 (8%)	3 (13%)	24
Orange	3 (38%)	6 (75%)	2 (25%)	-	-	8
Yellow	4 (57%)	1 (14%)	3 (43%)	1 (14%)	-	7
Pink	5 (23%)	12 (55%)	9 (41%)	5 (23%)	-	22
Tier I	21 (75%)	10 (36%)	8 (29%)	2 (7%)	3 (11%)	28
Tier II	7 (44%)	9 (56%)	5 (31%)	4 (25%)	-	16
Tier III	3 (18%)	9 (53%)	8 (47%)	2 (12%)	-	17

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Humanitarian Y	13 (46%)	11 (39%)	7 (25%)	3 (11%)	1 (4%)	28
Humanitarian N	18 (55%)	17 (52%)	14 (42%)	5 (15%)	2 (6%)	33
UNDAF	12 (60%)	8 (40%)	1 (5%)	1 (5%)	1 (5%)	20
UNSDCF	19 (46%)	20 (49%)	20 (49%)	7 (17%)	2 (5%)	41
Pre-guidance	18 (56%)	13 (41%)	7 (22%)	2 (6%)	1 (3%)	32
Post-guidance	13 (45%)	15 (52%)	14 (48%)	6 (21%)	2 (7%)	29
Pattern A: TR is not present anywhere	1 (1%)	-	-	4 (7%)	42 (68%)	61
APRO	-			-	6 (86%)	7
ASRO	-			-	3 (50%)	6
EECARO	1 (8%)			-	13 (100%)	13
ESARO	-			1 (7%)	9 (64%)	14
LACRO	-			2 (25%)	7 (88%)	8
WCARO	-			1 (8%)	4 (31%)	13
Red	-			-	8 (33%)	24
Orange	-			2 (25%)	8 (100%)	8
Yellow	-			-	5 (71%)	7
Pink	1 (5%)			2 (9%)	21 (95%)	22
Tier I	-			1 (4%)	12 (43%)	28
Tier II	-			-	13 (81%)	16
Tier III	1 (6%)			3 (18%)	17 (100%)	17
Humanitarian Y	-			2 (7%)	15 (54%)	28
Humanitarian N	1 (3%)			2 (6%)	27 (82%)	33
UNDAF	-			2 (10%)	13 (65%)	20
UNSDCF	1 (2%)			2 (5%)	29 (71%)	41
Pre-guidance	-			3 (9%)	19 (59%)	32
Post-guidance	1 (3%)			1 (3%)	23 (79%)	29
Pattern B: Analysis in CCA, but nowhere else	-	-	-	13 (21%)	1 (1%)	61
APRO				1 (14%)	-	7
ASRO				3 (50%)	-	6
EECARO				4 (31%)	-	13
ESARO				3 (21%)	1 (7%)	14
LACRO				-	-	8
WCARO				2 (15%)	-	13
Red				4 (17%)	1 (4%)	24
Orange				1 (13%)	-	8
Yellow				1 (14%)	-	7
Pink				7 (32%)	-	22
Tier I				4 (14%)	1 (4%)	28
Tier II				3 (19%)	-	16
Tier III				6 (35%)	-	17
Humanitarian Y				4 (14%)	1 (4%)	28
Humanitarian N				9 (27%)	-	33
UNDAF				4 (20%)	-	20
UNSDCF				9 (22%)	1 (2%)	41
Pre-guidance				6 (19%)	1 (3%)	32
Post-guidance				7 (24%)	-	29

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Pattern C: NO TR indicator in UNDAF/UNSDCF RF	9 (15%)	18 (30%)	11 (18%)	5 (8%)	2 (3%)	61
APRO	1 (14%)	2 (29%)	-	-	-	7
ASRO	2 (33%)	2 (33%)	2 (33%)	-	-	6
EECARO	3 (23%)	2 (15%)	1 (8%)	1 (8%)	-	13
ESARO	2 (14%)	5 (36%)	7 (50%)	3 (21%)	1 (7%)	14
LACRO	1 (13%)	4 (50%)	-	-	-	8
WCARO	-	3 (23%)	1 (8%)	1 (8%)	1 (8%)	13
Red	1 (4%)	9 (38%)	7 (29%)	4 (17%)	2 (8%)	24
Orange	1 (13%)	1 (13%)	1 (13%)	-	-	8
Yellow	-	1 (14%)	2 (29%)	-	-	7
Pink	7 (32%)	7 (32%)	1 (5%)	1 (5%)	-	22
Tier I	1 (4%)	10 (36%)	7 (28%)	2 (7%)	1 (6%)	28
Tier II	5 (31%)	4 (25%)	4 (25%)	2 (13%)	1 (6%)	16
Tier III	3 (18%)	4 (24%)	-	1 (6%)	-	17
Humanitarian Y	3 (11%)	11 (39%)	8 (29%)	3 (11%)	1 (3%)	28
Humanitarian N	6 (18%)	7 (21%)	3 (9%)	2 (6%)	1 (3%)	33
UNDAF	2 (10%)	5 (25%)	4 (20%)	3 (15%)	2 (10%)	20
UNSDCF	7 (17%)	13 (32%)	7 (17%)	2 (5%)	-	41
Pre-guidance	2 (6%)	10 (31%)	7 (22%)	3 (9%)	2 (6%)	32
Post-guidance	7 (24%)	8 (28%)	4 (14%)	2 (7%)	-	29
Pattern D: NO TR indicator in CPD RF	5 (8%)	4 (7%)	6 (10%)	6 (10%)	4 (7%)	61
APRO	1 (14%)	-	2 (29%)	-	1 (14%)	7
ASRO	-	-	-	-	-	6
EECARO	-	2 (15%)	3 (23%)	-	-	13
ESARO	2 (14%)	2 (14%)	-	2 (14%)	1 (7%)	14
LACRO	1 (13%)	-	-	1 (13%)	-	8
WCARO	1 (8%)	-	1 (8%)	3 (23%)	2 (15%)	13
Red	2 (8%)	1 (4%)	1 (4%)	3 (13%)	3 (13%)	24
Orange	1 (13%)	-	-	1 (13%)	-	8
Yellow	1 (14%)	2 (29%)	1 (14%)	1 (14%)	1 (14%)	7
Pink	1 (5%)	1 (5%)	4 (18%)	1 (5%)	-	22
Tier I	3 (11%)	1 (4%)	1(4%)	4 (14%)	3 (11%)	28
Tier II	1 (6%)	1 (6%)	3 (19%)	2 (13%)	1 (6%)	16
Tier III	1 (6%)	2 (12%)	2 (12%)	-	-	17
Humanitarian Y	4 (14%)	1 (4%)	-	3 (11%)	3 (11%)	28
Humanitarian N	1 (3%)	3 (9%)	6 (18%)	3 (9%)	1 (3%)	33
UNDAF	2 (10%)	-	-	3 (15%)	1 (5%)	20
UNSDCF	3 (7%)	4 (10%)	6 (15%)	3 (7%)	3 (7%)	41
Pre-guidance	5 (16%)	2 (6%)	2 (6%)	5 (16%)	3 (9%)	32
Post-guidance	-	2 (7%)	4 (14%)	1 (3%)	1 (3%)	29
Pattern E: NO TR indicator in UNDAF/UNSDCF OR CPD RFs	9 (15%)	6 (10%)	21 (34%)	3 (5%)	2 (3%)	61
APRO	-	2 (29%)	1 (14%)	-	-	7
ASRO	1 (17%)	1 (17%)	4 (67%)	-	-	6

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
EECARO	4 (31%)	1 (8%)	4 (31%)	-	-	13
ESARO	1 (7%)	-	3 (21%)	2 (14%)	1 (7%)	14
LACRO	3 (38%)	-	1 (13%)	1 (13%)	-	8
WCARO	-	2 (15%)	8 (62%)	-	1 (8%)	13
Red	-	2 (8%)	9 (38%)	2 (8%)	2 (8%)	24
Orange	1 (13%)	1 (13%)	4 (50%)	1 (13%)	-	8
Yellow	1 (14%)	1 (14%)	1 (14%)	-	-	7
Pink	7 (32%)	2 (9%)	7 (32%)	-	-	22
Tier I	1 (4%)	3 (11%)	11 (39%)	2 (7%)	2 (7%)	28
Tier II	1 (6%)	1 (6%)	4 (25%)	1 (6%)	-	16
Tier III	7 (41%)	2 (12%)	6 (35%)	-	-	17
Humanitarian Y	4 (14%)	1 (4%)	11 (39%)	2 (7%)	2 (7%)	28
Humanitarian N	5 (15%)	5 (15%)	10 (30%)	1 (3%)	-	33
UNDAF	2 (10%)	4 (20%)	14 (70%)	-	-	20
UNSDCF	7 (17%)	2 (5%)	7 (17%)	3 (7%)	2 (5%)	41
Pre-guidance	4 (13%)	3 (9%)	14 (44%)	-	1 (3%)	32
Post-guidance	5 (17%)	3 (10%)	7 (24%)	3 (10%)	1 (3%)	29
Pattern F: Analysis in CCA & UNFPA priority	3 (5%)	1 (2%)	-	9 (15%)	4 (7%)	61
APRO	-	-		-	-	7
ASRO	1 (17%)	-		1 (17%)	1 (17%)	6
EECARO	1 (8%)	-		1 (8%)	-	13
ESARO	-	-		2 (14%)	-	14
LACRO	-	-		2 (25%)	1 (13%)	8
WCARO	1 (8%)	1 (8%)		3 (23%)	2 (15%)	13
Red	-	1 (4%)		5 (21%)	2 (8%)	24
Orange	1 (13%)	-		-	-	8
Yellow	1 (14%)	-		1 (14%)	1 (14%)	7
Pink	1 (5%)	-		3 (14%)	1 (5%)	22
Tier I	1 (4%)	1 (4%)		6 (21%)	3 (11%)	28
Tier II	-	-		1 (6%)	1 (6%)	16
Tier III	2 (12%)	-		2 (12%)	-	17
Humanitarian Y	1 (4%)	1 (4%)		4 (14%)	3 (11%)	28
Humanitarian N	2 (6%)	-		5 (15%)	1 (3%)	33
UNDAF	1 (5%)	1 (5%)		2 (10%)	2 (10%)	20
UNSDCF	2 (5%)	-		2 (5%)	2 (5%)	41
Pre-guidance	2 (6%)	1 (3%)		6 (19%)	3 (9%)	32
Post-guidance	1 (3%)	-		3 (10%)	1 (3%)	29
Pattern G: Analysis in CCA & UNFPA priority & TR indicator in CPD	2 (3%)	2 (3%)	1 (2%)	4 (7%)	1 (2%)	61
APRO	-	-	-	1 (14%)	-	7
ASRO	-	-	-	1 (17%)	-	6
EECARO	-	-	-	-	-	13
ESARO	2 (14%)	1 (7%)	-	1 (7%)	-	14
LACRO	-	-	1 (13%)	-	-	8
WCARO	-	1 (8%)	-	1 (8%)	1 (8%)	13
Red	2 (8%)	1 (4%)	-	3 (13%)	1 (4%)	24
Orange	-	-	-	-	-	8

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Yellow	-	1 (14%)	-	1 (14%)	-	7
Pink	-	-	1 (5%)	-	-	22
Tier I	1 (4%)	1 (4%)	-	3 (11%)	1 (4%)	28
Tier II	1 (6%)	1 (6%)	-	1 (6%)	-	16
Tier III	-	-	1 (6%)	-	-	17
Humanitarian Y	2 (7%)	1 (4%)	1 (4%)	4 (14%)	1 (4%)	28
Humanitarian N	-	1 (3%)	-	-	-	33
UNDAF	-	1 (5%)	-	2	-	20
UNSDCF	2 (5%)	1 (2%)	1 (2%)	2 (5%)	1 (2%)	41
Pre-guidance	-	1 (3%)	1 (3%)	2 (6%)	1 (3%)	32
Post-guidance	2 (7%)	1 (3%)	-	2 (7%)	-	29
Pattern H: Only UNFPA priority	-	1 (2%)	1 (2%)	3 (5%)		61
APRO		-	1 (14%)	1 (14%)		7
LACRO		-	-	2 (25%)		8
WCARO		1 (8%)	-	-		13
Red		1 (4%)	-	-		24
Orange		-	1 (13%)	1 (13%)		8
Yellow		-	-	1 (14%)		7
Pink		-	-	1 (5%)		22
Tier I		1 (4%)	1 (4%)	1 (4%)		28
Tier II		-	-	1 (6%)		16
Tier III		-	-	1 (6%)		17
Humanitarian Y		1 (4%)	1 (4%)	2 (7%)		28
Humanitarian N		-	-	1 (3%)		33
UNDAF		1 (5%)	1 (5%)	1 (5%)		20
UNSDCF		-	-	2 (5%)		41
Pre-guidance		1 (3%)	1 (3%)	3 (9%)		32
Pattern I: UNFPA priority & TR indicator in CPD	-	1 (2%)	-	-		61
ASRO		1 (17%)				6
Yellow		1 (14%)				7
Tier I		1 (4%)				28
Humanitarian Y		1 (4%)				28
UNSDCF		1 (2%)				41
Pre-guidance		1 (3%)				32
Pattern J: Analysis in CCA & UNCT priority	-	-	-	4 (7%)	-	61
APRO				1 (14%)		7
ASRO				-		6
EECARO				2 (15%)		13
ESARO				-		14
LACRO				-		8
WCARO				1 (8%)		13
Red				1 (4%)		24
Orange				1 (13%)		8

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Yellow Pink				1 (14%) 1 (5%)		7 22
Tier I Tier II Tier III				2 (7%) - 2 (12%)		28 16 17
Humanitarian Y Humanitarian N				1 (4%) 3 (9%)		28 33
UNDAF UNSDCF				2 (10%) 2 (5%)		20 41
Pre-guidance Post-guidance				2 (6%) 2 (7%)		32 29
Pattern K: Analysis in CCA & UNCT priority & TR indicator in UNDAF/UNSDCF	1 (2%)	-	-	2 (3%)	1 (2%)	61
APRO EECARO ESARO WCARO	- - 1 (7%) -			1 (14%) 1 (8%) - -	- - - 1 (8%)	7 13 14 13
Red Orange Pink	- 1 (13%) -			- 1 (13%) 1 (5%)	1 (4%) - -	24 8 22
Tier I Tier II	- 1 (6%)			1 (4%) 1 (6%)	1 (4%) -	28 16
Humanitarian Y Humanitarian N	1 (4%) -			- 2 (6%)	- 1 (3%)	28 33
UNDAF UNSDCF	1 (5%) -			- 2 (5%)	- 1 (2%)	20 41
Pre-guidance Post-guidance	1 (3%) -			- 2 (7%)	1 (3%) -	32 29
Pattern L: Only UNCT priority	-	-	-	-	1 (2%)	61
ESARO					1 (7%)	14
Red					1 (4%)	24
Tier I					1 (4%)	28
UNSDCF					1 (2%)	41
Humanitarian Y					1 (4%)	28
Post guidance					1 (3%)	29

Table 32: Indicator chain analysis by TR (disaggregated) 2018-2021

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Chain intact: TR indicator(s) in UNDAF/UNSDCF results framework and CPD results framework is/are THE SAME	19 (31%)	5 (8%)	14 (23%)	8 (13%)	3 (5%)
Pattern 1: NO TR INDICATORS in either results framework	14 (23%)	8 (13%)	21 (34%)	37 (61%)	51 (84%)
Pattern 2: NO TR indicator(s) in UNDAF/UNSDCF, while CPD results framework <u>does</u> have TR indicator(s)	11 (18%)	23 (38%)	12 (20%)	9 (15%)	3 (5%)
Pattern 3: NO TR indicator(s) in CPD, while UNDAF/UNSDCF results framework <u>does</u> have TR indicator(s)	6 (10%)	2 (3%)	7 (11%)	7 (11%)	4 (7%)
Pattern 4: MORE TR indicators in UNDAF/UNSDCF than in CPD results framework	4 (7%)	7 (11%)	4 (7%)	n/a	n/a
Pattern 5: MORE TR indicators in CPD than in UNDAF/UNSDCF results framework	1 (2%)	4 (7%)	1 (2%)	n/a	n/a
Pattern 6: TR indicator(s) in UNDAF/UNSDCF and CPD results frameworks are NOT THE SAME	6 (10%)	12 (20%)	2 (3%)	n/a	n/a
Complete country packages	61	61	61	61	61

Table 33: Indicator chain analysis by TR (disaggregated) by groups 2018-2021

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Chain intact: TR indicator(s) in UNDAF/UNSDCF results framework and CPD results framework is/are THE SAME	19 (31%)	5 (8%)	14 (23%)	8 (13%)	3 (5%)	61
APRO	4 (57%)	-	2 (29%)	2 (29%)	-	7
ASRO	1 (17%)	1 (17%)	-	1 (17%)	2 (33%)	6
EECARO	4 (31%)	3 (23%)	4 (31%)	4 (31%)	-	13
ESARO	3 (21%)	-	3 (21%)	-	-	14
LACRO	2 (25%)	-	3 (38%)	-	-	8
WCARO	5 (38%)	1 (8%)	2 (15%)	1 (8%)	1 (8%)	13
Red	9 (38%)	-	5 (21%)	2 (8%)	3 (13%)	24
Orange	3 (38%)	1 (13%)	2 (25%)	-	-	8
Yellow	2 (29%)	-	2 (29%)	1 (14%)	-	7
Pink	5 (23%)	4 (18%)	5 (23%)	5 (23%)	-	22
Tier I	12 (43%)	-	6 (21%)	2 (8%)	3 (13%)	28
Tier II	4 (25%)	1 (6%)	3 (19%)	4 (25%)	-	16
Tier III	3 (18%)	4 (24%)	5 (29%)	2 (12%)	-	17
Humanitarian Y	7 (25%)	2 (7%)	6 (21%)	3 (11%)	1 (4%)	28
Humanitarian N	12 (36%)	3 (9%)	8 (24%)	5 (15%)	2 (6%)	33
UNDAF	4 (20%)	2 (10%)	1 (5%)	1 (5%)	1 (5%)	20
UNSDCF	15 (37%)	3 (7%)	13 (32%)	7 (17%)	2 (5%)	41

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Pre-guidance	7 (22%)	2 (6%)	4 (13%)	2 (6%)	1 (3%)	32
Post-guidance	1 (3%)	3 (10%)	10 (34%)	6 (21%)	2 (7%)	29
Pattern 1: NO TR INDICATORS in either results framework	14 (23%)	8 (13%)	21 (34%)	37 (61%)	51 (84%)	61
APRO	-	2 (29%)	2 (29%)	3 (43%)	7 (100%)	7
ASRO	3 (50%)	1 (17%)	4 (67%)	4 (67%)	4 (67%)	6
EECARO	6 (46%)	1 (8%)	4 (31%)	7 (54%)	13 (100%)	13
ESARO	1 (7%)	-	2 (14%)	9 (64%)	12 (86%)	14
LACRO	3 (38%)	-	1 (13%)	7 (88%)	8 (100%)	8
WCARO	1 (8%)	4 (31%)	8 (62%)	7 (54%)	7 (54%)	13
Red	1 (4%)	4 (17%)	9 (38%)	12 (50%)	14 (58%)	24
Orange	2 (25%)	1 (13%)	4 (50%)	7 (88%)	8 (100%)	8
Yellow	2 (29%)	-	1 (14%)	4 (57%)	7 (100%)	7
Pin	9 (41%)	2 (9%)	7 (32%)	14 (64%)	22 (100%)	22
Tier I	3 (11%)	5 (18%)	12 (43%)	16 (57%)	19 (68%)	28
Tier II	1 (6%)	1 (6%)	3 (19%)	7 (44%)	15 (94%)	16
Tier III	10 (59%)	2 (12%)	6 (35%)	14 (82%)	17 (100%)	17
Humanitarian Y	5 (18%)	3 (11%)	11 (39%)	16 (57%)	23 (82%)	28
Humanitarian N	9 (27%)	5 (15%)	10 (30%)	21 (64%)	28 (85%)	33
UNDAF	4 (20%)	6 (30%)	14 (70%)	12 (60%)	15 (75%)	20
UNSDCF	10 (24%)	2 (5%)	7 (17%)	25 (61%)	36 (88%)	41
Pre-guidance	7 (22%)	5 (16%)	14 (44%)	21 (66%)	24 (75%)	32
Post-guidance	7 (24%)	3 (10%)	7 (24%)	16 (55%)	27 (93%)	29
Pattern 2: NO TR indicator(s) in UNDAF/UNSDCF, while CPD results framework does have TR indicator(s)	11 (18%)	23 (38%)	12 (20%)	9 (15%)	3 (5%)	61
APRO	1 (14%)	2 (29%)	-	1 (14%)	-	7
ASRO	2 (33%)	3 (50%)	2 (33%)	1 (17%)	-	6
EECARO	3 (23%)	2 (15%)	1 (8%)	1 (8%)	-	13
ESARO	4 (29%)	8 (57%)	7 (50%)	4 (29%)	1 (7%)	14
LACRO	1 (13%)	4 (50%)	1 (13%)	-	-	8
WCARO	-	4 (31%)	1 (8%)	2 (15%)	2 (15%)	13
Red	3 (13%)	11 (46%)	7 (29%)	7 (29%)	3 (13%)	24
Orange	1 (13%)	1 (13%)	1 (13%)	-	-	8
Yellow	-	4 (57%)	2 (29%)	1 (14%)	-	7
Pink	7 (32%)	7 (32%)	2 (9%)	1 (5%)	-	22
Tier I	2 (7%)	13 (46%)	7 (25%)	5 (18%)	2 (7%)	28
Tier II	6 (38%)	6 (38%)	4 (25%)	3 (19%)	1 (6%)	16
Tier III	3 (18%)	4 (24%)	1 (6%)	1 (6%)	-	17
Humanitarian Y	5 (18%)	14 (50%)	9 (32%)	7 (25%)	2 (7%)	28
Humanitarian N	6 (18%)	9 (27%)	3 (9%)	2 (6%)	1 (3%)	33
UNDAF	2 (10%)	6 (30%)	4 (20%)	5 (25%)	3 (15%)	20
UNSDCF	9 (22%)	17 (41%)	8 (20%)	4 (10%)	-	41
Pre-guidance	2 (6%)	14 (44%)	8 (25%)	5 (16%)	3 (9%)	32
Post-guidance	9 (31%)	9 (31%)	4 (14%)	4 (14%)	-	29

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
Pattern 3: NO TR indicator(s) in CPD, while UNDAF/UNSDCF results framework <u>does</u> have TR indicator(s)	6 (10%)	2 (3%)	7 (11%)	7 (11%)	4 (7%)	61
APRO	1 (14%)	-	2 (29%)	1 (14%)	-	7
ASRO	-	-	-	-	-	6
EECARO	-	2 (15%)	3 (23%)	1 (8%)	-	13
ESARO	3 (21%)	-	1 (7%)	1 (7%)	1 (7%)	14
LACRO	1 (13%)	-	-	1 (13%)	-	8
WCARO	1 (8%)	-	1 (8%)	3 (23%)	3 (23%)	13
Red	2 (8%)	-	1 (4%)	3 (13%)	4 (17%)	24
Orange	2 (25%)	-	1 (13%)	1 (13%)	-	8
Yellow	1 (14%)	1 (14%)	1 (14%)	1 (14%)	-	7
Pink	1 (5%)	1 (5%)	4 (18%)	2 (9%)	-	22
Tier I	3 (11%)	-	1 (4%)	5 (18%)	4 (14%)	28
Tier II	2 (13%)	-	4 (25%)	2 (13%)	-	16
Tier III	1 (6%)	2 (12%)	2 (12%)	-	-	17
Humanitarian Y	5 (18%)	-	1 (4%)	2 (7%)	2 (7%)	28
Humanitarian N	1 (3%)	2 (6%)	6 (18%)	5 (15%)	2 (6%)	33
UNDAF	3 (15%)	-	1 (5%)	2 (10%)	1 (5%)	20
UNSDCF	3 (7%)	2 (5%)	6 (15%)	5 (12%)	3 (7%)	41
Pre-guidance	6 (19%)	-	3 (9%)	4 (13%)	4 (13%)	32
Post-guidance	-	2 (7%)	4 (14%)	3 (10%)	-	29
Pattern 4: MORE TR indicators in UNDAF/UNSDCF, than in CPD results framework	4 (7%)	7 (11%)	4 (7%)	n/a	n/a	61
APRO	-	1 (14%)	1 (14%)			7
ASRO	-	-	-			6
EECARO	-	2 (15%)	1 (8%)			13
ESARO	1 (7%)	2 (14%)	-			14
LACRO	-	-	2 (25%)			8
WCARO	3 (23%)	2 (15%)	-			13
Red	3 (13%)	4 (17%)	1 (4%)			24
Orange	-	1 (13%)	-			8
Yellow	1 (14%)	-	-			7
Pink	-	2 (9%)	3 (14%)			22
Tier I	3 (11%)	4 (14%)	1 (4%)			28
Tier II	1 (6%)	2 (13%)	1 (6%)			16
Tier III	-	1 (6%)	2 (12%)			17
Humanitarian Y	2 (7%)	2 (7%)	1 (4%)			28
Humanitarian N	2 (6%)	5 (15%)	3 (9%)			33
UNDAF	3 (15%)	1 (5%)	-			20
UNSDCF	1 (2%)	6 (15%)	4 (10%)			41
Pre-guidance	4 (13%)	4 (13%)	1 (3%)			32
Post-guidance	-	3 (10%)	3 (10%)			29
Pattern 5: MORE TR indicators in CPD, than in	1 (2%)	4 (7%)	1 (2%)	n/a	n/a	61

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Complete country packages
UNDAF/UNSDCF results framework						
APRO	1 (14%)	1 (14%)	-			7
ASRO	-	-	-			6
EECARO	-	2 (15%)	-			13
ESARO	-	-	1 (7%)			14
LACRO	-	1 (13%)	-			8
WCARO	-	-	-			13
Red	1 (4%)	-	-			24
Orange	-	-	-			8
Yellow	-	1 (14%)	1 (14%)			7
Pink	-	3 (14%)	-			22
Tier I	1 (4%)	-	-			28
Tier II	-	1 (6%)	1 (6%)			16
Tier III	-	3 (18%)	-			17
Humanitarian Y	1 (4%)	1 (4%)	-			28
Humanitarian N	-	3 (9%)	1 (3%)			33
UNDAF	-	-	-			20
UNSDCF	1 (2%)	4 (10%)	1 (2%)			41
Pre-guidance	-	1 (3%)	1 (3%)			32
Post-guidance	1 (3%)	3 (10%)	-			29
Pattern 6: TR indicator(s) in UNDAF/UNSDCF and CPD results frameworks are NOT THE SAME	6 (10%)	12 (20%)	2 (3%)	n/a	n/a	61
APRO	-	1 (14%)	-			7
ASRO	-	1 (17%)	-			6
EECARO	-	1 (8%)	-			13
ESARO	2 (14%)	4 (29%)	-			14
LACRO	1 (13%)	3 (38%)	1 (13%)			8
WCARO	3 (23%)	2 (15%)	1 (8%)			13
Red	5 (21%)	5 (21%)	1 (4%)			24
Orange	-	4 (50%)	-			8
Yellow	1 (14%)	-	-			7
Pink	-	3 (14%)	1 (5%)			22
Tier I	4 (14%)	6 (21%)	1 (4%)			28
Tier II	2 (13%)	5 (31%)	-			16
Tier III	-	1 (6%)	1 (6%)			17
Humanitarian Y	3 (11%)	6 (21%)	-			28
Humanitarian N	3 (9%)	6 (18%)	2 (6%)			33
UNDAF	4 (20%)	5 (25%)	-			20
UNSDCF	2 (5%)	7 (17%)	2 (5%)			41
Pre-guidance	6 (19%)	6 (19%)	1 (3%)			32
Post-guidance	-	6 (21%)	1 (3%)			29

Table 34: Analysis of TRs in CCAs 2022 (2018-21 method)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices ⁸⁸	GBV	Child marriage	FGM
Countries Y	9	9	9	9	8	4
Countries N	-	-	-	-	1	5
Y in % of total sample	100%	100%	100%	100%	89%	44%

Table 35: Analysis of TRs in CCAs 2022

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices ⁸⁹	GBV	Child marriage	FGM
Countries Y	9	9	9	9	8	4
Countries N	-	-	-	-	1	5
Y in % of total sample	100%	100%	100%	100%	89%	44%

Table 36: Prioritization of TRs in UNSDCFs 2022 (2018-2021 method)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices ⁹⁰	GBV	Child marriage	FGM
Countries Y	9	9	9	9	4	1
Countries N	-	-	-	-	5	8
Y in % of total sample	100%	100%	100%	100%	44%	11%

Table 37: Prioritization of TRs in UNSDCFs 2022

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices ⁹¹	GBV	Child marriage	FGM
Countries Y	9	9	9	9	4	1
Countries N	-	-	-	-	5	8
Y in % of total sample	100%	100%	100%	100%	44%	11%

Table 38: Prioritization of TRs in CPDs 2022 (2018-2021 method)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices ⁹²	GBV	Child marriage	FGM
Countries Y	9	9	9	9	4	3
Countries N	-	-	-	-	5	6
Y in % of total sample	100%	100%	100%	100%	44%	33%

Table 39: Prioritization of TRs in CPDs 2022

⁸⁸ CCA analyses at least one of the harmful practices (GBV, CM and/or FGM).

⁸⁹ CCA analyses at least one of the harmful practices (GBV, CM and/or FGM).

⁹⁰ UNDAF/UNSDCF prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

⁹¹ UNDAF/UNSDCF prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

⁹² CPD prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices⁹³	GBV	Child marriage	FGM
Countries Y	9	9	9	9	4	3
Countries N	-	-	-	-	5	6
Y in % of total sample	100%	100%	100%	100%	44%	33%

Table 40: UNSDCFs 2022 with at least one TR indicator (for the specified TR) (2018-2021 method)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices⁹⁴	GBV	Child marriage	FGM
Countries Y	5	6	6	5	2	-
Countries N	4	3	3	4	7	9
Y in % of total sample	56%	67%	67%	56%	22%	-

Table 41: UNSDCFs 2022 with at least one TR indicator (for the specified TR)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices⁹⁵	GBV	Child marriage	FGM
Countries Y	5	6	1	-	1	-
Countries N	4	3	8⁹⁶	9⁹⁷	8	9
Y in % of total sample	56%	67%	11%	-	11%	-

Table 42: CPDs with at least on TR indicator (for the specified TR) (2018-2021 method)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices⁹⁸	GBV	Child marriage	FGM
Countries Y	6	9	6	6	1	-
Countries N	3	-	3	3	8	9
Y in % of total sample	67%	100%	67%	67%	11%	-

Table 43: CPDs 2022 with at least one TR indicator (for the specified TR)

	Preventable maternal deaths	Unmet need of family planning	GBV and harmful practices⁹⁹	GBV	Child marriage	FGM
Countries Y	6	9	3	1	2	-
Countries N	3	-	6 ¹⁰⁰	8 ¹⁰¹	7	9
Y in % of total sample	67%	100%	11%	11%	22%	-

⁹³ CPD prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

⁹⁴ CPD prioritizes at least one harmful practice (GBV, CM and/or FGM).

⁹⁵ CPD prioritizes least one of the harmful practices (GBV, CM and/or FGM).

⁹⁶ 6 UNSDCFs (67%) use SDG indicator 5.2.1. One of these also uses SDG indicator 5.2.2.

⁹⁷ 6 UNSDCFs (67%) use SDG indicator 5.2.1. One of these also uses SDG indicator 5.2.2.

⁹⁸ CPD prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

⁹⁹ CPD prioritizes at least one of the harmful practices (GBV, CM and/or FGM).

¹⁰⁰ 4 CPDs (44%) use SDG indicator 5.2.1.

¹⁰¹ 6 CPDs (67%) use SDG indicator 5.2.1 (one also uses 5.2.2).

Table 44: Prevalence of TR indicators in UNSDCFs and CPDs 2022 (2018-2021 method)

TR Indicator (Y)	# of UNSDCFs	# of CPDs
Maternal mortality ratio (SDG indicator 3.1.1)	4 (44%)	5 (56%)
Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)	2 (22%)	3 (33%)
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1)	5 (56%)	7 (78%)
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG indicator 3.7.2)	2 (22%)	6 (67%)
Unmet need for family planning (SP Outcome indicator 1.6)	1 (11%)	1 (11%)
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 (SDG indicator 5.2.1)	4 (44%)	6 (67%)
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 (SDG indicator 5.2.2)	-	1 (11%)
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)	2 (22%)	1 (11%)
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SDG indicator 5.3.2)	█	█

Table 45: Prevalence of TR indicators in UNSDCFs and CPDs 2022

TR Indicator (Y)	# of UNSDCFs	# of CPDs
Maternal mortality ratio (SDG indicator 3.1.1)	4 (44%)	5 (56%)
Annual rate of reduction of maternal mortality (related to SDG 3.1.1)	-	-
Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)	2 (22%)	3 (33%)
The proportion of births occurring in health facilities (related to SDG 3.1.1)	-	-
Number of unsafe abortions averted (related to SDG 3.1.1 & 3.7.1)	-	-
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG indicator 3.7.2)	2 (22%)	6 (67%)
Unmet need for family planning (SP Outcome indicator 1.6)	1 (11%)	1 (11%)
Annual rate of reduction of unmet need for family planning (related to SDG 3.7.1)	-	1 (11%)
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1)	5 (56%)	7 (78%)
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence (related to 5.2.1 & 5.2.2)	-	1 (11%)
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SDG indicator 5.3.1)	2 (22%)	1 (11%)
Rate of reduction of the proportion of women aged 20-24 years who were married or in a union (related to SDG 5.3.1)	-	1 (11%)
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SDG indicator 5.3.2)	-	-
Rate of reduction of the annual incidents of female genital mutilations among girls aged under 10 (related to SDG 5.3.2)	-	-
Percentage of countries where 60% of service delivery points reporting no stock out of any contraceptives (related to SDG 3.7.1)	-	-

TR Indicator (Y)	# of UNSDCFs	# of CPDs
Percentage of countries where there is at least 85% of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available (related to SDG 3.7.1)	-	1 (11%)
Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG indicator 5.6.2)	1 (11%)	-
Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG indicator 3.3.1)	4 (44%)	-
Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural) (SDG indicator 1.1.1)	1 (11%)	-
Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG indicator 5.6.1)	1 (11%)	1 (11%)
Coverage of essential health services (SDG indicator 3.8.1)	4 (44%)	-
Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration (SDG indicator 17.19.2)	1 (11%)	2 (22%)
Proportion of population expected to be counted in the 2020 census round (2015-2024) that is actually counted (related to SDG 17.19.2)	-	-
Proportion of children under five years of age whose births have been registered with a civil authority, by age (SDG indicator 16.9.1)	-	-
Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 (SDG indicator 13.1.2)	2 (22%)	-
Youth empowerment index (related to SDG 3.1.1; 3.7.1; 5.2.1; 5.3.1; 5.3.2)	1 (11%)	1 (11%)
Official Development Assistance dedicated to three transformative results (related to SDG 17.2.1)	-	-

Table 46: # of TRs in CCAs, UNSDCFs and CPDs 2022 (2018-2021 method)

# of TRs in analysis	0 TR	1 TR	2 TRs	All 3 TRs	Total
# of CCAs				9 (100%)	9
# of UNSDCFs				9 (100%)	9
# of CPDs				9 (100%)	9

Table 47: # of TRs in CCAs, UNSDCFs and CPDs 2022

# of TRs in analysis	0 TR	1 TR	2 TRs	All 3 TRs	Total
# of CCAs				9 (100%)	9
# of UNSDCFs				9 (100%)	9
# of CPDs				9 (100%)	9

Table 48: # of TRs in CCAs, UNSDCFs and CPDs 2022 (disaggregated¹⁰²) (2018-2021 method)

# of TRs in analysis	0	1 TR	2 TRs	3 TRs	4 TRs	5 TRs	Total
# of CCAs				1 (11%)	4 (44%)	4 (44%)	9
# of UNSDCFs				5 (56%)	3 (33%)	1 (11%)	9
# of CPDs				4 (44%)	3 (33%)	2 (22%)	9

Table 49: # of TRs in CCAs, UNSDCFs and CPDs 2022 (disaggregated¹⁰³)

¹⁰² The GBV and other harmful practices TR is disaggregated by GBV, child marriage and FGM.

¹⁰³ The GBV and other harmful practices TR is disaggregated by GBV, child marriage and FGM.

# of TRs in analysis	0	1 TR	2 TRs	3 TRs	4 TRs	5 TRs	Total
# of CCAs				1 (11%)	4 (44%)	4 (44%)	9
# of UNSDCFs				5 (56%)	3 (33%)	1 (11%)	9
# of CPDs				4 (44%)	3 (33%)	2 (22%)	9

Table 50: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (2018-2021 method)

# of TRs in results frameworks ¹⁰⁴	0 TR	1 TRs	2 TRs	3 TRs	Total
# of UNSDCFs		4 (44%)	2 (22%)	3 (33%)	9
# of CPDs		1 (11%)	4 (44%)	4 (44%)	9

Table 51: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022

# of TRs in results frameworks ¹⁰⁵	0 TR	1 TR	2 TRs	3 TRs	Total
# of UNSDCFs	1 (11%)	5 (56%)	2 (22%)	1 (11%)	9
# of CPDs		3 (33%)	3 (33%)	3 (33%)	9

Table 52: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (disaggregated¹⁰⁶) (2018-2021 method)

# of TRs in results frameworks ¹⁰⁷	0	1 TR	2 TRs	3 TRs	4 TRs	5 TRs	Total
# of UNSDCFs		4 (44%)	2 (22%)	2 (22%)	1 (11%)		9
# of CPDs		1 (11%)	4 (44%)	3 (33%)	1 (11%)		9

Table 53: # of TRs by use of TR indicators in UNSDCFs and CPDs 2022 (disaggregated¹⁰⁸)

# of TRs in results frameworks ¹⁰⁹	0	1 TR	2 TRs	3 TRs	4 TRs	5 TRs	Total
# of UNSDCFs	1 (11%)	5 (56%)	2 (22%)	1 (11%)	-	-	9
# of CPDs	-	3 (33%)	3 (33%)	3 (33%)	-	-	9

Table 54: Analysis of "big" chain by TR 2022 (disaggregated) (2018-2021 method)

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Chain intact: Analysis in CCA & UNCT priority & TR indicator in UNSDCF & UNFPA priority & TR indicator in CPD	5	6	5	1	
Pattern A: TR is not present anywhere				1	5
Pattern B: Analysis in CCA, but nowhere else				2	1
Pattern C: NO TR indicator in UNSDCF RF	1	3	1		
Pattern D: NO TR indicator in CPD RF					

¹⁰⁴ Methodology: Results frameworks include at least one of the indicators of the respective TR.

¹⁰⁵ Methodology: Results frameworks include at least one of the indicators of the respective TR.

¹⁰⁶ The GBV and other harmful practices TR is disaggregated by GBV, child marriage and FGM.

¹⁰⁷ Methodology: Results frameworks include at least one of the indicators of the respective TR.

¹⁰⁸ The GBV and other harmful practices TR is disaggregated by GBV, child marriage and FGM.

¹⁰⁹ Methodology: Results frameworks include at least one of the indicators of the respective TR.

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Pattern E: NO TR indicator in UNSDCF OR CPD RFs	3		3	1	1
Pattern F: Analysis in CCA & UNFPA priority				2	2
Pattern G: Analysis in CCA & UNFPA priority & TR indicator in CPD					
Pattern H: Only UNFPA priority					
Pattern I: UNFPA priority & TR indicator in CPD					
Pattern J: Analysis in CCA & UNCT priority				1	
Pattern K: Analysis in CCA & UNCT priority & TR indicator in UNSDCF				1	
Pattern L: Only UNCT priority					
Total complete country packages	9	9	9	9	9

Table 55: Analysis of "big" chain by TR 2022 (disaggregated)

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Chain intact: Analysis in CCA & UNCT priority & TR indicator in UNSDCF & UNFPA priority & TR indicator in CPD	5 (56%)	6 (67%)	-	-	
Pattern A: TR is not present anywhere				1 (22%)	5 (56%)
Pattern B: Analysis in CCA, but nowhere else				2 (11%)	1 (11%)
Pattern C: NO TR indicator in UNSDCF RF	1 (11%)	3 (33%)	1 (11%)	1 (11%)	
Pattern D: NO TR indicator in CPD RF					
Pattern E: NO TR indicator in UNSDCF OR CPD RFs	3 (33%)	-	8 ¹¹⁰ (89%)	1 (11%)	1 (11%)
Pattern F: Analysis in CCA & UNFPA priority				1 (11%)	2 (22%)
Pattern G: Analysis in CCA & UNFPA priority & TR indicator in CPD				1 (11%)	
Pattern H: Only UNFPA priority					
Pattern I: UNFPA priority & TR indicator in CPD					

¹¹⁰ A number of packages include the indicator 5.2.1 (one also includes 5.2.2). If considering 5.2.1 as an indicator, 5 of these chains are intact, one would be another Pattern C.

Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Pattern J: Analysis in CCA & UNCT priority				1 (11%)	
Pattern K: Analysis in CCA & UNCT priority & TR indicator in UNSDCF				1 (11%)	
Pattern L: Only UNCT priority					
Total complete country packages	9	9	9	9	9

Table 56: Indicator chain analysis by TR 2022 (disaggregated) (2018-2021 method)

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain
Chain intact: TR indicator(s) in UNSDCF results framework and CPD results framework is/are THE SAME	2	3	4	1	
Pattern 1: NO TR INDICATORS in either results framework	3		3	7	9
Pattern 2: NO TR indicator(s) in UNSDCF, while CPD results framework <u>does</u> have TR indicator(s)	1	3	1		
Pattern 3: NO TR indicator(s) in CPD, while UNSDCF results framework <u>does</u> have TR indicator(s)				1	
Pattern 4: MORE TR indicators in UNSDCF than in CPD results framework	1			n/a	n/a
Pattern 5: MORE TR indicators in CPD, than in UNSDCF results framework	2	3	1	n/a	n/a
Pattern 6: TR indicator(s) in UNSDCF and CPD results frameworks are NOT THE SAME				n/a	n/a
Total complete country packages	9	9	9	9	9

Table 57: Indicator chain analysis by TR 2022 (disaggregated)

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Maternal health-family planning chain	All TRs chain
Chain intact: TR indicator(s) in UNSDCF results framework and CPD results framework is/are THE SAME	2 (22%)	3 (33%)	-	1 (11%)			2 (22%)

TR Indicator Chain Pattern	Maternal health chain	Family planning chain	GBV chain	Child marriage chain	FGM chain	Maternal health-family planning chain	All TRs chain
Pattern 1: NO TR INDICATOR in either results framework	3 (33%)	-	7 ¹¹¹ (78%)	7 (78%)	9 (100%)	5 (56%)	1 (11%)
Pattern 2: NO TR indicator(s) in UNSDCF, while CPD results framework <u>does</u> have TR indicator(s)	1 (11%)	3 (33%)	2 (22%)				1 (11%)
Pattern 3: NO TR indicator(s) in CPD, while UNSDCF results framework <u>does</u> have TR indicator(s)				1 (11%)		3 (33%)	4 (44%)
Pattern 4: MORE TR indicators in UNSDCF, than in CPD results framework	1 (11%)			n/a	n/a		1 (11%)
Pattern 5: MORE TR indicators in CPD, than in UNSDCF results framework	2 (22%)	3 (33%)		n/a	n/a		-
Pattern 6: TR indicator(s) in UNSDCF and CPD results frameworks are NOT THE SAME		-		n/a	n/a	1 (11%)	-
Total complete country packages	9	9	9	9	9	9	9

Table 58: Nairobi voluntary commitments in the TR areas - overview

	Nairobi commitments for at least one TR category (Y)	Nairobi commitment in maternal health (Y)	Nairobi commitment in family planning (Y)	Nairobi commitment in GBV and harmful practices (Y)	Total countries with CPDs submitted to UNFPA executive board after Nairobi Summit
Countries	28	17	12	25	44

Table 59: Number of countries with Nairobi voluntary commitments to one or more TR categories

	Commitments to one TR category	Commitments to two TR categories	Commitments to three TR categories	No commitments	Total countries with CPDs submitted to UNFPA executive board after Nairobi Summit
Countries	10	10	8	16	44

Table 60: Intact and interrupted "Nairobi chains" where programme country commitment to at least one TR-related category

	Nairobi chain maternal health	Nairobi chain family planning	Nairobi chain GBV and harmful practices
Nairobi chain intact	16	12	25
Nairobi commitment to the TR category, not a UNCT priority, UNFPA priority	1	-	-
No Nairobi commitment to the TR category, priority for UNCT and for UNFPA	10	15	3

¹¹¹ There were 5 packages where if one considers the SDG indicator 5.2.1, four packages would have an intact indicator chain and one would be Pattern 5.

No Nairobi commitment to the TR category, UNCT priority, not a UNFPA priority	-	1	-
No Nairobi commitment to the TR category, not a UNCT priority, UNFPA priority	1	-	-
No Nairobi commitment in any of the TR-related categories	16	16	16
Total countries	44	44	44

Table 61: Intact and interrupted "Nairobi" chains where no programme country commitment

	Nairobi chain maternal health	Nairobi chain family planning	Nairobi chain GBV and harmful practices
No programme country commitment in any of the TR-related categories, priority for UNCT and for UNFPA	14	15	15
No programme country commitment in any of the TR-related categories, UNCT priority, not a UNFPA priority	-	-	-
No programme country commitment in any of the TR-related categories, not a UNCT priority, UNFPA priority	1	1	1
No programme country commitment to any of the TR-related categories, not a UNCT priority, not a UNFPA priority	1	-	-
Total countries	16	16	16

Annex 3: Detailed Methodology

To ascertain the extent to which the TRs are reflected in country-level strategic planning instruments, the evaluation team conducted a desk review of three sets of CCA-UNDAF/UNSDCF-CPD packages¹¹² (a list of countries is available in Annex 1):

- 1) UNFPA CPDs approved since the 1st regular session of the UNFPA executive board in 2018 and following the framework of the UNFPA strategic plan 2018-2021, as well as their associated CCAs and UNDAFs/UNSDCFs;
- 2) CPDs submitted to the 1st regular session of the UNFPA executive board in January 2022 following the framework of the UNFPA strategic plan 2022-2025, and their associated CCAs and UNSDCFs; and
- 3) CPDs submitted to the 1st regular session of the UNFPA executive board in 2020 and beyond, and their associated UNDAFs/UNSDCFs - i.e., post Nairobi Summit on ICPD25.

For the period 2018-2021, the evaluation team was able to gather 61 of a possible 67 complete country packages, which corresponds to a high 91%. In terms of drawing any conclusions for the entire universe of UNFPA country programmes, it can be noted that the set of complete country packages for the period 2018-2021 corresponds to 51% of UNFPA's country programmes globally (119¹¹³). To gain first insights into the positioning of the TRs in country-level strategic planning under the UNFPA strategic plan period 2022-2025, which, it is recognized, has only just started and a transition phase is underway, the evaluation team analysed UNFPA CPDs approved by the UNFPA executive board at the 1st regular session in 2022, and their associated CCAs and UNSDCFs. Complete country packages were assembled for nine of a possible 13 complete packages, which corresponds to 69%. The corresponding data set and more details on coverage is available in Table 1 in Annex 2.

To respond to questions #1 and #2 of the discussion paper, the following sets of analysis were undertaken for both sets of country-level planning documents, globally and by groupings - i.e., by region, quadrant, tier¹¹⁴, humanitarian versus non-humanitarian programme country settings¹¹⁵, as well as by type of document (UNDAF or UNSDCF)¹¹⁶ and pre- and post-UNFPA guidance on CPD development in the context of UNSDCFs (March 2020)¹¹⁷:

- I. Analysis of how often each individual TR appears in each type of document
- II. Analysis of prevalence of TR indicators
- III. Analysis of how many TRs each type of document contains
- IV. Analysis of whether TRs that are discussed in CCAs are also a UNCT and UNFPA priority, and are being tracked with the help of TR indicators in the UNDAF/UNSDCF and UNFPA CPD RFs ("big" chain analysis)

¹¹² Documents were downloaded from the public domain, the UNSDG knowledge portal and received from DCO at the request of the evaluation team.

¹¹³ Total number of UNFPA country and territory offices, according to the [UNFPA website](#) are 121, including the GCC Office and the Seychelles for which no CPDs exist and Nicaragua where there is no UNCT.

¹¹⁴ The tiers being a new concept introduced with the UNFPA strategic plan 2022-2025, yet considered a relevant criterion by the evaluation team for learning purposes.

¹¹⁵ According to UNFPA Humanitarian Action 2021 Overview.

¹¹⁶ To identify whether a document was an UNDAF or a UNSDCF, the team used the titles and introductions of the documents.

¹¹⁷ UNFPA. CPD guide for UNFPA field offices in the context of the UNSDCF, March 2020. Guidance applicable for CPDs submitted to the second regular session of the UNFPA executive board in 2020 until the 2nd regular session in 2021.

- V. Analysis of which of the TR indicators are included in UNDAF/UNSDCF and CPD results frameworks, and where they are the same or different (“indicator chain analysis”)

To design the methodology, the evaluation team reviewed a number of system-wide as well as UNFPA strategic planning and guidance documents. These included UNDAF and UNSDCF guidance, UNFPA strategic plans, UNFPA CPD guidelines as well as PRC and affiliated guidance¹¹⁸.

Analysis I-III on inclusion of TRs, prevalence of TR indicators and number of TRs covered by country packages

The following template (see Table 1) and methodology were applied to the set of three documents, only where all three were available, to assess the extent to which:

- 1) CPDs approved since the 1st regular session of the UNFPA executive board in 2018 and the associated CCAs¹¹⁹ and UNDAFs/UNSDCFs¹²⁰ align to one or more of the TRs; and
- 2) have included TR indicators.

Table 1: CCA, UNDAF/UNSDCF, CPD Analysis Template

CCA				
Analysis of MH	Analysis of FP	Analysis of GBV	Analysis of CM	Analysis of FGM/C
UNDAF/UNSDCF				
MH as UNCT priority	FP as UNCT priority	GBV as UNCT priority	CM as UNCT priority	FGM/C as UNCT priority

¹¹⁸ Documents reviewed include: United Nations Development Assistance Framework Guidance, May 2017, UNFPA Strategic Plan 2018-2021 - Implementation Toolkit for Programming, undated, UNFPA. Transformative Results - Guidance to Clarify the Concept, last updated February 2018, UNFPA. Policy and Procedures for Development and Approval of the CPD, May 2018 revised version, UNFPA. Programme Review Committee (PRC) User Guide, August 2018, UNFPA Evaluation Handbook, February 2019, United Nations Sustainable Development Cooperation Framework - Internal Guidance - Edited Version, June 2019, UNFPA. CPD guide for UNFPA field offices in the context of the UNSDCF, March 2020, UNFPA. PRC Orientation Session, April 2020 (PPT), UNFPA. PRC User Guide - Quality Assurance Guidelines for Country Programme Documents under the Strategic Plan 2018-2021, July 2020, UNFPA. Developing Investment Cases for Transformative Results Toolkit, January 2021, UNSDG. Standard Terms of Reference for Regional PSGs, May 2021, UNFPA. Revamping the UNFPA Country Programme Development and Approval Process – Internal Consultations 2021 Draft Summary Report, June 2021, UNFPA. Aligning Country Programmes to the Strategic Plan 2022-2025 - Preliminary Guidance Note, Version: 12 July 2021, UNFPA. Revamping the UNFPA Country Programme Development & Approval Processes Roll-Out Plan - ENDORSED - 13 October 2021, UNFPA. Guidance Note for Aligning Country Programmes to the Strategic Plan 2022-2025 - Version: 11 November 2021, UNFPA. Strategic Plan 2022-2025 Implementation Toolkit - December 2021 version.

¹¹⁹ CCA Updates were used where available. Preference was given to the CCA document that informed the UNDAF/UNSDCF prioritization process.

¹²⁰ Documents not titled “UN Sustainable Development Cooperation Framework” were automatically tagged as UNDAFs.

MH TR/SDG indicator(s)	FP TR/SDG indicator(s)	GBV TR/SDG indicator(s)	CM TR/SDG indicator(s)	FGM/C TR/SDG indicator(s)
CPD				
MH as UNFPA priority	FP as UNFPA priority	GBV as UNFPA priority	CM as UNFPA priority	FGM/C as UNFPA priority
MH TR indicator(s)	FP TR indicator(s)	GBV TR indicator(s)	CM TR indicator	FGM/C TR indicator

To ascertain whether CCAs include an analysis of the TR areas and whether UNDAFs/UNSDCFs and CPDs include the TR areas as UNCT and UNFPA programmatic priorities, a keyword search was undertaken for the following key words: “maternal”; “mortality”; “birth”; “pregnancy”, “pregnant”; “perinatal”; “prenatal”; “postnatal”; “family planning”; “fertility”; “unmet”; “contraceptive”; “contraception”; “supply chain”; “sexual reproductive health”; “SRH”; “GBV”; “violence”; “marriage”; “married”; “in union”; “FGM”; “female genital mutilation”; “harmful”.¹²¹

A TR was considered as included within the CCA analysis if the respective keyword was found at least once in the text. A TR was considered a UNCT or UNFPA priority if one of the key words appeared at least once in the narrative on strategic/programme priorities and/or in the results framework. It was not considered a UNCT or UNFPA priority if it was only found in the background sections, as this was seen as equivalent to the CCA analysis and not indicative of being prioritized by the system or the organization.

The evaluation team also extracted TR indicators (see Table 2), all of which apart from one are SDG indicators, from the UNDAF/UNSDCF and CPD results frameworks. Where indicators did not exactly match the wording of the nine TR indicators, there was some scope for interpretation. Where the wording of the indicators was closer to other SDG or other common indicators, they were not included. For instance, contraceptive prevalence rate and use of modern methods were not considered. Neither were any GBV indicators without reference to the perpetrators (intimate or other) recorded as 5.2.1 or 5.2.2. The review did not systematically collect indicators included in the UNDAF/CFs or CPDs other than the TR indicators. The inclusion of a TR indicator in results frameworks automatically resulted in a “yes” in the UNCT and UNFPA priority column.

¹²¹ French: "maternel" ; "mortalité" ; "naissance" ; "grossesse" , "enceinte" ; "périnatale" ; "prénatale" ; "postnatale" ; "planification familiale" ; "fertilité" ; "non satisfaite" ; "contraceptif" ; "contraception" ; "chaîne d'approvisionnement" ; "VBG" ; "violence" ; "mariage" ; "marie" ; "union" ; "MGF" ; "mutilation génitale féminine" ; « pratiques néfastes ». Spanish: "materna" ; "mortalidad" ; "nacimiento" ; "embarazo" , "embarazada" ; "perinatal" ; "prenatal" ; "postnatal" ; "planificación familiar" ; "fertilidad" ; "insatisfecha" ; "anticonceptiva" ; "cadena de suministro" ; "violencia" ; "matrimonio" ; "casado" ; "casadas" ; "unidas" ; "matrimonios tempranos" ; "unión" ; "MGF" ; "mutilación genital femenina" ; " prácticas perjudiciales".

Table 2 UNFPA's TRs and Associated SDG Indicators in the UNFPA Strategic Plan 2018-2021

TR Indicator	SDG Indicator
Maternal mortality ratio (SP Goal indicator 1)	3.1.1 Maternal mortality ratio
Proportion of births attended by skilled health personnel (SP Outcome indicator 1.2)	3.1.2 Proportion of births attended by skilled health personnel
Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods (SP Outcome indicator 1.4)	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
Unmet need for family planning (SP Outcome indicator 1.6)	-
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SP Goal indicator 2)	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
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 age and place of occurrence (SP Outcome indicator 3.2)	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
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 (SP Outcome indicator 3.3)	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
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SP Goal indicator 3)	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting by age (SP Outcome indicator 3.5)	5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

Source: UNFPA strategic plan 2018-2021

Separately, the evaluation team also analysed UNFPA CPDs adopted by the executive board at the 1st regular session in 2022 under the UNFPA strategic plan 2022-2025, and associated CCAs and UNSDCFs, for nine programme countries where all three documents were collected, taking into account the integrated results and resources framework (IRRF) newly organized around the TRs as three SP outcome statements contributing to an overall goal. The keyword search for the documents in this group was the same as the previous one. The team considered expanding the keyword search to include additional areas specified in the new SP under maternal health and family planning in particular, yet realized it was not necessary given universal coverage. The evaluation team noted that, apart from SDG indicators 5.2.1 and

5.2.2, the previous nine TR indicators have been retained either at the overall SP goal or outcome level and supplemented with related indicators and new SDG indicators (see Table 3). Outcome-level indicators serve to track progress towards one, two or all three TRs. The analysis was modified based on the extended coverage/list of indicators. In addition, for the purpose of comparison, the same documents were analysed using the method applied to the country packages for the 2018-2021 strategic plan cycle.

Table 3 UNFPA TRs in the Strategic Plan IRRF 2022-2025

SP Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights and accelerated progress on the implementation of the Programme of Action of the International Conference on Population and Development		
Goal Indicator		SDG Indicator
Maternal deaths per 100,000 live births (SP Goal indicator 1)		3.1.1
Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SP Goal indicator 2)		3.7.2
Proportion of women aged 20-24 years who were married or in a union; (a) before age 15; (b) before age 18 (SP Goal indicator 3)		5.3.1
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age (SP Goal indicator 4)		5.3.2
Unmet need for family planning (SP Goal indicator 5)		related to 3.7.1
Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural) (SP Goal indicator 6)		1.1.1
SP Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated	SP Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated	SP Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated
Annual rate of reduction of unmet need for family planning (SP Outcome indicator 1) (related to SDG 3.7.1)	Annual rate of reduction of maternal mortality (SP Outcome indicator 2) (related to SDG 3.1.1)	Rate of reduction of the annual incidents of female genital mutilations among girls aged under 10 (SP Outcome indicator 3) (related to SDG 5.3.2)
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SP Outcome indicator 4) (SDG 3.7.1)	Proportion of births attended by skilled health personnel (SP Outcome indicator 5) (SDG 3.1.2)	Rate of reduction of the proportion of women aged 20-24 years who were married or in a union (SP Outcome indicator 6) (related to SDG 5.3.1)
	The proportion of births occurring in health facilities (SP	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence

	Outcome indicator 7) (related to SDG 3.1.1)	in the previous 12 months, by age and place of occurrence (SP Outcome 10) (related to 5.2.1 & 5.2.2)
	Number of unsafe abortions averted (SP Outcome indicator 8) (related to SDG 3.1.1 & 3.7.1)	
Percentage of countries where 60% of service delivery points reporting no stock out of any contraceptives (SP Outcome indicator 9) (related to SDG 3.7.1)		
Percentage of countries where there is at least 85% of (a) primary service delivery points; and (b) secondary and tertiary service delivery points have at least three modern family-planning methods available (SP Outcome indicator 11) (related to SDG 3.7.1)		
Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SP Outcome indicator 12) (SDG 5.6.2)		
Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SP Outcome 13) (SDG 3.3.1)		
Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SP Outcome indicator 14) (SDG 5.6.1)		
Coverage of essential health services (SP Outcome indicator 15) (SDG 3.8.1)		
Proportion of countries that: (a) have conducted at least one population and housing census during the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration (SP Outcome indicator 16) (SDG 17.19.2)		
Proportion of population expected to be counted in the 2020 census round (2015-2024) that is actually counted (SP Outcome indicator 17) (related to SDG 17.19.2)		
Proportion of children under five years of age whose births have been registered with a civil authority, by age (SP Outcome indicator 18) (SDG 16.9.1)		
Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030 (SP Outcome indicator 19) (SDG 13.1.2)		
Youth empowerment index (SP Outcome indicator 20) (related to SDG 3.1.1; 3.7.1; 5.2.1; 5.3.1; 5.3.2)		
Official Development Assistance dedicated to three transformative results (SP Outcome indicator 21) (related to SDG 17.2.1)		

Source: UNFPA strategic plan 2022-2025

Analysis VI and V on coherence across documents: Big chain and indicator chain

In order to conduct the sets of analysis IV *big chain* and V *indicator chain*, the team combined the analysis across the three documents into one common framework.

The “*big chain*” analysis examines the connections and coherence between related United Nations and UNFPA country-level programming documents, specifically the CCAs, UNDAF/UNSDCFs and the CPDs. The *big chain* for each TR individually assumes that:

- (i) the CCA includes analysis related to the TR (Y/N);
- (ii) the TR is a UNCT priority according to the UNDAF/UNSDCF (Y/N);
- (iii) at least one of the TR indicators is included in the UNDAF/UNSDCF results framework (Y/N);
- (iv) the TR is a UNFPA priority according to the UNFPA CPD (Y/N); and
- (v) at least one of the TR indicators is included in the CPD results framework (Y/N).

Where the above assumptions (i)-(v) are all true, chains were considered intact. Any interruptions to the chains were identified and once the team realized they were recurring, categorized into patterns. In the case of the *big chains*, twelve patterns were identified (A-L).

The *big chains* were determined for each TR separately in each of the country packages. In the case of the TR on GBV and harmful practices, the *big chains* were disaggregated, one for GBV, one for child marriage and one for FGM/C in each country package.

The *indicator chain* analysis looks specifically at which TR indicator(s) is/are included in the UNDAFs/UNSDCFs and CPDs. To determine whether the *indicator chain* was intact, i.e., the number and specific TR indicator(s) was the same in both results frameworks, the team drew on the analysis of TR indicator prevalence, where all TR indicators had been extracted from the country packages. The indicators were compared for each country, within each TR separately, between the UNDAF/UNSDCF and CPD.

Where UNDAFs/UNSDCFs and CPDs included a TR indicator for a specific TR and the indicator(s) is/are the same, the chain was considered intact. Where the indicator chains were not intact, the types of differences were categorized into patterns. Six patterns (1-6) were found.

As with the *big chains*, the *indicator chains* were determined for each TR separately in each of the country packages. In the case of the TR on GBV and harmful practices, the *indicator chains* were disaggregated, one for GBV, one for child marriage and one for FGM/C in each country package.

The set of country packages for 2018-2021 considered the indicators listed in Table 2 above, while the set of country packages for 2022 considered the indicators listed in Table 3 above. To be able to compare findings amongst the two sets of country packages, the 2022 set was also analysed with the same methodology as the 2018-2021 set. Annex 2 includes all tables of this analysis. Where there were notable discrepancies, it was reflected in the text.

Nairobi chain

Lastly, to respond to question #3 and to broaden the analysis to include relevant national priorities, the evaluation team also compiled information about programme country government voluntary commitments to the TRs during the Nairobi Summit in November 2019. To be able to include this analysis, the evaluation team extracted all national voluntary commitments in the commitment categories in Box 1 below.

Box 1: Nairobi voluntary commitments relevant to the TRs

Commitment category (2): Zero unmet need for family planning information and services, and universal availability of quality, affordable and safe modern contraceptives was considered as related to the TR for family planning.

Commitment category (3): Zero preventable maternal deaths and maternal morbidities, such as obstetric fistulas, by, inter alia, integrating a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and for the provision of post-abortion care, into national UHC strategies, policies and programmes, and to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights was considered as related to TR on maternal deaths.

Commitment category (5): (a) Zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage, as well as zero female genital mutilation; and (b) Elimination of all forms of discrimination against all women and girls, in order to realize all individuals' full socio-economic potential was considered as related to the TR on GBV and harmful practices.

The evaluation team analysed 69 complete country packages in relation to the Nairobi voluntary commitments made by programme governments.¹²² An analysis was undertaken of the extent to which programme country commitments to one or more TR-related commitment categories are being leveraged by way of reflecting them as priorities in UNDAFs/UNSDCFs and CPDs, and where they are the same or different.

For each TR it was determined whether a country had made any commitment in at least one of the three categories (Y/N) and whether it had made a commitment to a specific TR (Y/N), considering the respective category. This was then combined with the information extracted in the individual document analysis.

The *Nairobi chain* assumes that:

- (i) a government made a commitment to a specific TR;
- (ii) the TR is a UNCT priority according to the UNDAF/UNSDCF; and
- (iii) The TR is a UNFPA priority according to the CPD.

If assumptions (i-iii) were fulfilled, the *Nairobi chain* was considered intact. In order to be able to compare between countries that had made commitments in some categories and not others, or governments that had not made commitments at all, the evaluation team looked at all packages. The results are reflected in the analysis.

The analysis of the datasets is included in Annex 2. The datasets on which the analysis is based are available and can be shared upon request.

Throughout, it was kept in mind that not all TRs are equally relevant for each programme country (e.g., FGM/C), and that UNFPA COs are not expected to commit to achieving all TRs. For the 2018-2021 period, according to guidance provided to UNFPA country offices (COs), UNFPA country programmes must commit to work on at least one TR; country programmes rolled out after 2018 must include at least one TR indicator.¹²³ For 2022-2025, each country programme must focus on at least one TR depending on the

¹²² CPDs that were presented to the UNFPA executive board from the 1st regular session in 2020 onwards were included. The Caribbean, included in the analysis of the group of CCAs/UNSDCFs and CPDs beginning in 2022, was excluded in this analysis, as of the six countries of the Caribbean in which there are UNCTs only one had made commitments in the relevant categories.

¹²³ Transformative Results Guidance to clarify the concept. Last updated: February 14, 2018; UNFPA. PRC User Guide - Quality Assurance Guidelines for Country Programme Documents under the Strategic Plan 2018-2021, July 2020.

country's needs and priorities, the overall operational context (human resources, funding availability, and partnerships) and the assessment of progress towards a TR and risk of falling behind. In line with heightening the UNFPA normative role everywhere, a country programme should, ideally, give attention to all three transformative results, promoting them and protecting the gains made.¹²⁴

The temporal scope of the analysis goes back to the beginning of 2018 when the UNFPA strategic plan 2018-2021 introduced the TRs in the context of UNDAFs and the ongoing process of UNFPA's engagement in system-wide work that led to UNGA Resolution 72/279, thus also allowing an analysis of before and after the issuance of the UNSDCF guidance in June 2019. The evaluation team has not provided assessments of the positioning of the TRs in country-level strategic planning in individual countries.

Overall, it can be safely assumed that UNFPA has greater influence on the extent to which its own CPDs cover the TRs and use TR indicators than on the scope of CCAs and UNDAFs/UNSDCFs, which are negotiated and system-wide documents. CCAs may or may not reference the TRs, and UNDAFs/UNSDCFs may or may not include the TRs as UNCT priorities or use TR indicators to track progress and performance, with valid reasons. However, with the chosen methodology based on desk review, conclusions or value statements on why or why not the TRs and TR indicators have or have not been or should have been included in system-wide strategic planning documents or CPDs, are not made.

¹²⁴ UNFPA. Strategic Plan 2022-2025 Implementation Toolkit - December 2021 version. The evaluation team is not aware of any new guidance regarding the use of TR indicators.

ANNEX XIII: Discussion paper #3: UNFPA’s engagement in the UNDS reforms from the perspective of working in vulnerable and humanitarian settings

Final Version: 8 May 2022

Contents

Acronyms and Abbreviations	125
1. Introduction	127
2. Background	127
3. Methodology	130
4. Points for Discussion	130
5. Key Messages	144
6. Options for Action	144

Annex 1: Documents Reviewed

Annex 2: Persons interviewed

Annex 3: Links

Annex 4: Programme Countries in Humanitarian Contexts by Region

Annex 5: Programme countries with Humanitarian Response Plans

Annex 6: Selected QCPR (Funding Compact) Indicators

Acronyms and abbreviations

APRO	Asia Pacific Regional Office
ASRO	Arab States Regional Office
BIG	Business Innovations Group
CCA	Common Country Analysis
CO	Country office
CPD	Country programme document
DCO	Development Coordination Office
EECARO	Eastern Europe and Central Asia Regional Office
ESARO	East and Southern Africa Regional Office
GBV	Gender-based violence
GEWE	Gender equality and the empowerment of women
HC	Humanitarian Coordinator
HDP	Humanitarian-Development-Peace (nexus)
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Steering Committee
IBC	Issue-based Coalition
ICPD	International Conference on Population and Development
IRRF	Integrated Results and Resources Frameworks
JSC	Joint Steering Committee (to advance humanitarian and development collaboration)
LACRO	Latin American and the Caribbean Regional Office
MAF	Management and Accountability Framework
MCO	Multi-Country Office
OCHA	Office for the Coordination of Humanitarian Affairs

QCPR	Quadrennial Comprehensive Policy Review of operational activities for development of the United Nations system
PSG	Peer Steering Group
RO	Regional office
RRP	Refugee Response Plan
SDG	Sustainable Development Goal
TRs	Transformative results
UNCT	United Nations Country Team
UNDS	United Nations development system
UNFPA	United Nations Population Fund
UNRC	United Nations Resident Coordinator
UNSDG	United Nations Sustainable Development Group
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSG	United Nations Secretary-General
WCARO	West and Central Africa Regional Office

1. Introduction

The UNFPA Evaluation Office has commissioned an evaluation of UNFPA's engagement in the reform of the United Nations development system (UNDS). The purpose of the evaluation is to draw lessons and make recommendations that will help UNFPA to provide more effective support for the UNDS reform, while ensuring that the reform is also conducive to achieving UNFPA's goals, and particularly UNFPA's transformative results (TRs). Three discussion papers have been included in the framework of the evaluation and they serve two purposes:

- (i) They complement the evaluation report with standalone documents focusing on issues of strategic importance for UNFPA with regard to its engagement in the UNDS reform, allowing for insights into topics that may, in addition, not be addressed in such detail in the final evaluation report
- (ii) They provide early feedback on these issues as the papers are made available before the end of the evaluation process - by the end of the data collection phase in April 2022 - with a view to triggering informed discussion on key elements of the UNDS reform and allowing the organization to make corrections as deemed necessary.

The subjects of the three discussion papers were selected in consultation with the Evaluation Reference Group (ERG) and the UNFPA evaluation manager. Initially, a long list was developed following interviews with ERG members and other UNFPA headquarter informants during the inception phase. A proposal for three subjects was then shared with the ERG and discussed with the group at an inception meeting. Following further feedback from the ERG, the final selection was made:

Discussion paper #1: Regional reform implementation: Lessons learned and good practices.

Discussion paper #2: The positioning of UNFPA's transformative results at the country level.

Discussion paper #3: UNFPA's engagement in the UNDS reforms from the perspective of working in vulnerable and humanitarian settings.

2. Background

Context. As its name suggests, the UNDS reform is firmly anchored in the development activities of the United Nations. Parallel processes through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Agency Standing Committee¹²⁵ address reforms of the humanitarian system and a separate peace and security reform is being implemented through recommendations of the United Nations Secretary General (UNSG).¹²⁶ Yet while the documents that set out the overall direction and focus

¹²⁵ Of which UNFPA is a member

¹²⁶ United Nations. *Review of the implementation of the peace and security reform*. Report of the Secretary-General. A/75/202. July 2020.

of the UNDS reform (such as General Assembly resolution 72/279) do not explicitly address humanitarian contexts, the guidance that has resulted has done so.

For example, the United Nations Sustainable Development Cooperation Framework (UNSDCF) guidance recognizes that the UNSDCF should complement, and be informed by, other key programmatic documents including the Humanitarian Response Plan (HRP) and the Integrated Strategic Framework in UN mission settings. The guidance also notes that in protracted crises, the UNSDCF should also reflect the “collective outcomes”¹²⁷ that address risk and vulnerability. A companion paper to the UNSDCF guidance on working in the Humanitarian-Development Nexus has also been developed.¹²⁸ Moreover, the Management Accountability Framework (MAF) sets out the responsibilities of the UNRC in humanitarian contexts, including for a collective approach to protection, and when the UNRC is in a double-hatted role (adding the role of Humanitarian Coordinator - HC) or triple-hatted context (adding the roles of HC and Deputy Special Representative of the UNSG).

UNFPA’s role in humanitarian work has increased significantly in recent years with humanitarian expenditures reaching 40 percent of total expenditures in 2020 (see Table 1). It is also very important for some regions, such as the Arab States where it accounts for three-quarters of expenditures (see Table 1 below). As the UNFPA Strategic Plan 2022-2025 document notes, more than half of all maternal deaths are in humanitarian and fragile settings.

Table 1: Humanitarian assistance as a percentage of total UNFPA expenditures in the region (2020)

Total	APRO	ASRO	EECARO	ESARO	LACRO	WCARO
40%	36%	76%	60%	28%	29%	33%

Source: UNFPA Statistical and Financial Review 2020. Expenditures for institutional budget and corporate are not included.

According to the UNFPA Humanitarian Action Overview report 2022, 70 UNFPA programme countries received humanitarian funding out of 121 programmes (58 percent of the total). Some of the funding was in small amounts and when taking only countries with funding of more than \$1 million, a total of, 41 countries received humanitarian funding out of 121 programmes - i.e., 34 percent of the total. Table 2 below shows the breakdown by region.

Table 2: UNFPA programme countries in humanitarian contexts by region (2021)

Total	APRO	ASRO	EECARO	ESARO	LACRO	WCARO
Programme countries receiving humanitarian assistance (2021) as a % of total programme countries						
58%	78%	73%	18%	68%	33%	70%
Programme countries receiving more than \$1 million of programme assistance (2021) as a % of total programme countries						
34%	48%	60%	6%	41%	14%	35%

¹²⁷ A collective outcome is a concrete and measurable result that humanitarian, development and other relevant actors want to achieve jointly over a period of 3-5 years to reduce people’s needs, risks and vulnerabilities and increase their resilience. (OCHA. *Collective Outcomes. Operationalizing the New Way of Working*. April 2018)

¹²⁸ UNSDG. *Humanitarian-Development-Peace (HDP) Collaboration*. Cooperation Framework companion piece. May 2020

Source: UNFPA Humanitarian Action 2022 Overview

A humanitarian action output was introduced in the UNFPA Strategic Plan 2022-2025 Integrated results and resources framework: “By 2025, strengthened capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender transformative and peace-responsive”.¹²⁹ The framework also includes increased measurement towards preparedness, adaptation and complementarity of humanitarian action, development and peace-responsive efforts. Moreover, for the first time, UNFPA introduced more than eight indicators to directly measure resilience, some of which are joint indicators with other United Nations organizations.

Justification. The reform of the UNDS serves to improve the coherence, effectiveness, efficiency and accountability of the UNDS in order to attain the sustainable development goals (SDGs). To this end, it is fundamental that not only the system’s development work benefit. To progress and safeguard accomplishments, the UNDS reforms should also benefit humanitarian programming and facilitate operationalizing the development - humanitarian nexus.

This discussion paper takes a first look at how UNFPA contributions to designing and operationalizing the UNDS reform have focused on strengthening the system’s ability to support the needs of programme countries in fragile and humanitarian settings. As evidence emerges during the data collection phase, the paper examines the effects of the UNDS reforms on UNFPA’s strategic positioning as a global humanitarian actor and on its ability to programme and deliver on emergency preparedness and response. It recognises that the frameworks for UN response in development and humanitarian settings are different, especially in terms of coordination and funding, and that they may exist together in the same country.

Value-added. The formative evaluation of the UNFPA engagement in the reform of the UNDS examines UNFPA engagement at all levels – global, region and country, including multi-country offices (MCOs). The evaluation is designed to focus on a strategic level across all the various dimensions of the UNDS reform. While there are likely to be findings on some aspects of the reform in humanitarian and vulnerable contexts, such contexts do not represent a unit of analysis for the findings as a whole. Moreover, the broad scope of the evaluation means that the final evaluation report will not have the detail of the reforms or have space for many examples of what worked well in such contexts.

The discussion paper addresses these limitations by pulling together emerging evidence and examples across vulnerable and humanitarian contexts and using this as a unit of analysis to identify early lessons that can feed into UNFPA thinking around its humanitarian work including in the humanitarian-development-peace nexus.

This discussion paper responds to three questions:

¹²⁹ UNFPA. *Strategic Plan 2022-2025*. DP/FPA/2021/8. July 2021

- 1) Are the UNFPA contributions to UNDS reform and the effects of UNDS reform on UNFPA different in humanitarian contexts compared to development ones?
- 2) What are the main challenges and opportunities of UNDS reform for UNFPA in humanitarian contexts?
- 3) Have UNFPA regional offices (RO) and headquarters contributed to the development and operationalization of reform elements that create a better environment for humanitarian action at the country level?

3. Methodology

The data collected represents the initial feedback from staff in the country and regional studies conducted. Data was collected through a mixed methods approach covering the following:

- Document review including reports (e.g. the UNFPA humanitarian action overview), the various documents that set out the UNDS reform, and the guidance that has been developed to support the reform (MAF, UNSDCF, etc). The paper drew on relevant evaluations of UNFPA work in vulnerable and humanitarian contexts. See Annex 1 for a list of document reviewed.
- Interviews from the 11 country and 6 regional studies as well as staff of the UNFPA Humanitarian Response Division and other UN entities, including DCO. These were not a separate set of interviews from the ones conducted for evaluation, but where necessary additional questions were added to the protocols developed for the evaluation as a whole as specific issues were identified during the process.
- Examination of the UNFPA survey on country office UNDS reform (April 2021) and the monitoring of the Quadrennial Comprehensive Policy Review (QCPR).

4. Points for Discussion

4.1 Are the UNFPA contributions to the UNDS reform and the effects of the UNDS reform on UNFPA different in humanitarian contexts compared to development ones?

This section draws heavily on the UNFPA April 2021 country office survey on UNDS reform¹³⁰. The survey was sent to all country and multi-country representatives and 89 responded (response rate of 74 percent). As noted above, 58 percent of UNFPA programme countries received humanitarian assistance in 2021 and it could be argued that such countries are humanitarian contexts. But for this comparative analysis (humanitarian versus non-humanitarian contexts) a narrower definition was needed and after discussion with the UNFPA Humanitarian Response Division, humanitarian contexts in this exercise are those countries with HRPs.¹³¹ Annex 3 lists the countries included as humanitarian contexts according to receipt of humanitarian funds and Annex 4 lists the countries with HRPs.

¹³⁰ UNFPA. CO Survey on UNDS Reform. April 2021

¹³¹ <https://hum-insight.info/>

Point 1: UNFPA country offices in humanitarian contexts are almost as aware of the UNDS reforms as those that are not. However, some staff focused on humanitarian issues did not believe that the information they received on UNDS reform is relevant for their work.

The UNFPA UNDS reform survey revealed that responses from country offices (COs) in humanitarian contexts are only a few percentage points different from non-humanitarian contexts for most of the reform streams. In the case of the MAF of the UN and resident coordinator system, UNFPA CO staff in humanitarian countries felt significantly more familiarity, possibly as the MAF clearly sets out the role of UNRCs in various humanitarian scenarios, specifically when they are double or triple hatted.¹³²

Table 3: Survey Q3. To what degree are you familiar with the following UNDS reform work streams? Very familiar and familiar responses as a percentage of total.

Stream	Humanitarian	Non-Humanitarian	Difference in percentage points
Management and Accountability Framework	100%	88%	+12
Regional Reform	61%	56%	+5
UN Sustainable Development Cooperation Framework	100%	96%	+4
Common Business Operations	95%	94%	+1
Funding Compact	56%	58%	-2
System-wide evaluation	44%	54%	-10
System-wide Results Based Management and Reporting	55%	66%	-11
Multi-Country Office Reform	22%	39%	-17

None of the HRP countries is a MCO so understandably the knowledge of the MCO reforms was lower. However, in the areas of accountability and learning related to system wide evaluation and system wide results based management and learning, humanitarian countries were significantly less familiar (10 and 11 percentage points respectively).

Interviews reveal that some members of UNFPA’s humanitarian community have not paid much attention to a reform process that is explicitly about the UN *development* system. Even though there is access to information on the reform, limited time is sometimes raised as an additional factor explaining the level of familiarity, and one that is not only on the humanitarian side of the organization.

While informants in all contexts often reported an overload of information on UNDS reform, those focusing on humanitarian issues often feel that the information given is not always what they need for their day to day work. Equally, the engagement of the humanitarian side in the design and development

¹³² RC is also the Humanitarian Coordinator (HC) and also, in some cases, Deputy Special Representative of the Secretary General (DSRSG).

of the reforms was also not as strong as it could have been, and the role of the UNFPA Humanitarian Response Division was reportedly limited.

Moreover, some interviewees believe that the development side does not fully understand the humanitarian side leading to siloes, even if for UNFPA corporately the situation is changing for the better (for example, the addition of the humanitarian output in the new UNFPA Strategic Plan 2022-2025). This makes engagement of the humanitarian side in the UNDS reform more difficult and in such contexts does not come naturally.

Point 2: Respondents in humanitarian contexts have a mixed judgement on the effect of the core elements of the UNDS reforms on UNFPA, but are much more positive about the effect on humanitarian development linkages.

Table 4: Positive answers to yes/no, positive/negative and agree/disagree questions

Question	Humanitarian	Non-Humanitarian	Difference in percentage points
Q 12 In contexts where the RC leads and coordinates the humanitarian response efforts, has the RC been effective in facilitating linkages between humanitarian and development programming for enhanced and sustainable impact?	89%	67%	+22
Q 32 To what extent do you agree that the UNSDCF is a useful tool for UNFPA to achieve its 3 transformative results	100% agree	90% agree	+10
Q 54 Have country-level reforms led to increased coordination for integrated SDG policy support and implementation ?	72%	62%	+10
Q 53 To what extent do you agree that UNFPA is well positioned to contribute to integrated SDG policy support and implementation at country-level ?	100% agree	97% agree	+3
Q 5 To what extent do you agree that your Office has benefited from the new RC system?	84	82	+2
Q 50 What has been your experience in reporting results un UN-INFO?	17% positive	20% positive	-3

Q 48 Has the Resident Coordinator facilitated annual results reporting to the host government?	95	100	-5
Q 10 Are UNFPA's policies and procedures aligned with new MAF? ¹³³	83	89	-6
Q 47 To what extent do you agree that the strengthening of UN system-wide evaluation and reporting benefits UNFPA	83	91	-8
Q 49 Have you engaged in joint UNSDCF or UNDAF evaluations?	67	76	-9
Q 36 If yes, did your Country Office conduct a Population Situation Analysis as an input to the CCA?	28	39	-11
Q 39 Has the development and/or implementation of the UNSDCF led to UNFPA's increased participation in joint programming initiatives ?	44	55	-11

The main area where respondents in humanitarian contexts are more positive than those in non-humanitarian ones concerns the role of the UNRC in leading and coordinating humanitarian response efforts (22 percentage points difference). This may be due to the greater exposure of respondents in humanitarian contexts to the UNRC playing such a role and wearing the hat of the HC. Nonetheless, nearly 90 percent of respondents in humanitarian contexts believed that the UNRC has been effective in facilitating linkages between humanitarian and development programming for enhanced sustainable impact. This aligns with the perceptions of UNRCs (97 percent) that there is close collaboration among entities of the UNDS engaged across development, disaster risk management , humanitarian action and sustaining peace (see Annex 6 Q 35b).

UNFPA staff in humanitarian contexts are also more positive in terms of whether the UNSDCF is a useful tool for UNFPA to achieve its 3 transformative results (11 percentage points) and whether country-level reforms led to increased coordination for integrated SDG policy support and implementation (10 percentage points).

As noted in Table 3, respondents in humanitarian contexts are less familiar with system wide monitoring and evaluation. They are also less positive about the benefits to UNFPA from strengthening system wide evaluation and the role of the UNRC in facilitating annual results reporting to the host government (both by 11 percentage points).

Interviewed UNFPA informants at all levels acknowledge the challenge of identifying which effects on

¹³³ The latest MAF was completed in September 2021

UNFPA are due to the UNDS reforms and which ones were happening anyway due to people adapting over time. This is especially so in humanitarian contexts where existing structures exist for coordination. As an illustrative example, in a country where the government only wants to hear one voice in an emergency (specifically, OCHA using an existing platform), the United Nations country team (UNCT) is reportedly playing a better role in the OCHA platform due to better coordination resulting from the UNDS reforms.¹³⁴

In humanitarian action, agencies have different roles, such as the role of UNFPA in the Global Protection Cluster and specially as the focal point agency for the gender-based violence area of responsibility. It was also noted by some informants that in humanitarian contexts there is often no time to think about better collaboration outside humanitarian coordination structures. But some consider a positive role of the UNDS reform in allowing UNFPA to put things on the table, including in the area of humanitarian action as well as allowing UNFPA to leverage other agencies' strengths to deliver humanitarian action (such as more cooperation on logistics). Moreover, joint leadership with government on humanitarian coordination provides an opportunity to establish long term coordination for emergencies in the aftermath of a particular shock

Many key informants see the key benefit of UNDS reform in humanitarian contexts as including humanitarian analysis in the common country analysis (CCA). However, even if the Humanitarian Needs Overview (HNO) provides quite a good snapshot of the humanitarian situation in a particular country, the CCA and UNSDCF processes are too often seen as separate rather than being fully integrated. The CCA can inform improvements on humanitarian datasets in humanitarian situations and use them as baselines. Contextual analysis is an important issue that can benefit both the development and humanitarian sides, and humanitarian analysis can't be delinked from CCA. A strong CCA that fully incorporates humanitarian context can only benefit UNFPA's humanitarian action in a country, in part through ensuring adequate preparedness in the areas in which it works.

Point 3: Responses from humanitarian contexts were more negative about the reform streams related to funding, especially the funding compact.

Table 5: Positive answers to Yes/No and agree/disagree questions

Question	Humanitarian	Non-Humanitarian	Difference in percentage points
Q 30 Does your office have the necessary guidance on the Funding Compact?	39%	47%	-8
Q 28 Has your office experienced any challenges related to country-level donors	6%	23%	-17

¹³⁴ Key informant interview

and the 1% levy on tightly earmarked third-party non-core contributions?			
Q 24 To what extent do you agree that your Office has been able to mobilize increased resources at country-level due to the Funding Compact	17% agree	47% agree	-30
Q 25 Has the implementation of the Funding Compact led to an increase in the development of joint funding proposals at country-level?	22%	56%	-34

Responses to survey questions on the funding compact, whether it has led to increased resource mobilization at the country level (30 percentage points less than non-humanitarian contexts) and if it had led to more joint funding proposals (34 percentage points less) may reflect that the compact is less relevant in humanitarian contexts with a specific humanitarian funding architecture such as appeals. At the same time, respondents felt that they didn't have the necessary guidance on the funding compact (only 39 percent of respondents in humanitarian contexts, a difference of 8 percentage points). The small number of humanitarian contexts countries facing challenges with the 1 percent levy (6 percent with a difference with non-humanitarian contexts of 17 percentage points) probably reflects the fact that the levy is not charged on humanitarian funding.¹³⁵

Point 4: It is not clear if the efficiency agenda¹³⁶ is as important in humanitarian contexts as in development contexts for UNFPA. In all contexts, there is a concern that a crisis may reduce collaboration.

Table 6: Positive answers to Yes/No questions

Question	Humanitarian	Non-Humanitarian	Difference in percentage points
Q 17 To what extent do you agree that your Office has experienced efficiency gains from Common Business Operations?	72% yes	72% yes	0
Q 20 Has your office been engaged in the implementation of UNCT common business operations, including through the implementation of BOS 2.0?	83% yes	92% yes	-9

¹³⁵ General Assembly resolution 72/279 (paragraph 10) states that the 1 per cent coordination levy will be on “tightly earmarked third-party non-core contributions to United Nations development-related activities”.

¹³⁶ Covering the strengthening of business operations <https://unsdg.un.org/2030-agenda/business-operations>

Q 19 Has the global mutual recognition agreement led to the implementation of common operations in your UNCT?	61% yes	71% yes	-10
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Humanitarian context respondents were equally likely to have experienced efficiency gains from common business operations but less likely to have engaged in the implementation of such operations (9 percentage points difference). At the same time, in humanitarian contexts the global mutual recognition statement was less likely to have led to the implementation of common operations in the UNCT (10 percentage points difference).

Some informants believe that there is no difference between procurement in a humanitarian versus a non-humanitarian context. In their view, the humanitarian context just means buying more of the same.¹³⁷ The UNFPA mutual recognition guidance¹³⁸ makes no distinction between the two contexts. Yet some informants believe that while such collaborative arrangements can work in a development context, the sudden onset of a crisis could mean a return to competition in the context of scarcity of essential supplies such as transport.¹³⁹

On a more positive note, some interviewees believe that the efficiency agenda issues like piggybacking on LTAs make work quicker and easier for humanitarian action and provide opportunities to increase agility. Yet, there is a view that the humanitarian side of UNFPA may not be taking full advantage of the efficiency agenda, even if they are already engaged in it.

4.2 What are the main challenges and opportunities of UNDS reform for UNFPA in humanitarian contexts?

Interviews at all levels, including external ones, reveal a number of challenges and opportunities for UNFPA in its engagement with the UNDS reform in humanitarian contexts. Not all of the challenges and opportunities are relevant in every type of humanitarian context but may provide lessons learned that can be used more broadly.

Point 5: Increased government ownership is at the core of the 2030 Agenda and the UNDS reforms but in some circumstances, it may cause problems with ensuring adherence to the humanitarian principles.

The UNSDCF guidelines¹⁴⁰ state that the framework is a document co-designed and co-signed by the UNDS and the Government. During interviews, some concerns were raised about the challenge of reconciling the increased government ownership that comes with the repositioning process at the country level and UNFPA’s ability to adhere to humanitarian principles of humanity, neutrality, impartiality and

¹³⁷ Although UNFPA has been the global custodian of the Inter-Agency Reproductive Health Kits since 1997 and has been shipping these kits to all humanitarian situations.

¹³⁸ UNFPA. *Your Guide to Mutual Recognition*. March 2021

¹³⁹ Notwithstanding the lead role taken by the Logistic Cluster when it has been activated.

¹⁴⁰ UNSDG. *United Nations Sustainable Development Cooperation Framework Internal Guidance*. June 2019

independence.

Some UNFPA humanitarian staff note that they continuously grapple with this question. According to their view, while recognizing that the UNSDCF should have strong national ownership, UNFPA needs to be independent, especially in humanitarian contexts where the government may not be impartial or have no ability to intervene.

Document review showed that, while the UNSDCF guidance¹⁴¹ does not mention humanitarian principles the companion piece on humanitarian-development-peace collaboration¹⁴² does, noting that where the UNCT is considering including preventative measures in the UNSDCF (for example, measures aimed at tackling root causes driving humanitarian needs, reducing risk, building resilience and advancing medium and long-term durable solutions for IDPs) they should explore such these measure in contexts where, inter alia, there are no concerns in terms of upholding the humanitarian principles. Moreover, in the limited cases where the UNCT is considering including humanitarian action in the UNSDCF (for example, where an HRP is being phased out) UNCTs need to ensure that humanitarian principles are respected.

The MAF¹⁴³ also makes clear the role of the RC in this respect:

“Where a humanitarian response is required, the RC promotes the neutrality, independence and impartiality of humanitarian assistance, in accordance with humanitarian principles, and advocates for the protection of civilians with all relevant parties to the conflict”. On the other hand, it has been argued that the strengthened and independent RC means that in some circumstances the RC and their office can continue to engage with the government in a crisis while allowing a degree of separation from the agencies providing humanitarian assistance, including UNFPA.

Point 6: Humanitarian countries, especially those in deeply politicised crisis, are more likely to have delays in getting the UNSDCFs approved by government and UNFPA COs therefore face challenges with finalizing CPDs to comply with Executive Board deadlines.

Most, but not all, of the countries where UNSDCFs have been delayed have been in humanitarian contexts, especially where the crisis is highly politicised. For UNFPA the implications can be serious, with tight deadlines set by the executive board for delivery of the draft Country Programme Document (CPD). At a minimum, UNFPA needs to present the UNSDCF results framework when it presents the CPD to the Executive Board which means that CPDs can start on time. In other cases, CPDs need to be extended by a year and in some cases, CPDs have been subject to multiple extensions. For example, both Yemen and Syria had their programmes extended for the sixth time at the first regular session of the Executive Board in 2022.¹⁴⁴ Other UN entities with country programmes aligned to the UNSDCF would have to undertake

¹⁴¹ UNSDG. *United Nations Sustainable Development Cooperation Framework Internal Guidance*. June 2019

¹⁴² UNSDG. *Humanitarian-Development-Peace (HDP) Collaboration*. Cooperation Framework companion piece. May 2020

¹⁴³ UNSDG. *The management and accountability framework of the UN development and resident coordinator system*. Consolidated version. 15 September 2021

¹⁴⁴ UNFPA. Extension of country programmes. DP/FPA/2022/3. 2021. Other UN entities with country programmes aligned to the UNSDCF would have to undertake similar extensions.

similar extensions.

As a result, the UNSDG principals approved guidance for UNSDCFs in “exceptional circumstances”¹⁴⁵. This should help address this issue in some of the heavily politicized contexts, for example where there is no clear government or where the government does not control the areas within which UNFPA works.¹⁴⁶

Point 7: The COVID-19 pandemic has often been an opportunity for UNFPA to strengthen collaboration in a crisis and this has been facilitated by the UNDS reforms.

Less than two years after the approval of UNGA resolution 72/279 and in the early stages of its implementation, the repositioning of the UNDS was faced with the challenge of effectively responding to the COVID-19 pandemic. While this challenge was a test of the reforms it was also an opportunity to demonstrate the effectiveness of the new way of collaborating at the country level. A survey of programme country governments¹⁴⁷ reported in the 2021 report of the Chair of the UNSDG indicated that 92% believe that UNRCs have ensured a coherent UN response to the COVID-19 pandemic.

In April 2020, the United Nations completed a UN-wide framework for the immediate socio-economic response to COVID-19.¹⁴⁸ Within the framework, the UNRC has the mantle of the overall leadership of the UNDS COVID-19 response at the country level, with support from the UNDP representative at the country level, working collaboratively with all members of UNCT, including regional economic commissions and other non-resident agencies that carry unique policy solutions to respond to the economic effects of the pandemic.

The April 2021 UNFPA Survey of UNFPA COs revealed that 94% of UNFPA country office respondents (Q 13) agreed that the UNRC effectively enabled UNFPA’s active participation in country-level COVID-19 Socio-Economic response and recovery efforts. In addition, 74% of respondents agreed that national UN COVID-19 Socio-Economic Response Frameworks led to more integrated support to host governments (Q56). On the funding side, 55% responded no to the question concerning challenges in mobilizing resources through the United Nations COVID-19 Response and Recovery Fund/ Multi-partner Trust Fund (MPTF) (Q 26).

The pandemic also pushed for greater collaboration in the area of procurement. UNFPA procurement guidance for personal protective equipment (PPE) noted the importance of joint tenders with sister UN agencies.¹⁴⁹ Where approval for local procurement had been granted, the UNFPA message was to give priority to joint procurement with other UN agencies at the local/regional level as the first option. In line

¹⁴⁵ UNSDG. *UN country-level strategic planning for development in exceptional circumstances*. Endorsed by the UNSDG principals group 4 April 2021

¹⁴⁶ Current “exceptional circumstances” are Afghanistan, DPRK, Myanmar and Yemen

¹⁴⁷ United Nations Department of Social and Economic Affairs Survey of programme county governments 2020

¹⁴⁸ United Nations. *A UN framework for the immediate socio-economic response to COVID-19*. April 2020

¹⁴⁹ Interim guidance for regional and country offices on COVID-19 response. Version: 03 April 2020
Crisis Response Team (CRT) COVID-19

with the thrust of the efficiency agenda, when it came to procuring PPE, guidance recognized the specific market dynamics in this area:

the only way UNFPA can secure a portion of the relatively limited production of PPEs is to make the business case attractive to big manufacturers. This means combining the procurement volumes and spends of all UN organisations in one single tender. UNFPA and UNICEF are leading this exercise.

Point 8: UNFPA has coped well with adapting to changes in the country context with a sensible design of the CPDs and often limited change in humanitarian action from what it does in development.

The UNSDCF guidance promotes an adaptive programming approach recognizing that

“development is never linear, as the operational environment and risks at local, national, trans-boundary, regional and global levels are in constant flux. Cooperation Framework assumptions may not hold, and the actions of partners may not happen as anticipated. This is particularly relevant in fragile and conflict-affected settings.”¹⁵⁰

Programmes therefore need to adapt based on learning from new information and evidence, but the guidance foresees that while the UNSDCF outcomes may remain stable for the duration of the cycle, outputs and activities may need correction to remain relevant. The implication for UNFPA is that its CPD outcomes, derived from the UNSDCF document, will not have to change in the programming cycle.

The CCA on the other hand is a living document that should be updated as required when contexts change to provide the necessary agility for UNCT members to adapt.¹⁵¹ It shifts from a one-off event to a “real-time” core analytical function that is intended to be more agile and reflective of evolving country contexts.

The COVID-19 response provided another opportunity to test the system and the UN-wide framework for the immediate socio-economic response to COVID-19¹⁵² anticipated revisions to the UNSDCF in the aftermath of the crisis when its long-term implications become fully visible. But it also noted that adjustments related to the response, notably in terms of risks and targets, can be reflected through the annual review process and joint work plan adaptations.

Some UNFPA interviewees suggested that adapting to changing contexts during the programme cycle in the framework of the CPD did not represent major challenge. According to this view, humanitarian response often meant doing more of something you are doing anyway or doing something different but within the same outcome headings as before. Moreover, the UNSDCF can strengthen the humanitarian response by allowing the UNCT the flexibility to do what it needs when contexts change.

Point 9: UNSDCF guidance explicitly addresses the Humanitarian-Development-Peace nexus and the

¹⁵⁰ Paragraph 92

¹⁵¹ UNSDG. *United Nations Sustainable Development Cooperation Framework Internal Guidance*. June 2019

¹⁵² United Nations. *A UN framework for the immediate socio-economic response to COVID-19*. April 2020

framework is helping strengthen UNCT members, including UNFPA, working in this area.

UNFPA is a member of the Joint Steering Committee to advance Humanitarian and Development Collaboration (JSC)¹⁵³ established by the Secretary General in 2017 to “promote greater coherence of humanitarian and development action in crises and transitions to long-term sustainable development and in reducing vulnerabilities”.¹⁵⁴ A 2020 UNFPA note on the triple nexus¹⁵⁵ sets out the role of the Fund in this area:

“UNFPA works with partners across the HDP-nexus to foster resilience, preparedness, risk reduction, conflict prevention and to promote women, girls and young people as agents of sustainable peace to ensure the rights and choices of women and girls in crises as in times of peace.”

At a practical level, the UNSDCF companion piece on the HDP nexus recognizes that in most contexts with international humanitarian operations, UNSDCFs and HRPs and/or Refugee Response Plans (RRP) may exist simultaneously. Although these documents remain separate from the UNSDCF, they should be well aligned with it and, where appropriate, highlight how they contribute towards collective outcomes. Those working on developing the UNSDCF should participate in the HNO, HRP or RRP planning processes, and humanitarian actors in the CCA/Cooperation Framework process. The companion piece goes on to state:

“In such context, direct links between the Cooperation Framework, HRP/RRP and collective outcomes should ensure complementarity and sequencing of development, humanitarian and, where relevant, peacebuilding activities. This can enable, when appropriate, the reduction of multiple risks for the same people and geographical areas affected by crises.”¹⁵⁶

The Inter-Agency Steering Committee (IASC), including UNFPA, came together in 2015 and developed IASC-Emergency Response Preparedness (ERP¹⁵⁷) framework. In 2016, UNFPA developed with minimum preparedness actions (MPAs)¹⁵⁸ that are aligned with IASC framework and should be implemented with the UNCT. In addition to these existing tools, UNFPA informants suggested that UNSDCFs are being used for nexus work, especially preparedness where it can be a major tool. Its biggest strength is aligning agency-specific response actions to more preparedness for the next hazard. Cooperation Frameworks have helped UNCTs to have more of a preparedness perspective than previously. Through UNSDCFs, key informants report fewer territorial approaches among humanitarian partners and more acceptance among partners of the need to converge.

In the UNFPA UNDS survey, 89 percent of respondents in humanitarian contexts agreed that in contexts where the RC leads and coordinates the humanitarian response efforts, the RC has been effective in facilitating linkages between humanitarian and development programming for enhanced and sustainable

¹⁵³ <https://www.un.org/jsc/>

¹⁵⁴ Terms of Reference Joint Steering Committee to advance Humanitarian and Development Collaboration (JSC). Undated

¹⁵⁵ UNFPA. *UNFPA's work to address the humanitarian-development-peace nexus*. October 2020

¹⁵⁶ Page 8

¹⁵⁷ <https://www.humanitarianresponse.info/en/coordination/preparedness/document/iasc-erp-approach-glance>.

¹⁵⁸ Currently under revision

impact. For example, one of the reported success stories of a newly strengthened and independent Resident Coordinator relates to the development of a comprehensive multi-sectoral response plan with humanitarian and early recovery aspects that aligned and brought together all the agencies' contributions. UNFPA co-led the development of one of the pillars ensuring that sexual and reproductive health and gender-based violence were well positioned.

4.3 Have UNFPA ROs and headquarters contributed to the development and operationalization of reform elements that create a better environment for humanitarian action at the country level?

Point 10: At the regional level UNFPA engages with resilience/nexus related issues-based coalitions (IBCs) and in some cases reviews CCAs/UNSDCFs for the Peer Support Group (PSG) from a humanitarian perspective, but the engagement is not always systematic.

Table 3 pointed to the limited knowledge respondents to the UNFPA UNDS Survey in countries with humanitarian contexts have about the regional component of the UNDS reform. Only 61 percent were familiar or very familiar with it although this was higher than the same measure in non-humanitarian contexts at 56 percent.

As a key part of the regional reform, the IBCs are supposed to be broad, multi-partner coalitions that coordinate the UN response to cross-cutting challenges in a region, help realize synergies among related areas of work of different UN entities, and serve as platforms to reach out to non-UN stakeholders. Beyond support from UNFPA regional humanitarian advisors, who were providing support to UNFPA COs before the start of this phase of the UNDS reform and continue to do so, the main area of UN regional reforms contributing to CO humanitarian efforts are relevant IBCs established in all regions. While none of the IBCs specifically address humanitarian action, they do cover issues that are especially important in many humanitarian contexts. For example, the following IBCs by region (UNFPA is a member of all of them):

- Africa – IBC on peace security and human rights
- Asia and the Pacific – IBC on building resilience
- Arab States – IBC on the humanitarian-development nexus
- Latin America and the Caribbean – IBC on climate change and resilience
- Eastern Europe and Central Asia – IBC on large movements of people, displacement and resilience

The effectiveness of the IBC seems to vary by region with some believing that IBCs are good mechanisms, especially for looking at vulnerabilities. Others who have participated in the IBCs found a UNDS mindset and not a humanitarian one, or in one case considered them to be “a bit of a talking shop”. Not all UNFPA humanitarian staff at the country level are aware of the IBCs, even those that relate to issues important in humanitarian contexts such as resilience or the triple-nexus.

The regional PSG, of which UNFPA is a member, precede the UNDS reform but have been revised because of it. The ToRs for the PSG state that the first of three key responsibilities is to “Provide strategic planning support to CCA/Cooperation Framework cycle to increase the likelihood of high-quality roadmap, CCA and cooperation frameworks.”¹⁵⁹ Within this responsibility the PSG should, inter alia, do the following:

- Through the PSG chair, flag opportunities for IBC thematic expertise and analysis for UNCTs commencing a new programming cycle to ensure CCAs capture, and Cooperation Framework are well positioned within, the evolving regional, humanitarian, development and peace landscape.
- Support regional coherence, integration, and collaboration by flagging potential cross-border and regional issues and opportunities for cooperation amongst UNCTs, including on development, humanitarian and peace issues.
- Advise on necessary linkages to other planning frameworks (for example, Integrated Strategic Framework, Humanitarian Response Frameworks etc.) depending on country context, to advance country progress on 2030 Agenda.

Beyond the IBCs and PSGs, the other elements of the regional reforms are still being developed. The knowledge management hubs have been established but several are at an early stage of development. While they should contain information in support of achieving the SDGs, which would include information about humanitarian action, it has been suggested by some informants that humanitarian actors are more likely to go to the knowledge management tools supported by OCHA to obtain information.

The knowledge management hubs are supposed to include expert rosters that would allow UNCTs to access expertise from the across the system in a particular region. Development of the rosters has been slow and has faced some resistance from those who fear that their human resources would be overstretched from excess demand for their services. Nonetheless this could be a useful tool in the future to help UNCTs, and thereby UNFPA, access the humanitarian expertise they need including to address any PSG concerns over humanitarian analysis in the CCA.

Point 11: Although the UNFPA Strategic Plan 2022-2025 marks progress in integrating humanitarian work and strengthening development-humanitarian connections, corporate level humanitarian documents do not adequately align to the UNDS reform.

With its dual mandate and the growing importance of work in humanitarian contexts, UNFPA has become an important actor in the UN global emergency response and humanitarian architecture. The evaluation of UNFPA capacity in humanitarian action (2012-2019)¹⁶⁰ concluded that UNFPA demonstrated a significant trend of progress in performance across many aspects of humanitarian action between 2012 and 2019.

In the last decade, UNFPA has progressively mainstreamed humanitarian assistance in all its

¹⁵⁹ UNSDG. *Standard Terms of Reference for Regional Peer Support Group (PSG)*. May 2021

¹⁶⁰ UNFPA. *Evaluation of the UNFPA capacity in humanitarian action (2012-2019)*. 2019

strategies and programmes, with a marked shift since the adoption of the UNFPA Strategic Plan 2014-2017. Reform of the corporate humanitarian architecture was revised before the start of this phase of the UNDS reform. In 2018 the Humanitarian Response and Fragile Contexts Branch under the Programme Division was elevated to become the Humanitarian Office, effectively a headquarters division in itself. The Humanitarian Office was further renamed as the Humanitarian Response Division in 2022. The office is led by a director at the D2 level who reports to the Deputy Executive Director for Management. The Director of the Humanitarian Response Division and the Humanitarian Response Division liaison advisor in New York are members of UNFPA Inter-Departmental Working Group on UNDS reform which was used as a main internal mechanism to share information and discuss our engagement in the process.

It is also important to note that other UNFPA divisions have supported humanitarian contexts in engagement with specific parts of the UNDP reform. For example, in 2021 the Policy and Strategy Division as part of the ongoing UNSDCF webinar series for COs, performed a special sub-series dedicated to countries/staff in humanitarian contexts. At the same time a specific chapter on humanitarian has been included in the UNSDCF E-toolkit.

As a member of the IASC and JCS, UNFPA is part of the it is also integrated into the global UN humanitarian architecture. It also has an important role in the humanitarian cluster system, specifically leading the GBV area of responsibility within the Global Protection Cluster. The JSC is at the heart of the UN efforts to develop the triple nexus and is seen as a part of UNSDG and the reform. Yet, despite this positioning, the 2020 note on UNFPA's work to address the humanitarian-development-peace nexus¹⁶¹ makes no mention of the UNDS reform. Nor does the 2020 UNFPA document on achieving the UNFPA Vision for Humanitarian Action.¹⁶²

In contrast, other parts of the international community have identified strong linkages between the UNDS reforms and humanitarian contexts. For the Good Humanitarian Donorship initiative, the current co-chairs of this donor group (Belgium and Finland) have included "Impact and concrete positive outcomes of the UN development system reform on humanitarian action" as one of their five priorities for 2021-2023.¹⁶³

A recent independent review of the Grand Bargain¹⁶⁴ notes that the co-convenors of workstream 4¹⁶⁵ on reducing duplication and management costs are linking their efforts to the UNDS reform process. The report notes that this strategy has a logic "in that the commitments under this workstream covered a range of issues, each of which would require a major investment of technical and political resources, and UN reform is a more formal process with more stringent accountability." It also reports some important successes:

¹⁶¹ UNFPA. *UNFPA's work to address the humanitarian-development-peace nexus*. October 2020

¹⁶² UNFPA. 2020. *Achieving the UNFPA Vision for Humanitarian Action: An Accountability Framework for Strategic and Transformative Change*. Final Draft 31 January 2020

¹⁶³ <https://www.ghdinitiative.org/ghd/gns/about-us/current-co-chairs.html>

¹⁶⁴ ODI. *The Grand Bargain at Five Years: An Independent Review*. June 2021

¹⁶⁵ Japan and UNHCR

- agreements reached on transparent cost structures forged as part of the development of the UN Data Cube standard
- greater cost efficiencies secured through more joint procurement and logistics undertaken as part of the UN Business Innovations Group (BIG)
- including increased joint procurement and logistics for the pandemic response through the work of the UN COVID-19 Supply Chain Task Force
- the creation and rolling out of the UN Partner Portal

5. Key messages

A number of emerging key messages:

Message 1: Although UNFPA is strongly behind the UNDS reform and despite having a dual mandate with a large humanitarian portfolio, the organization has not adequately ensured that humanitarian staff are fully informed of the importance of the UNDS reform process on their work.

Message 2: Equally, UNDS reform is not being kept in mind when UNFPA humanitarian guidance, visions, strategies, etc are being developed. As identified in point 11 and elsewhere there are strong linkages between the UNDS reforms and humanitarian contexts. Moreover, in many humanitarian contexts, the UNDS reforms are considered positive in either how they affect UNFPA or have the potential to do so.

Message 3: The efficiency agenda provides an opportunity for more rapid responses through the mutual recognition approach, but it also may bring greater risks when supplies are scarce. Moreover, the COVID-19 pandemic showed how the UNDS reform could help the UN could come together in a crisis (even if the UN response was not without its challenges). Other opportunities where UNFPA could benefit include better collaboration on preparation, prevention, and resilience.

6. Options for Action

Some emerging options for action include:

- Better communication of the implications of UNDS reform for UNFPA humanitarian operations – challenges and opportunities
- Better integration of UNDS reform into UNFPA humanitarian guidance and policy documents
- Further integration and more active participation of the UNFPA Humanitarian Response Division into the discussion on UNDS reform, especially from a nexus perspective and in the context of the MAF. For example, adding Humanitarian Response Division colleagues in the network of UNDS reform focal points and discussing UNDS reform integration and implication in humanitarian settings.
- More systematic use of humanitarian advisors to assess humanitarian analysis in CCAs and UNSDCFs and allocation of adequate time to do so.

ANNEX 1: DOCUMENTS REVIEWED

UNDS Reform

United Nations. *Repositioning of the United Nations development system in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 31 May 2018. A/RES/72/279. 1 June 2018. [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the Economic and Social Council on 8 July 2019. E/RES/2019/15. 2019. [here](#)

United Nations. *Implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, 2019*. Report of the Secretary-General. A/74/73–E/2019/14. 2019. [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the Economic and Social Council on 22 July 2020. E/RES/2020/23. 2020. [here](#)

United Nations. *Progress in the implementation of General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system*. Resolution adopted by the General Assembly on 11 August 2020. A/RES/74/297. 2020. [here](#)

United Nations. *Review of the functioning of the Resident Coordinator system: rising to the challenge and keeping the promise of the 2030 Agenda*. Report of the Secretary-General. A/75/XX. 2021.

UNFPA

UNFPA. Humanitarian Action 2021 Overview [here](#)

- Arab States [here](#)

UNFPA. *Humanitarian Supplies Strategy (HSS) 2021-2025*. December 2020.

UNFPA. *Delivering Supplies When Crisis Strikes. Reproductive Health in Humanitarian Settings*. Undated

UNFPA. *UNFPA Fast Track Policies and Procedures*. November 2020

UNFPA. *Guidance Note on Minimum Preparedness*. Programme Division, Humanitarian Response and Fragile Contexts Branch. Revised Version - June 2016

UNFPA. 2020 Annual report of the Executive Director, Implementation of the strategic plan 2018-2021, Annex 2: UNFPA humanitarian update Date?

UNFPA. Undated. *UNFPA's Role in Peacebuilding and Sustaining Peace*. Contribution to the 2020 Peacebuilding Architecture Review

UNFPA. 2020. *Achieving the UNFPA Vision for Humanitarian Action: An Accountability Framework for Strategic and Transformative Change*. Final Draft 31 January 2020

Strategic Plan 2018-2021 [here](#)

Strategic Plan 2018-2021 Supporting Documents [here](#)

UNFPA. *Strategic Plan 2022-2025*. DP/FPA/2021/8. July 2021

Strategic Plan 2022-2025 Supporting Documents

MTR of Strategic Plan 2022-2025 [here](#)

UNFPA. *UNFPA's work to address the humanitarian-development-peace nexus*. October 2020

UNFPA. *Your Guide to Mutual Recognition*. March 2021

UNSDG

UNSDG. *Management and Accountability Framework of the UN Development and Resident Coordinator System*.

UNSDG. *Leaving no one behind: A UNSDG operational guide for UN country teams*. INTERIM DRAFT –18 March 2019

UN Development Coordination Office. *Strengthening collaboration on humanitarian and development analytical, planning and monitoring processes for COVID-19 at country level*. Tip Sheet. 26 May 2020

United Nations. *One humanity: shared responsibility Report of the Secretary-General for the World Humanitarian Summit*. A/70/709. 2 February 2016. [here](#)

UNSDG. *United Nations Sustainable Development Cooperation Framework Internal Guidance*. June 2019

UNSDG. *Humanitarian-Development-Peace (HDP) Collaboration*. Cooperation Framework companion piece. May 2020

UNSDG. *UN country-level strategic planning for development in exceptional circumstances*. Endorsed by the UNSDG principals group 4 April 2021

Evaluations

Evaluation of the UNFPA capacity in humanitarian action (2012-2019) here

- Full report [here](#)
- Volume II annexes
- EB paper DP/FPA/2020/CRP.4 [here](#)
- Thematic Paper on human resources [here](#)
- Thematic Paper on supply chain management for humanitarian commodities [here](#)
- Management Response [here](#)

Other

Center for International Cooperation. *The Triple Nexus in Practice: Toward a New Way of Working in Protracted and Repeated Crises*. [here](#)

IASC. *Policy - Light Guidance on Collective Outcomes*. Developed by IASC Results Group 4 on Humanitarian-Development Collaboration in consultation with the UN Joint Steering Committee to Advance Humanitarian and Development Collaboration. June 2020 [here](#)

OCHA. *Collective Outcomes. Operationalizing the New Way of Working*. April 2018

ODI. *The Grand Bargain at Five Years: An Independent Review*. June 2021

OECD/DAC. *Outcome Document*. Partnership for Peace: High level OECD DAC and UN Roundtable on the Humanitarian-Development-Peace Nexus. 6 October 2020.

ANNEX 2: PERSONS INTERVIEWED

Category of interviewee	Number	Note
Headquarters	29	Including the Humanitarian Response Division
Regional Offices	54	Including Humanitarian Advisors
Country offices	117	Including Humanitarian Officers
External organizations	6	Including OCHA

ANNEX 3: LINKS

United Nations

Joint Steering Committee to Advance Humanitarian and Development Collaboration [here](#)

Agenda for Humanity. [here](#)

Global Protection Cluster [here](#)

UNFPA

Humanitarian Action 2021 Overview [here](#)

UNFPA Humanitarian Community [here](#)

ANNEX 4: UNFPA PROGRAMME COUNTRIES IN HUMANITARIAN CONTEXTS BY REGION

Regional Office	APRO	ASRO	EECARO	EESARO	LACRO	WCARO
Country programmes receiving humanitarian funding in 2021 (UNFPA Humanitarian Overview 2022)	Afghanistan Bangladesh India Indonesia Iran Korea, DPR Lao, PDR Maldives Mongolia Myanmar Nepal Pacific SRO ¹⁶⁶ Pakistan Papua New Guinea Philippines Sri Lanka Timor-Leste Viet Nam	Egypt Iraq Jordan Lebanon Libya Palestine Somalia Sudan Syria Yemen Tunisia	Bosnia & Herzegovina Turkey Ukraine	Angola Burundi Comoros Congo, DR Ethiopia Kenya Madagascar Malawi Mozambique Rwanda South Sudan Tanzania Uganda Zambia Zimbabwe	Brazil Colombia Ecuador Haiti Mexico Peru Venezuela	Burkina Faso Cameroon Central African Rep Chad Congo, Rep of the Côte D'Ivoire Equatorial Guinea Gambia Ghana Guinea Liberia Mali Mauritania Niger Nigeria Sierra Leone
Total Number	18	11	3	15	7	16
Total Programme Countries	23	15	17	22	21 ¹⁶⁷	23
Humanitarian as % of total	78%	73%	18%	68%	33%	70%
Countries with humanitarian funding >\$1,000,000						
Total Number	11	9	1	9	3	8
Total Programme Countries	23	15	17	22	21	23
Humanitarian as % of total	48%	60%	6%	41%	14%	35%

¹⁶⁶ Includes 14 countries

¹⁶⁷ Includes Caribbean SRO and 22 countries/territories

ANNEX 5: COUNTRIES WITH HRPS

Afghanistan
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Colombia
Democratic Republic of Congo
El Salvador
Ethiopia
Guatemala
Haiti
Honduras
Iraq
Libya
Mali
Mozambique
Myanmar
Niger
Nigeria
occupied Palestinian territory
Somalia
South Sudan
Sudan
Syria
Ukraine
Venezuela

Yemen

ANNEX 6: SELECTED QCPR (FUNDING COMPACT) INDICATORS

#	Name	Baseline value	Value reporting in 2020 SGR		Latest Value (2021 SGR)		Trend	Source
35b	Fraction of resident coordinators that state there is “close collaboration” among entities of the UNDS engaged across development, disaster risk reduction, humanitarian action and sustaining peace (as applicable) i. Close collaboration ii. Not close collaboration	n/a [new]	97% (95/98)	2019	97% (95/98) 3% (3/98)	2019	→	RC survey
39	Fraction of UN country teams in countries that had a humanitarian crisis within the past year where UN development and humanitarian actors have worked together to undertake: i. Joint conflict analysis ii. Joint planning for collective outcomes iii. Joint programming iv. Joint monitoring and evaluation v. Joint coordination mechanisms	(2017)	55% (28/51)	2019	58% (29/50)	2020		DCO
					24% (20/82)		↓	
			78% (40/51)		80% (40/50)		↓	
			67% (34/51)		82% (41/50)		→	
			67% (34/51)		72% (36/50)		↓	
			78% (40/51)		84% (42/50)		→	
41	Fraction of multi-year humanitarian response plans with content that are harmonized with CF/UNDAFs	n/a [new]	11/11	2019	11/11	2019	→	DCO
42	Percentage of CF/UNDAFs that explicitly incorporate elements relating to sustaining peace and peacebuilding	(2017) 43%	57%	2019	85% (56/65)	2020	↑	DCO

#	Name	Baseline value	Value reporting in 2020 SGR		Latest Value (2021 SGR)		Trend	Source
44	Fraction of resident coordinators in countries with humanitarian assistance needs who “agree” that members of the UN country team regularly report to the resident coordinator in relation to CF/UNDAF, in a way that ensures strong coherence of development and humanitarian activities	(2017) 89/109 (82%)	84/89 (94%)	20 19	84/89 (94%)	20 19	↑	RC survey



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