Formative Evaluation of the

Arab States Regional Programme 2022-2025

Final Evaluation Report

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UNFPA Arab States Region

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ACKNOWLEDGEMENTS

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Acronyms

ASRO	Arab States Regional Office
CAPMAS	Central Agency for Public Mobilization and Statistics
CMR	Case Management and Referral
COs	Country Offices
CPDs	Country Programme Documents
CPR	Contraceptive Prevalence Rates
CSE	Comprehensive Sexuality Education
CSR	Corporate Social Responsibility
ECHO	European Civil Protection and Humanitarian Aid Operations
EFHS	Health Survey for the Egyptian Households
ERG	Evaluation Reference Group
ESCWA	United Nations Economic and Social Commission for Western Asia
EQ	Evaluation Question
EQAA	Evaluation Quality Assurance and Assessment
FfD	Financing for Development
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
FTPs	Fast Track Procedures
GBV	Gender-Based Violence
GCC	Gulf Cooperation Council
GCCO	Gulf Cooperation Council Office
GIS	Geographic Information Systems
HDPNx	Humanitarian-Development-Peace Nexus
HR	Human Resources
HQ	Headquarters
ICPD	International Conference on Population and Development
IDPs	Internally Displaced People
IFIs	International Financial Institutions
KII	Key Informant Interviews
LAS	League of Arab States
LNOB	Leave No One Behind
LTAs	Long-term Agreements
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MPAs	Minimum Preparedness Actions
MTR	Mid-Term Review
NCW	National Council for Women
NGO	Non-Governmental Organization
NREAPs	National Renewable Energy Action Plans
OEE	Organizational Effectiveness and Efficiency
OPDs	Organizations for People with Disabilities
PoA	Programme of Action
PwDs	People with Disabilities
ROs	Regional Offices
RP	Regional Programme

RPAP	Regional Programme Action Plan
RPEs	Regional Programme Evaluations
SDGs	Sustainable Development Goals
SAE	Small Area Estimation
SWP	State of the World Population Report
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
TRs	Transformative Results
UN	United Nations
UNHCHR	UN High Commissioner for Human Rights
UNEG	United Nations Evaluation Group
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Populations Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview

The Arab States Regional Programme (RP) 2022-2025[1] is the second of three RPs, developed in alignment with the global Strategic Plan (SP)[2] to achieve the Three Transformative Results (3TRs); (i) ending the unmet need for family planning, (ii) ending preventable maternal deaths, and (iii) ending Gender-Based Violence (GBV) and harmful practices. It pursued to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action[3] in the Arab States region. The RP adapted the six global SP outputs to the Arab region's context based on a change story that delineated the regional core issues, underlying causes and risks.

The RP's six outputs to be achieved by 2025 focus on (i) policy and accountability; (ii) quality of care and services; (iii) gender and social norms; (iv) population change and data; (v) strengthening complementarity across humanitarian, development, and peace-responsive efforts; and (vi) adolescents and youth. Six accelerators were identified to achieve intended results: human rights-based approach, strategic partnerships, innovation, data, Leaving No One Behind (LNOB) and resilience. Given the challenging regional context with acute crises and volatile economic and political context, priorities have been identified at the time of the mid-term review of the Arab RP in 2023 for the remaining years: Addressing Sexual and Reproductive Health and Rights (SRHR) and GBV disparities and health system strengthening; promoting national investment in health and GBV services; and focusing on social norms.

Evaluation Purpose, Objectives and Intended Users

The Formative Evaluation for the Arab States RP 2022-2025 takes place in parallel with a global formative evaluation of the UNFPA SP 2022-2025. It is managed by the UNFPA Arab States Regional Office in Cairo (ASRO) Evaluation team and is being conducted in strong coordination and collaboration with the UNFPA Evaluation Office and other Regional Offices (ROs). The purpose of this evaluation is to provide evidence to support ASRO's learning related to what works and what does not to accelerate progress towards the transformative results and contribute to the next global SP and its stated intent to focus on "unfinished business".

The objective of the regional evaluation is to assess ASRO's organizational readiness and strategic positioning to accelerate the progress towards the achievement of the 3TRs in the region. Upon which, it shall catalyze a discussion on the design of the next RP.

The primary intended users of the evaluation are UNFPA ASRO and Country Offices (COs) in the region as well as UNFPA headquarters. The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and UN organizations at the regional and national levels.

Scope and Evaluation Methodology

The evaluation's scope covered all six outputs and the three organizational effectiveness and efficiency areas (OEEs) of the RP Document for Arab States 2022-2025, including the complexities of the Humanitarian-Development-Peace Nexus (HDPNx). The evaluation covered the period from 2022

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[1] UNFPA. 2021. Regional Programme Document for Arab States 2022-2025. https://www.unfpa.org/sites/default/files/board-documents/DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf

[2] UNFPA. 2021. UNFPA Strategic Plan 2022-2025. https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

[3] UNFPA. 2019. Report on the Nairobi Summit ICPD25. https://www.unfpa.org/sites/default/files/pub-pdf/Nairobi_Summit_Report_on_ICPD25.pdf

until March 2024 encompassing 20 countries and territories supported through ASRO in Cairo and 15 COs across the region.

The formative evaluation was conducted using a participatory mixed-method approach, incorporating various data collection methods such as desk reviews, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with diverse staff and stakeholders and integrating gender considerations. A country-level focus and alignment with the Strategic Programme Evaluation (SPE) were maintained to ensure coherence and the ability to draw comparative insights across different regions. Six Evaluation Questions (EQs) formed the basis of this evaluation covering aspects of i) enabling environment and support to COs; ii) accelerators; iii) enablers; iv) humanitarian-development-peace nexus; v) strategic shifts, and vi) forward looking aspects.

Summary of Findings

Enabling Environment and Support to COs

ASRO provides multifaceted support to COs across technical, programmatic and operational domains, which is valued by all COs but with mixed perceptions around its sufficiency, timeliness and relevance to specific country needs. The most prominent areas of ASRO's support include technical guidance on normative work and corporate policies, capacity building and support to resource mobilization and in-country advocacy. To some extent, ASRO built capacities of CO teams through workshops and trainings and fostered cross-country knowledge sharing and exchanges. It also played a critical role to enable COs respond to humanitarian needs by deploying expertise, fast-tracked processes, as well as overall operational and business functions support. The evaluation finds that there is room for improvement in matching ASRO's support to specific country needs, which could be done by regularizing a support process, enhancing the efficiency of operations and revisiting the size and composition of human resources at the regional level.

Accelerators

The six accelerators were developed based on clear and well-designed change stories towards the 3TRs. The concepts are relevant, interlinked and can be mutually reinforcing. However, the distinction between them, strategic shifts and megatrends is unclear, overlapping and confusing for staff. Their institutionalization at the regional and country levels is unsystematic and staff have limited awareness and guidance on how to effectively utilize and integrate them into programmes, monitoring and reporting. Having said that, the accelerators are perceived as guiding principles and are embedded naturally into the COs' work and are utilized at varying levels according to country-contexts. For example, human rights and gender transformation are sensitive topics and their role in advancing the 3TRs is limited compared to other accelerators such as digitalization and partnerships that played a more prominent role. COs have exerted efforts at LNOB that enabled the inclusion of vulnerable groups, such as People with Disabilities (PwDs), however, focus on urgent humanitarian response sometimes sidelines such efforts. Data and evidence are challenging in some countries due to capacity limitations, on-going crises or government control over data. The contexts in the Arab States make the HDPNx relevant but stagnant, it is even reversed in some countries where conflicts or disasters had erupted.

Strategic Shifts

Overall, it is evident that megatrends represent inherent daily realities across COs. Adapting to them offers diverse opportunities for COs to enhance the relevance and impact of their interventions within their contexts. Initiatives that embrace megatrends range from addressing climate change vulnerabilities to technology integration in programming and advancing migration data for informed policy decisions. Despite their relevance and proven support in addressing country challenges and progressing towards the 3TRs, the structural integration of megatrends into programming remains unclear with no specific guidance on how to implement, monitor and report on them. The SP Mid-Term Review (MTR) found that integrating the effects of megatrends into programming was one of

the two shifts COs' staff felt least knowledgeable about.[4] The SPE has also confirmed that terminology of megatrends is new to UNFPA and has limited operationalization to date. There is lack of guidance and little support to understand how identified megatrends relate to each other and to UNFPA's mandate, which makes it difficult to address concrete needs on the ground.[5] A strategic shift from funding to Financing for Development (FfD) in the Arab region is gradually unfolding from traditional funding to broader financing models. There are efforts that aim to engage new donors, including International Financing Institutes (IFIs) and the private sector, whereas traditional government contributions are regressing due to uncertainties of economic downturns and multiple crises. The ASRO's efforts on conducting investments cases was noted as a success by the RPE, which at the same time recognized that UNFPA lacks the expertise, tools, incentives and positioning to make a considerable difference in shifting from funding to financing.[6] Likewise, this evaluation concludes that there is a need for diversifying donor base, strengthening partnerships with the private sector and dialogue with governments, in addition to establishing robust data systems.

Enablers

The adequacy of the technical workforce at ASRO is often compromised by high staff turnover and numerous vacancies, staff struggle with multiple responsibilities, which hampers timely technical support to COs and reduces effectiveness of partnerships, resource mobilization, Monitoring and Evaluation (M&E) and communications efforts. Likewise, COs report understaffing, high turnover, heavy workloads and reduced funding, hindering productivity and responsiveness. The evaluation noted the rigor in recruitment processes to ensure the best talents are selected, but several skillsets remain missing and needed (economists at corporate level, demographers at country level, etc…). Cross-cutting coordination seems to be fragmented, despite integrated outcomes, units often work independently, leading to missed synergy opportunities. Some business processes improved, but others are still perceived as bureaucratic, time-consuming and requiring revision.

Humanitarian Action and Transition

Recent emergencies in the Arab region have spurred a shift towards humanitarian action, while emphasizing urgency of long-term planning and preparedness. Some advancements were made in preparedness, which was pinpointed in the SPE,[7] such as implementing the Minimum Initial Service Package, readiness assessments and improvements in supply chain management and prepositioning of supplies. However, ASRO and COs face challenges in operational readiness and resources at varying degrees. It is clear that there is need for adaptability, improved data systems and enhanced collaboration and outreaching, as well as securing adequate funds for staffing, preparedness and operations. The evaluation emphasizes the importance of adapting to local contexts and building resilience for effective humanitarian interventions, bolstered by strong partnerships with local Non-Governmental Organizations (NGOs) and government agencies. Evidence and best practices from countries in the region highlight successful balance and integration of urgent humanitarian needs with UNFPA's traditional development frameworks, especially in volatile regions like Morocco post-earthquake. Humanitarian support was strongly appreciated by most- if not all- relevant countries reviewed, but integration between humanitarian efforts and other technical areas and enabling functions like resource mobilization can be further strengthened. The humanitarian hub, dedicated to the whole of Syria response, is a useful cross-border response mechanism.

Looking Forward

Assessing progress towards the 3TRs in the Arab States region faces challenges due to ongoing crises, limited updated data and diverse social norms. Progress is slow, with some countries regressing, not

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[4] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 90
[5] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 90
[6] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 82
[7] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 99

only in the region, but globally as concluded by the SPE.[8] Maternal mortality and under-five mortality have decreased, but challenges remain in GBV, FGM and child marriage, highlighting the need for sustained efforts. In most countries, updated data on the 3TRs is not available. In the process of developing the next RP, it is important to ensure deeper engagement by COs in the design phase, apply structural changes to facilitate new partnerships and the transition to funding and financing, and adopt a country- focus approach by ASRO to support COs. From a technical perspective, the RP should consider alignment of outputs with country realities and needs, clear leverage of well-defined accelerators, better formulated value propositions in relation to the megatrends, adopting a social norm perspective cross-cutting with thematic areas and considering the relevant UNSDG key transitions for advancing the SDGs.

Key Conclusions

Conclusion 1: ASRO plays a critical role to support COs through various modalities, but COs have mixed perceptions and higher expectations in terms of the support's sufficiency, timeliness and relevance to their countries' needs.

Conclusion 2: Accelerators are conceptually relevant, mutually reinforcing, and can advance ASRO's work, but their relationship with megatrends and strategic shifts is unclear and their definition and institutionalisation is insufficient, with some perceived only as guiding principles.

Conclusion 3: Addressing harmful social and gender norms remains limited due to several significant challenges, like deeply entrenched social norms, modest national capacities, and missing data.

Conclusion 4: Megatrends are more or less relevant to country contexts, but alignment to them is fragmented but progressing

Conclusion 5: The focus on the 3TRs is strong and useful but *with limited data and* some important areas of work are not captured under them.

Conclusion 6: While UNFPA collaborates effectively with some UN agencies, there is a need for better synergies and cooperation at both regional and country levels.

Conclusion 7: In the Arab region, UNFPA's workforce as an enabler is challenged by recurrent vacancies, lengthy recruitment processes and high staff turnover, creating heavy workload for existing staff struggling with multiple responsibilities. Several enabling processes improved, but others require revision.

Conclusion 8: Recent emergencies in the region have spurred an appreciated shift towards prioritizing humanitarian action in the RP and activities, including long-term planning and preparedness, with room to integrate lessons learned in the next RP.

Conclusion 9: Assessing progress towards the 3TRs in the Arab States region faces challenges due to ongoing crises, limited updated data and diverse social norms. Progress is slow, with some countries regressing. There are opportunities to integrate lessons learned in the upcoming regional programme.

Recommendations

Strategic Recommendations

Recommendation 1: Enhance technical and operational support to COs

Proposed actions:

- Conduct capacity assessments and roll out well-defined country-focused support plans.
- Promote a high level of consultation and participation of country office staff members at different levels in the development of the next regional programme, including its TOC.

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[8] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 149 and para 167

- Strengthen the existing system of responding to country office's requests to ensure agility and timeliness.
- Regularize two-way regional exchanges and knowledge sharing between ASRO and COs convened by ASRO teams.
- Create synergies between strategic partnerships at regional and country levels

Recommendation 2: **Facilitate a more conducive environment for RM at regional and country level in all settings**

Proposed actions:

- Facilitate robust resource mobilisation and adaptive financing strategies at regional and country office levels. Track progress of the implementation of these strategies with specific timelines and measurable outcomes.
- Map and assess funding and financing (IFIs, private sector, and government financing) opportunities at the 3 TRs and outcome levels (in development and humanitarian settings)
- Co-formulate with regional teams and COs UNFPA's added value and create incentives for donors and financiers

- Engage with strategic partners and leverage their comparative advantage as entry points to facilitate the transition to funding and financing (e.g. WHO and Universal Health Coverage), including through joint programmes
- Regularly build capacities of RO and COs teams to mobilize resources, including innovative financing mechanisms.
- Facilitate regular knowledge exchange on successful and different models of funding and financing
- Advocate for innovative financing mechanisms and supporting COs with investment cases.

Recommendation 3: **Strengthen the timely recruitment, utilization and retention of UNFPA's workforce**

Proposed actions:

- Capitalize more on the use of rosters, especially for core UNFPA functions
- Locate and address the root causes of retention challenges and vacancy rates in ASRO and COs (e.g. office culture, flexible working arrangements, recognition and rewards, learning and development, career growth)
- Incorporate mentorship programs to retain talent and transfer knowledge within the organisation.
- ASRO to engage with headquarters on ways to reduce bottlenecks in recruitment process and expedite hiring.
- Develop a succession planning strategy to manage staff turnover effectively.

Recommendation 4: **Sharpen UNFPA's position in relation to relevant megatrends (such as climate change and ageing) and UNSDG transitions in the development of the next regional programme.**

Proposed actions:

- Strengthen the integration of megatrends by: (i) prioritizing the key relevant megatrends for UNFPA mandate (e.g. climate change, ageing,...); (ii) integrating these prioritized megatrends in studies and research, programme implementation, monitoring frameworks and reporting; and (iii) develop a mechanism to share the studies' outcomes with relevant stakeholders, including through interagency collaborations.
- Consolidate and share UNFPA's key messages and position on the prioritized megatrends/UNSDG transitions with staff members, including regional consultation workshops with COs

- Invest in capacities with new expertise in these relatively new areas in the regional office
- ASRO to engage with headquarters on ways to incorporate guidance on addressing ageing and HIV/AIDS in alignment with the 3TRs to strengthen UNFPA's external positioning.

<u>Recommendation 5:</u> **Promote systemic and integrated cross-teams' coordination, collaboration and programming.**

Proposed actions:

- Ensure that outputs of the next Regional Programme are more integrated, and teams work more collaboratively with more joint accountabilities
- Introduce mechanisms to improve cross-team communications and operational coordination.
- Generate clarity on roles and responsibilities of different technical and enabling functions to minimize fragmented processes.

<u>Recommendation 6:</u> **Encourage regular regional exchanges and knowledge sharing between COs**

Proposed actions:

- Organize more proactive and innovative regional exchange and coordination activities, and training programmes tailored to the priorities and needs of COs.
- Encourage in person or virtual country exchange visits to facilitate real-time collaboration.
- Promote documentation and publication of successful case studies.

Programmatic Recommendations

<u>Recommendation 7:</u> **Enhance institutionalization and intelligence on accelerators with clear utilisation, guidance and monitoring frameworks**.

- Agree on what makes an accelerator an "accelerator".[9] Clear criteria are required to be able to consider a principle an "accelerator" (e.g. demonstrated improvement of programme implementation, entry point to resource mobilization,…). Such criteria are to be discussed among regional and country office teams and to be agreed upon.
- Take stock of existing "accelerators" against the newly agreed criteria. The evaluation report provides a detailed picture of each accelerator.
- Collect consensus on the fitness for purpose of each accelerator and decide to keep, tweak or remove accelerators.
- Promote the adoption of each accelerator through clear ownership/accountability, mainstreaming in programme areas across the programme cycle (planning, implementation, reporting), and capacity building on UNFPA's stance about the value added of an accelerator and how to operationalize it/reflect it in a given programme.
- Establish a uniform and flexible M&E framework with specific indicators to track the adoption and effectiveness of each accelerator, integrating this framework into the RP and COs' CPDs.
- Provide regular training and support for COs' staff to ensure proper understanding and implementation for adaptation to local contexts. This standardization will reduce ambiguity and varied interpretations.

<u>Recommendation 8:</u> **Institutionalize data and evidence-based programming**.

Proposed actions:

- Complete the data portal as a one stop-shop for population data and data related to the three TRs in the region
- Encourage and incentivize data sharing by governments

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[9] An accelerator is mostly a principle that guides a UNFPA's team's work where applicable. It is an optional tool to orient a programme's direction as needed to ensure effectiveness, efficiency and equity.

- Leverage technologies and innovative methodologies to collect and analyze data, as well as to make estimations where data is lacking (e.g. small area estimation, geospatial mapping, AI and advanced data analytics), including through fostering partnerships with tech companies and NGOs.

Recommendation 9: Mainstream social norms more strongly into programming, especially in gender and youth areas.

Proposed actions:

- Facilitate evidence generation and knowledge sharing on what works regarding mainstreaming and changing social norms based on different country successes
- Provide clear guidance and training (including on the creation of community-led interventions) for COs, national partners and practitioners on addressing social norms, and on embedding social norms in programme design and implementation, with regular M&E.
- Consider integrating and supporting COs in adopting C4D approaches as evidence-based tools for behavior change
- Build capacities of national institutions with an expanded training program on social norms.
- Establish partnerships with local research bodies to improve the collection and analysis of social norms data.

Recommendation 10: Scale up humanitarian action with an emphasis on preparedness capacities.

Proposed actions:

- Adopt a holistic approach that allows more comprehensive risk analyses and response plans for all country offices (in all settings) to allow progress towards UNFPA mandate.
- Invest more resources to expand the humanitarian team. Map existing staff skill sets and capacities to the humanitarian response needs, identify gaps and working towards filling them.
- Continue to step up preparedness functions within UNFPA (RO and all COs in the region) and member states (e.g. risk analyses, readiness assessments and capacity building programs focused on MISP, supply prepositioning, FTPs procurement, SURGE recruitment, and financial management).
- Enhance partnerships with governments to foster ownership and sustainability of humanitarian efforts.
- Ensure humanitarian to development transition scenarios are regularly planned and coordinated with ASRO programme teams
- Implement flexible and adaptable monitoring indicators to ensure responsiveness to evolving priorities in humanitarian setting.
- Improve the alignment of the Regional Humanitarian Hub for Syria and the Arab States with ASRO's objectives.

1. INTRODUCTION

1.1 Evaluation Objectives and Scope

Purpose

1. The purpose of this formative Regional Programme Evaluation (RPE) is to provide evidence to support the Arab States Regional Office (ASRO)'s learning related to what works and what does not to accelerate progress towards achievement of the UNFPA Strategic Plan (SP)'s Three Transformative Results (3TRs) (i) ending the unmet need for family planning, (ii) ending preventable maternal deaths, and (iii) ending Gender-Based Violence (GBV) and harmful practices. This RPE was carried out in a coordinated manner with the Strategic Programme Evaluation (SPE) and five other RPEs. It will inform the design of the next Regional Programme (RP) and contribute to the next SP and its stated intent to focus on "unfinished business".

Objective

2. The objective of this formative RPE is to assess ASRO's organizational readiness and strategic positioning to accelerate the progress towards the achievement of the SP's 3TRs in the region, upon which, it shall catalyse a discussion on the design of the next RP. The primary intended users of the evaluation are UNFPA ASRO and Country Offices (COs) in the region as well as UNFPA headquarters. The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and UN organizations at the regional and national levels.

Scope

3. Thematic scope: The evaluation covers all six outputs and the three organizational effectiveness and efficiency areas of the RP Document for Arab States 2022-2025.[10] In consideration of the challenging environment of the region, which includes wars, armed conflicts, humanitarian crises, economic hardships and security and political instability, a balanced approach is adopted to ensure that focus is given to the priorities that have been identified for the Arab States RP. A forward-looking perspective is maintained so that the evaluation results would benefit both the remainder of the current programme and the development of the subsequent one.

4. Temporal scope: Focus is on the current RP's duration, starting from 2022 until the end of data collection in mid-2024.

5. Geographic scope: The Arab State region, covering 20 countries and territories supported through the Arab States RO in Cairo (ASRO) and 15 Country Offices (COs).

1.2 Regional Context in the Arab States

Conflict, Political Instability and Socio-Economic Situation

6. The Arab region faces persistent and multifaceted challenges across most developmental domains including common regional challenges around gender equality, peace and justice, food security, decent work and economic growth, in addition to specific challenges like water stress and sustainable agriculture.[11] The region has endured a series of unprecedented crises, including the COVID-19 pandemic, a succession of economic shocks, natural disasters, protracted political conflicts and wars that displaced millions. The region is home to only 5.5 percent of the world's population[12] and, according to UNHCR, a total of 11.7 million people in the region are expected

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[10] UNFPA. 2021. Regional Programme Document for Arab States 2022-2025. https://www.unfpa.org/sites/default/files/board-documents/DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf

[11] UN Sustainable Development Solutions Network and Mohammed bin Rashid School of Government. 2023. Arab SDG Index and Dashboards. https://www.arabsdgindex.com/static/downloads/files/S02_2023_SDG_index_and_Dashboard.pdf

[12] UNDP. 2022. Arab Human Development Report 2022. https://arab-hdr.org/wp-content/uploads/2022/06/UNDP-Arab-HDR-standalone-summary-0920b.pdf

to be displaced within their own country in 2024.[13] The fragile recovery of economies in the Arab region from the shock of the COVID-19 pandemic in 2022 was disrupted by the protracted war in Ukraine and is now expected to exacerbate as a result of the war in Gaza and the complex political and economic situation in most countries in the region. The aftershocks of these major crises have negatively affected education and healthcare systems and infrastructures, undermined fiscal stability, hampered job creation and livelihoods and widened social disparities. [14]

7. Political conflicts and wars have led to displacement, insecurity and a diversion of resources away from development priorities, aggravating existing vulnerabilities.[15] Using national poverty lines, the Arab region is witnessing an increase in poverty in recent years, where an average of more than a third of the region's population (35.3 percent) lives below the national poverty threshold. Furthermore, poverty is projected to continue rising to reach an average of 36 percent in 2024.[16] In some of the lowest income countries such as Djibouti, and Somalia, and conflict-affected countries, such as Sudan, Iraq, Syria and Yemen, poverty is rising dramatically and reaching more than 50 percent in some countries. Due to global supply chain disruptions, spikes in energy and food prices are causing food-importing countries to struggle in providing staples for their citizens, refinancing their debts, and are leading to greater disparities.[17]

8. Additionally, socio-economic and climate change crises are coinciding, with particular challenges for poor and vulnerable communities, for which the climate crisis poses a threat to lives and livelihoods. Many countries in the region continue to experience protracted drought and food and water insecurity. Driven in part by climate change, there have been unprecedentedly severe forest fires and droughts in Algeria, Lebanon and Syria, longstanding sand and dust storms and outbreaks of locusts in the Arabian Peninsula. Fragile and conflict-affected countries have been especially vulnerable to climate change, leading to a growing awareness across the region of the threat posed by climate change to peace, security and a long-term recovery from crisis.[18]

9. Since the onset of Arab uprisings in 2011, conflict in the Arab region has intensified and countries have been increasingly embroiled in domestic and complex geopolitical conflicts. These conflicts have had a devastating impact, giving rise to irregular migration flows and increased poverty. In addition, the most significant global humanitarian crises are occurring in Sudan, Palestine, Syria and Yemen, with devastating humanitarian situation and a significant reduction in well-being, living standards and reversals in development that will affect multiple generations. Conflicts and their repercussions are not confined to these countries; multiple spillover effects have been recorded across the region, most prominently, is the massive influx of refugees, putting enormous pressure on the host country's economic and social infrastructure, such as Lebanon and Jordan.[19] Continuing conflicts and growing socio-economic challenges also pose a serious risk for the region's prospects and put it at risk of further conflict in the near future. The prospects for reconciliation and peaceful transition remain bleak and a likely scenario is that many tensions remain unresolved and there will be sporadic episodes of intense violence.[20]

[13] UNHCR. Global Focus 2024. https://reporting.unhcr.org/operational/regions/middle-east-and-north-africa
[14] UN Sustainable Development Solutions Network and Mohammed bin Rashid School of Government. 2023. Arab SDG Index and Dashboards. https://www.arabsdgindex.com/static/downloads/files/S02_2023_SDG_index_and_Dashboard.pdf
[15] UN Sustainable Development Solutions Network and Mohammed bin Rashid School of Government. 2023. Arab SDG Index and Dashboards. https://www.arabsdgindex.com/static/downloads/files/S02_2023_SDG_index_and_Dashboard.pdf
[16] ESCWA. 2023. Survey of Economic and Social Developments in the Arab Region 2021-2022 https://www.unescwa.org/sites/default/files/pubs/pdf/survey-economic-social-developments-arab-region-2021-2022-english.pdf
[17] ESCWA. 2023. Survey of Economic and Social Developments in the Arab Region 2021-2022 https://www.unescwa.org/sites/default/files/pubs/pdf/survey-economic-social-developments-arab-region-2021-2022-english.pdf
[18] UNDP. 2022. Arab Human Development Report 2022. https://arab-hdr.org/wp-content/uploads/2022/06/UNDP-Arab-HDR-standalone-summary-0920b.pdf
[19] Economic Research Forum. 2022. Conflicts Hindering Development in the Arab Region. https://theforum.erf.org.eg/2022/02/20/conflicts-hindering-development-arab-region/
[20] Economic Research Forum. 2022. Conflicts Hindering Development in the Arab Region. https://theforum.erf.org.eg/2022/02/20/conflicts-hindering-development-arab-region/

10. Data availability remains a prominent challenge for the Arab region and there are challenges of outdated and/or inaccessible data on population. Despite reported improvements in overall data availability, significant data gaps exist, particularly relating to poverty and inequalities. Insufficient attention and resources are allocated to generating and making data available for monitoring progress on development indicators and also data-driven decision-making.[21] For example, reliable data on unsafe abortion is difficult or lacking in countries, and lack of data on HIV greatly impedes the response in MENA.[22] Likewise, available data sources on Sexually Transmitted Infections (STIs) among adolescents and youth in most low- and middle-income countries are limited.[23] Collecting data on GBV, especially comparative data, is notoriously difficult because of methodological and definitional issues and the reticence of respondents. Therefore, strengthening and expanding systematic data collection mechanisms at national and local levels is imperative to strengthen the effectiveness of countries' policies and measures.[24]

Gender Equality, Gender-Based Violence and Sexual and Reproductive Health and Rights

11. The Arab region remains the furthest away from gender parity, with Morocco, Oman and Algeria ranking the lowest, while the region's three most populous countries, Egypt, Algeria, and Morocco register declines in their gender parity scores in the latest Global Gender Gap Report of the World Economic Forum in 2023.[25] The report estimates that, with the current rate of progress, full parity in the Arab region could be attained in 153 years. Gender gaps in human development reflect unequal access for men and women to opportunities. Further, legal systems in many Arab countries do not grant women and girls the same rights and access to justice as men and boys. Unequal laws and law enforcement practices contribute to women and girls' social and economic disempowerment, and this holds back the region's human development and economic growth.

12. The region has the world's lowest rate of female economic participation standing at 26 percent compared to the global average of 56 percent, despite increasing levels of education amongst women. By contrast, male labour force participation rates, at 76 percent, are above the global average of 74 percent.[26] Women's participation in paid, productive work is restricted by patriarchal norms which value men as breadwinners and women as homemakers. When women do work outside the home, they are often considered suitable only for certain professions and face difficulties to take up or remain in paid work outside the home for reasons related to transportation safety, mismatches between skills and market demand, and low wages, often with lack of social protection relating to unemployment, pensions, maternity and sickness. These constraints are exacerbated in conflict or post-conflict settings in countries like Yemen, Syria and Iraq, where access to jobs is even more limited, safety issues are heightened, enabling structures diminished and opportunities reduced. Moreover, in the Arab States, there has also been a reported rise both in female headed households, and People with Disabilities (PwDs) who are often the most vulnerable groups requiring assistance. In countries such as Jordan and Lebanon, refugee women can find themselves isolated in unfamiliar communities, subject to legal restrictions on their ability to enter the labour market.

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[21] UNDP. 2023. Arab Region SDG Index and Dashboards Report.
https://www.arabsdgindex.com/static/downloads/files/S02_2023_SDG_index_and_Dashboard.pdf
[22] Sexual and Reproductive Health in the Arab Region.
https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2021/07/SRHR-Policy%20Paper-EN.pdf
[23] UNFPA. 2022. Youth sexual and reproductive health and reproductive rights in the Arab region.
https://arabstates.unfpa.org/sites/default/files/pub-pdf/14451-srhrr_arab_region_-_an_overview_-_web_version.pdf
[24] ESCWA. The sixth review of the International Conference on Population and Development
in the Arab region Ten years after the 2013 Cairo Declaration: regional review report.
https://www.unescwa.org/sites/default/files/pubs/pdf/sixth-review-international-conference-population-development-arab-region-english.pdf
[25] World Economic Forum. 2023. Global Gender Gap Report 2023. https://www3.weforum.org/docs/WEF_GGGR_2023.pdf
[26] ILO. 2024. Gender Equality in the Arab States. https://www.ilo.org/beirut/areasofwork/equality-discrimination/WCMS_712089/lang--en/index.htm

13. In the more affluent Gulf Cooperation Council (GCC) countries, prosperity often has an inverse relation with female labour force participation, as societies place a value on women 'not needing to work'. In these countries migrant workers play an important role in the labour market with female migrant workers making up a significant part of the domestic workforce, often in precarious conditions with little protection.[27]

14. The region has made significant progress on improving key general health indicators including lowering maternal and under-5 mortality, decreasing disease burden, and increasing life expectancy. 14 of the 21 countries have reached the Sustainable Development Goals (SDGs) indicator of reducing maternal deaths to less than 70 per 100,000 and female life expectancy at birth increased in all countries (from an average of 68 years in 1995 to 71.31 years in 2019). However, Sudan, Djibouti, and Yemen remained above global estimate for under-five mortality. 13 of the 21 countries have reached at least 90 percent skilled birth attendance and roughly 78 percent of ever married women aged 15-49 reported having their reproductive needs for family planning satisfied with modern methods. Antenatal care is lower in rural and poor areas; and it is estimated that 65 percent of women receive postnatal care. However, in similar areas in the least developed countries women are most likely to receive no postnatal care at all. Abortion, especially unsafe abortion, is a neglected public health topic despite two in five pregnancies being unplanned, of which one half ending in abortion. Qatar and Tunisia have Comprehensive Sexuality Education (CSE) in schools, with other countries (Djibouti, Egypt, Jordan, and Syria) providing some form of sexuality education outside the school context.[28]

15. In the Arab region, cultural sensitivities and taboos surrounding sexuality are prominent and may prevent individuals from accessing and utilizing sexual health services. Furthermore, attempts to control women and girls' sexuality in the Arab region are shown in abuses they face on a daily basis, including GBV, forced marriage, Female Genital Mutilation (FGM), and limitations on their mobility, dress, education, employment and participation in public life. Violations of women's Sexual and Reproductive Health and Rights (SRHR) are often deeply entrenched in societal values pertaining to women's sexuality. The prevailing patriarchal mentality that values women based on their ability to reproduce results in early marriage and pregnancy, or repeated pregnancies spaced too closely together which have a devastating impact on women's health with sometimes fatal consequences.[29] Women in the Arab region, specifically young women, women in rural areas and with disabilities suffer from an inadequate health provision and a poor access to health facilities, as well as a lack of easy access to health information. Across the region, young people, particularly unmarried young people, remain highly neglected populations in terms of access to SRHR services and education. In conflict-affected countries, younger females are less likely to have their family planning needs met than older cohorts. Given the increasing trends in child marriage, the prevention of unintended pregnancies and reduction of adolescent childbearing is crucial to the health and well-being of these young women.[30]

Development and Humanitarian Funding in the Arab States Region

16. A number of countries have moved from upper middle-income countries to lower middle income countries (Lebanon, Jordan and Algeria) in recent years. Some countries classified as upper middle-income countries such as Iraq and Libya have been plagued by weak governance and chronic political unrest. Although significant progress has been made to realize the vision of the

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[27] ILO. 2024. Gender Equality in the Arab States. https://www.ilo.org/beirut/areasofwork/equality-discrimination/WCMS_712089/lang--en/index.htm

[28] UNICEF. 2022. Situational Analysis of Women and Girls in the MENA and Arab States Region. https://www.unicef.org/mena/media/14321/file/Pillar-1_V2.pdf.pdf

[29] Arab States Civil Society Organizations and Feminists Network. 2021. Policy Paper: Sexual and Reproductive Health in the Arab Region. https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2021/07/SRHR-Policy%20Paper-EN.pdf

[30] UNICEF. 2022. Situational Analysis of Women and Girls in the MENA and Arab States Region. https://www.unicef.org/mena/media/14321/file/Pillar-1_V2.pdf.pdf

ICPD, there remains vast inequality across the Arab region fuelled by the multiple reasons including financing.

17. The overall ODA disbursements from official donors to eligible Arab States has slightly decreased in the past 3 years, with fluctuations across time and important variations among eligible countries. Across countries, after a significant increase between 2020 and 2021, from USD 33.7 billion to USD 39.4 billion, overall, ODA financing from official donors sharply decreased back to USD 32.5 billion. In 2022, this funding was primarily concentrated in three countries (Syria: USD 8.2 billion, Egypt: USD 6.1 billion and Yemen: USD 3.7 billion), which amount to a total more than the eleven other countries combined.

18. In three years, five countries have witnessed an increase in ODA financing from official donors. Some increases were significant (Egypt, Yemen, and Tunisia - 270, 36, and 25 percent increases respectively), and other countries increases were much less (Palestine and Algeria – less than 7 percent) (figure 1). Egypt and Yemen are distinctive cases because, while their disbursed funds increased in the three-year aggregate, their amount of funding decreased between 2022 and 2021. However, nine other countries (Libya, Lebanon, Djibouti, Morocco, Iraq, Sudan, Jordan, Somalia and Syria) witness a shrinkage in ODA financing from official donors. Depending on a country's portfolio size, decreases can vary from 74 percent (Djibouti – USD 200 million decline) to 21 percent (Syria - USD 2.2 billion decline). Sudan and Jordan are noteworthy cases because, while their disbursed funds decreased in the three-year aggregate, they decreased after a hike in disbursed funding in 2021 (figure 1).

Figure 1: Total Aid (ODA) Disbursements in the Arab States Eligible Countries from Official Donors (2020-2022)

	Egypt	Yemen	Tunisia	Palestine, WestBank and Gaza	Algeria	Libya	Lebanon	Djibouti	Morocco	Iraq	Sudan	Jordan	Somalia	Syrian Arab Republic
2020	1.65	2.71	1.03	2.18	0.22	0.31	1.53	0.27	1.94	2.45	2.5	3.29	3.24	10.39
2021	7.94	3.89	1.09	2.16	0.21	0.34	1.4	0.18	0.97	1.81	1.81	3.45	2.41	9.69
2022	6.08	3.7	1.29	2.34	0.23	0.27	1.47	0.07	1.51	1.71	1.71	2.06	1.97	8.2
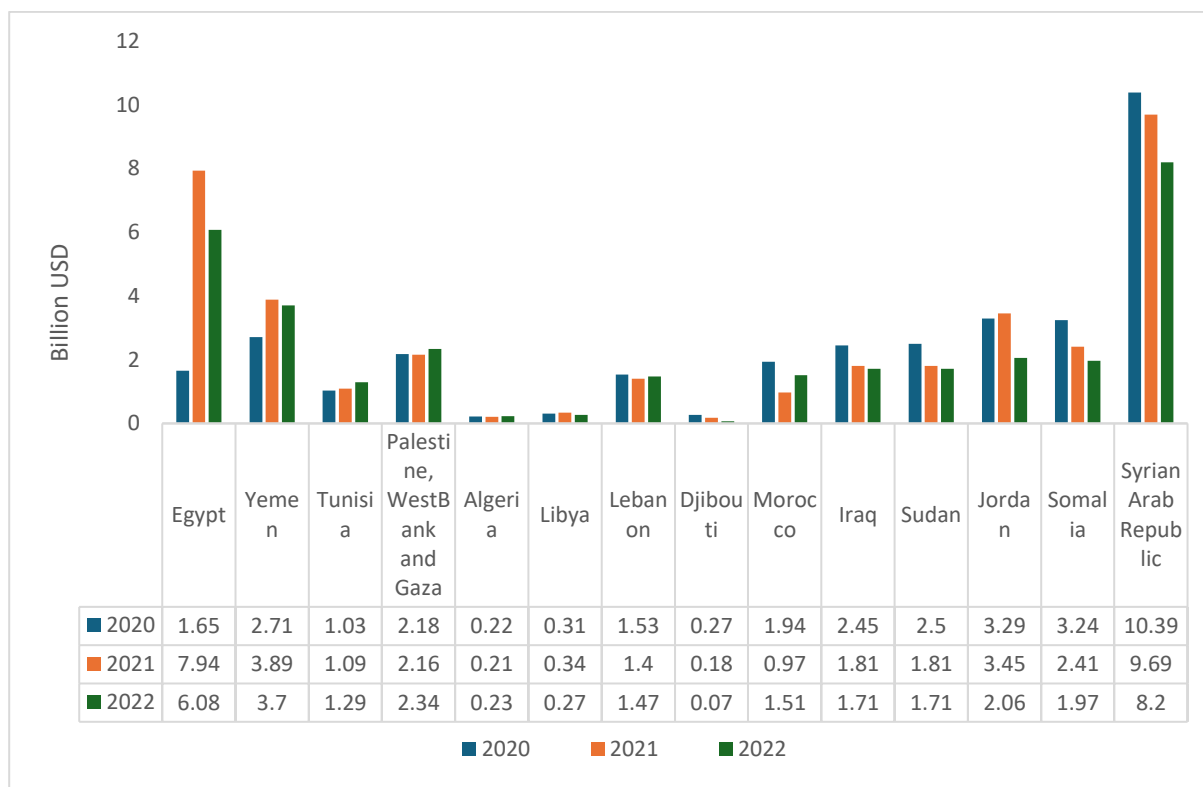
Source: Constructed by the evaluation team based on OECD ODA Data

19. ODA disbursements to countries and regions from private donors are still relatively small but growing (figure 2). In the past three years, private donors' share of disbursement averaged 0.23%

compared to official donors. However, noteworthy to observe that, in the past 10 years, the figure grew more than 600% to reach around USD 74.5 million 2022. This amount was preceded by higher allocations in the previous two years (USD 82.8 million). The landscape of private donors is hence turbulent and opportune (OECD, 2023c).[31] The updated figures for 2023 are based on linear extrapolation conducted by the evaluation team. The extrapolated values indicate a continuation of the trends observed in previous years, with some variations among the different countries. It is important to note that these are estimations and actual figures may vary.

Figure 2: Total Aid (ODA) disbursements to Arab States eligible countries from Private Donors
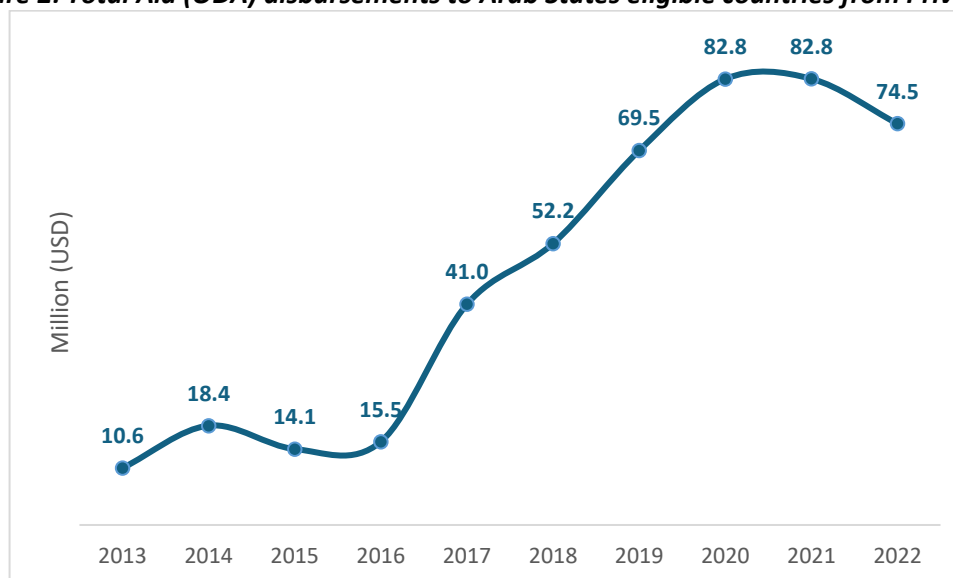
Source: Constructed by the evaluation team based on OECD ODA Data

20. The aforementioned supports the conclusions of an ESCWA analysis from 2018, which stated that trillions more in high-quality investments across all categories are required to close the Arab funding gap. The burden of war and the aftermath's reconstruction in the region exacerbates suffering and runs the risk of drawing focus away from the 2030 Agenda. The rate and scope of development financing are insufficient to eliminate poverty, inequality, debt, and other socioeconomic problems, let alone achieve sustainable development through Arab collective action. One conclusion from the examination of direct and indirect Financing for Development (FfD) exposures is that, from 2011 to 2016, the region lost or returned $2.5 to other regions, including high-income bracket economies, for every $1 obtained or mobilized through key cross-border FfD channels. This is partially attributable to the rise of wealthy countries within the region, such as those in the Gulf Cooperation Council (GCC), providing substantial amounts of ODA to countries outside the region. More importantly, there are important funding declines in humanitarian funding for several Arab countries, possibly reaching other priority crises on donors' agendas. Consequently, significant humanitarian resources are leaving the Arab region. Given that the region seems to be experiencing an FfD reflux, the circumstance calls into question the prevailing development narrative. Significant resources are leaving the region rather than entering it, which is a leakage or, at most, a missed chance to fund the region's own reconstruction and the needs of sustainable development. According to the report, the Arab Region has turned into an ODA grantor, accounting for 83% of non-DAC ODA on average and $1 for every $1 the region got.[32]

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[31] https://data-viewer.oecd.org/?chartId=503
[32] https://www.unescwa.org/publications/state-financing-development-arab-region

Figure 3: Size of Humanitarian Funding Globally and in Arab States (in USD Billion) and Arab States Percentage (2016-2023)
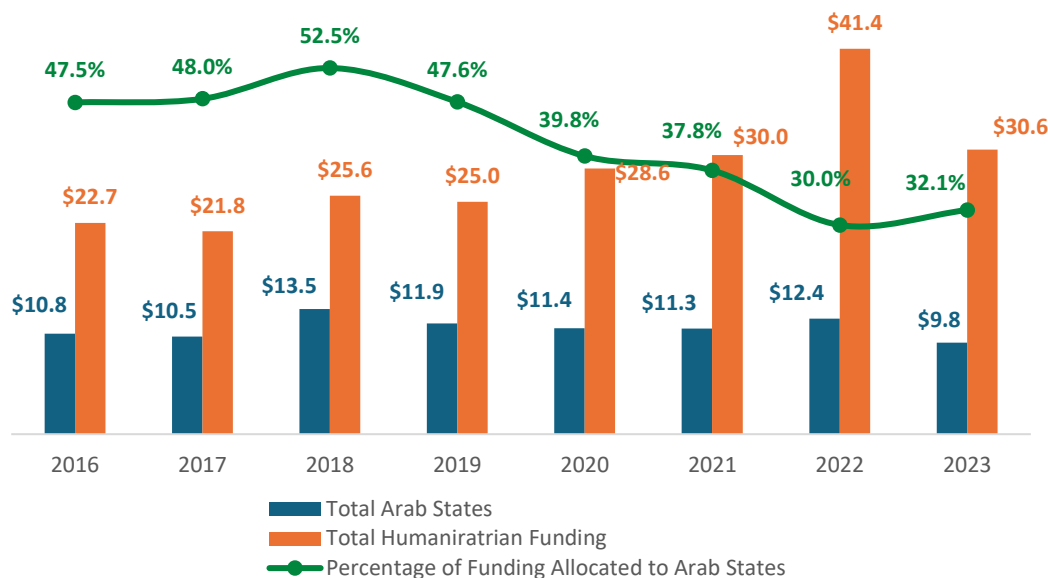
Source: Constructed by the evaluation team based on UN OCHA Global Humanitarian Funding Overview Data

21. The overall share of Arab States of humanitarian funding is also diminishing (figure 3). While global humanitarian funding increased between 2016 and 2023 (from USD 22.7 billion to USD 30.6 billion), the share of Arab States has declined by 15.4 percentage points (from 47.5 to 32.1 percent), a decline by around USD 1 billion (from USD 10.8 billion to USD 9.8 billion) (OCHA, 2023a).[33]

22. However, humanitarian funding received by UNFPA increased globally and in the Arab States. Comparing 2016 and 2023, UNFPA has received more funds (from USD 145.1 million in 2016 to USD 259.7 million in 2023) and this constituted a higher percentage of overall humanitarian funding globally (0.64% in 2016 to 0.85% in 2023). Moreover, UNFPA in the Arab States increased humanitarian funding mobilization (USD 99.5 million in 2016 to USD 121.7 million in 2023), with a higher share of percentage of humanitarian funding allocated to the region (0.92% in 2016 to 1.24% in 2023) which indicated an expansion within the region. Nevertheless, it is noteworthy to mention that the percentage of funds received by UNFPA in the Arab States sharply declined from 69% in 2016 to 47% in 2023 of UNFPA's mobilised humanitarian funding globally (OCHA, 2023b). In summary, while the absolute amount of humanitarian funding for UNFPA in the Arab States and its percentage share of regional humanitarian funding both increased, the proportion of UNFPA's total humanitarian funding allocated to the Arab States decreased.

23. The complex and rapidly changing funding trends (development and humanitarian), as well as the proliferation of stakeholders, in addressing multifaceted layers of political challenges, socioeconomic strains, and even natural disasters, necessitates optimised resource mobilization processes, fit-for-purpose capacities, and utilization of diverse financing tools to maximize impact across the humanitarian-development spectrum in the Arab States.

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[33] https://fts.unocha.org/global-funding/countries/2023

1.3 UNFPA's Response in the Arab States

24. The UNFPA's Global SP 2022-2025[34] seeks to accelerate the ICPD Programme of Action and the achievement of the 3TRs by 2030 (Ending unmet need for family planning; Ending preventable maternal death; and Ending gender-based violence and harmful practices). It calls for protecting and promoting human rights for all, particularly for those left behind and recognizes the need to transform unequal gender power structures in societies. In achieving these goals, UNFPA will directly contribute to the SDGs, particularly SDG 3 (Good health and well-being), SDG 5 (gender equality), SDG 10 (reduced inequalities), SDG 13 (Climate action), SDG 16 (Peace, justice and strong institutions) and SDG 17 (Partnerships), and ultimately to SDG 1 (No poverty).[35]

25. The Arab States RP 2022-2025[36] is the second of three RPs, developed in alignment with the global SP to accelerate progress towards achieving the 3TRs and the implementation of the ICPD in the Arab States region. The RP 2022-2025 adapted the six global SP outputs to the regional context based on a change story that delineated the Arab region's core issues, underlying causes, risks and accelerators towards the achievement of the 3TRs. Incorporating the evaluative evidence from the evaluation of the previous Arab States Regional Interventions Action Plan 2018-2021, the RP includes scale-up in data for development reflective of the UN Data Strategy, considering the critical role of partnership in the implementation of the programme, particularly with the League of Arab States and the United Nations Economic and Social Commission for Western Asia (ESCWA), as well as mainstreaming inclusion in the RP, regional and national legal frameworks.

26. The six outputs of the Arab States RP 2022-2025 are illustrated in Figure 4.

➢ **Output 1:** By 2025, improved integration of SRHR, and the prevention of and response to GBV and harmful practices, into universal health coverage policies, plans and accountability frameworks.

➢ **Output 2:** By 2025, strengthened capacity of systems, institutions, and communities to provide high-quality, comprehensive SRH information and services to address GBV and harmful practices.

➢ **Output 3:** By 2025, strengthened mechanisms and capacities of to address discriminatory gender and social norms to advance gender equality and women's decision-making.

➢ **Output 4:** By 2025, strengthened data systems and evidence taking into account population changes and megatrends including ageing and climate change, in development programmes and policies, especially those related to SRHR.

➢ **Output 5:** 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.

Figure 4: Outputs of the UNFPA's Arab States Regional Programme 2022-2025

1. Policy and accountability
2. Quality of care and services
3. Gender and social norms
4. Population change and data
5. Humanitarian action
6. Adolescents and youth

[34] UNFPA. 2021. UNFPA Strategic Plan 2022-2025. https://www.unfpa.org/sites/default/files/board-documents/main-document/ENG_DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_FINAL_-_14Jul21.pdf

[35] UNFPA. 2021. Synopsis of the Change Stories For Arab States Regional Office (ASRO). Regional Intervention Action Plan (2022-2025)

[36] UNFPA. 2021. Regional Programme Document for Arab States 2022-2025. https://www.unfpa.org/sites/default/files/board-documents/DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf

➢ **Output 6:** By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation and to build human capital.

27. The UNFPA SP 2022-2025 identifies six accelerators and enablers designed to scale up the achievement of the six SP outputs and, ultimately, the progress toward the results and support the operationalization of the strategic shifts and accelerators. The six accelerators are (a) Human rights-based and gender-transformative approaches; (b) Innovation and digitalization; (c) Partnerships, South-South and triangular cooperation, and financing; (d) Data and evidence; (e) Leaving No One Behind (LNOB) and reaching the furthest behind first; (f) Resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts. These same six accelerators are adopted in the Arab States RP 2022-2025.

Table 1: Planned Interventions under each of The RP Outputs

Output 1: Policy and accountability

- Coordinate the adoption of a comprehensive and integrated approach for the prioritization of SRH and reproductive rights within the framework of universal health coverage.
- Advocate for national budgeting for SRH and GBV services through the roll-out of the recently developed regional health-friendly budgeting strategy.
- Support the development of investment cases and costing of the 3TRs.
- Strengthen data systems and support capacity development in terms of evidence generation and development for advocacy tools that aim at mainstreaming disability inclusion.
- Partnering with regional governmental entities to increase accountability among Governments while ensuring the implementation of laws and policies on GBV.
- Engage with regional bodies to issue regional position papers and support capacity building efforts for the development and implementation of policies and legal frameworks on GBV.
- Build the capacity of national human rights institutions, non-government organizations (NGOs), and other stakeholders to integrate the human rights-based approach into programming.
- Scale up work in providing support to regional institutions and COs to support capacity building for better involvement in the universal periodic reviews and actions at the national level.
- Promote dialogue between NGOs, including women-led and youth-led organizations, with government to promote the protection of the rights of women and adolescent girls.
- Support COs to mainstream SRH, gender and GBV issues in national climate policies.

Output 2: Quality of care and services

- Support countries to assess and monitor the quality, accessibility and affordability of existing services using 'accountability to affected populations' approaches and determine the training and logistical requirements for services and address prevailing resource constraints.
- Undertake Costing exercises and research to develop evidence-based advocacy tools and initiate policy dialogue.
- Support integrated health systems to respond to the needs and expectations of adolescents and youth by strengthening adolescent-friendly SRH and GBV services.
- Support the roll-out and implementation of the essential service package for women and girls subject to violence calibrating interventions for countries in crisis to adopt GBV.
- Identify barriers to accessing services and building a cadre of advocates focusing on midwives, nurses and doctors will help to generate evidence on midwifery practice in the region.
- Support health professionals to champion the elimination of FGM as a human rights violation and build capacities of NGOs and regional partners on FGM.

- Focus on comprehensive sexuality education to address sexually transmitted infections, HIV and unintended pregnancies, creating demand for SRH and family planning information and services.

Output 3: Gender and social norms

- Expand work with regional partners through joint programmes on FGM and child marriage.

- Engage men and boys to combat GBV and harmful practices, focusing on countries where harmful practices are prevalent and/or are compounded by humanitarian or post-conflict factors.

- Provide capacity building to transform harmful gender roles, norms and power relations along with region-specific knowledge products on social norms around GBV and harmful practices.

- Produce creative stories disseminated in the media and through cultural events and artistic products to promote messages across all levels.

Output 4: Population change & data

- Strengthen population-related data systems in all countries of the region.

- Support capacity building of partners, across all country categories to generate and analyse accurate data in support of evidence-based policies and plans.

Output 5: Humanitarian action

- Strengthen the engagement of the COs with their respective national and local partners for increased localization of capacity building and decision-making about SRH services and GBV prevention and response.

- Lessons learned from addressing the COVID-19 pandemic will be built into programming, including integration of infection-prevention control measures, including the use of personal protective equipment within service provision

- LNOB is at the heart of interventions, with a focus on strengthening women-led organizations.

- Guide the COs to strengthen resilience, adaptation and complementarity of humanitarian action.

Output 6: Adolescents and youth

- Develop guidelines and tools, building the capacity of youth-led networks and regional and national partners to implement programmes that promote SRHR.

- Calibrate country approaches for policy dialogue and guidance to develop or upgrade existing youth policies and strategies, especially for the most vulnerable adolescents and youth.

- Expand the UNFPA leadership position in the region on youth-related issues that can sustain and expand opportunities for the empowerment of youth.

Source: Constructed by the evaluation team based on the Arab States RP 2022-2025.[37]

28. The total indicative budget of the Arab States RP 2022-2025 is $ 26.5 million, $23.9 million (90 percent) for the six programme outputs from regular and other resources, while around 10 percent goes for Organizational Effectiveness and Efficiencies (OEE), as illustrated in Figure 5 and 6. The highest allocations are made for Output 1 on policy and accountability and Output 3 on gender and social norms, each at 20 percent, followed by Output 6 on adolescents and youth at 19 percent. The allocations made for Output 2 on quality of care, Output 4 on population change and data and Output 5 humanitarian action on are 8, 11 and 13 percent respectively (figure 5). The indicative resources of the RP contributing to the UNFPA SP 2022-2025 TRs are distributed between the Outcomes at $ 8.4 million, $ 8.2 million and $ 6.3 million, as illustrated in figure 6.

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[37] DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf

Figure 5: Indicative Budget Allocations of the Arab States RP 2022-2025
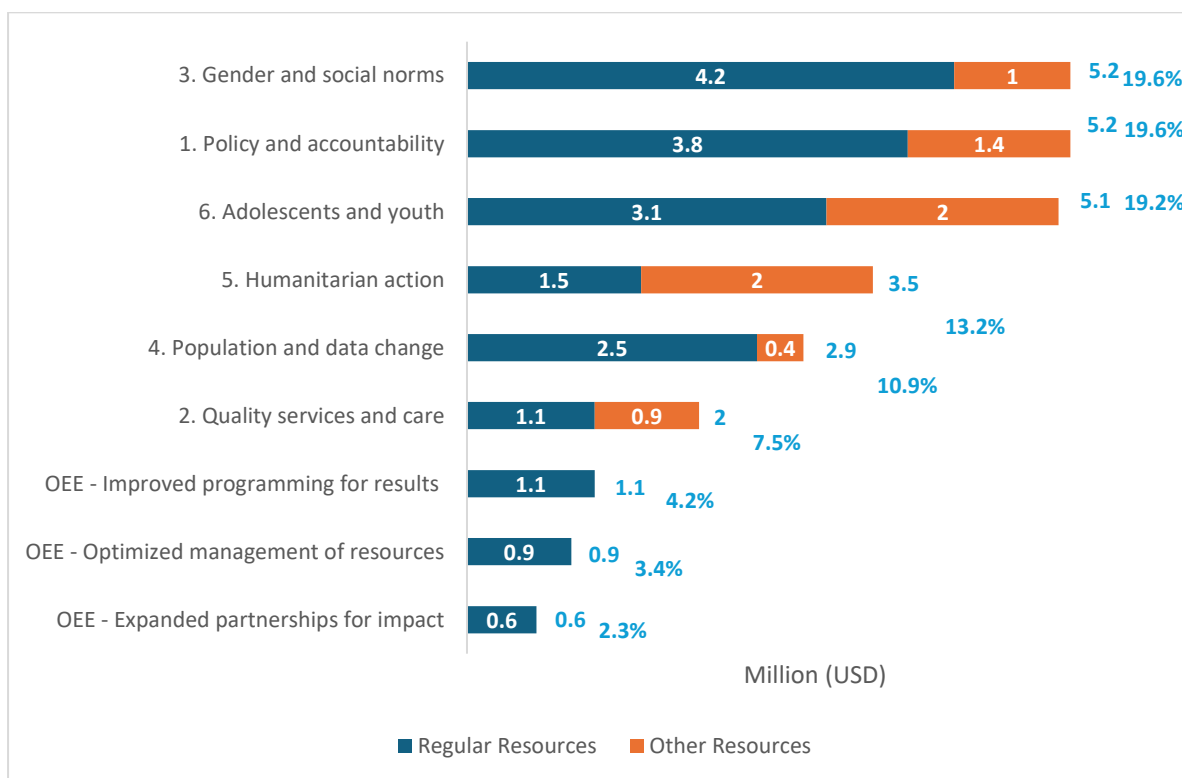
Source: Compiled by the evaluation team based on the RP document

Figure 6: Contribution to UNFPA Strategic Outcomes of the Arab States RP Budget, by source of funding (in Million USD)
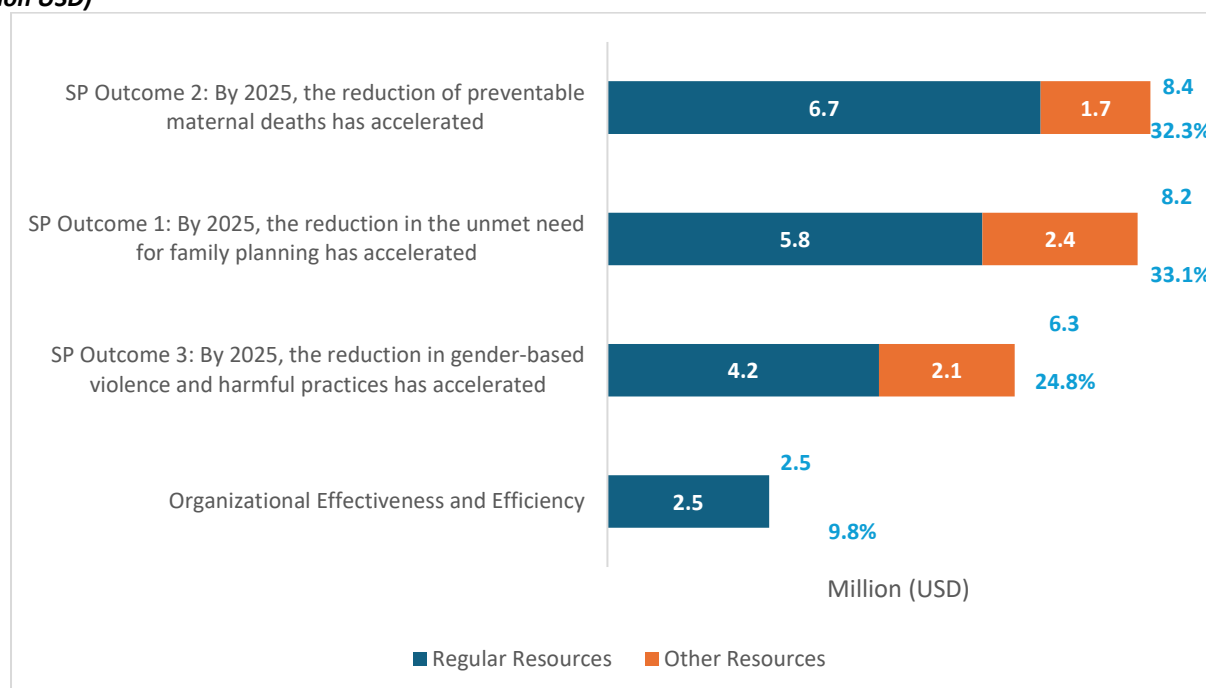
Source: Compiled by the evaluation team based on the RP document

29. A broad range of partners are engaged for the implementation of the RP aiming to advance regional progress on policy reforms, capacity building and service delivery. They are drawn from UN agencies, international and local NGOs, academic institutions and government bodies, each

contributing expertise and/or resources in areas such as research, advocacy, policy development, capacity building and humanitarian interventions.

30. Key partners of the RP include the League of Arab States which leads advocacy and policy alignment efforts across the region, and the Arab Institute for Human Rights which focuses on training and gender equality. Other notable partners include HelpAge International which integrates older persons' needs into humanitarian responses, and the United Nations Economic and Social Commission for Western Asia which supports research on gender and population dynamics. Academic institutions such as the American University of Cairo and Al-Azhar University contribute to research and technical expertise, particularly in reproductive health and gender issues. UNFPA also partners with other UN agencies such as UNICEF, WHO, WFP and UNDP in areas such as child protection, youth engagement and humanitarian response.

31. The Arab region has a challenging environment with acute crises in Sudan and Palestine, protracted conflicts in Yemen and an increasing number of humanitarian situations in Syria and Morocco, as well as several countries in a volatile economic and political context, including Lebanon and Libya. Given these developments in the regional context, although all the existing outputs and outcomes of the RP remain relevant, priorities have been identified at the time of the MTR of the Arab RP in September 2023 for the remaining years of the programme (figure 7).

➢ Addressing SRH and GBV disparities and health system strengthening: Involving the inclusion of SRH and GBV in national, inter-agency and UNFPA specific preparedness. The latter also links emergency plans and Minimum Initial Service Package (MISP) readiness across the nexus continuum.

➢ Promoting national investment in health and GBV services: Supporting investment cases, providing technical and programmatic advice on health financing through economic evidence, ensuring data availability to advocate for effective investment and policy change.

➢ Focusing on social norms: Supporting advocacy and policy, formative research for social norms measurement, measurement of norms at population-level data and that of proxy measures at community level change, as well as evidence-based analysis.

Figure 7: Priorities of the UNFPA Arab States RP Midterm Review 2022-2025

1. Addressing SRH and GBV disparities and health system strengthening

2. Promoting national investment in health and GBV services

3. Focusing on social norms

32. In terms of implementation status, at the time of the evaluation, review of RP annual reports and programme indicators show important progress for the family planning and maternal health component, particularly in policy advocacy and capacity building with gaps remaining in on-the-ground implementation especially in conflict zones. The GBV and gender equality component has made strides in advocacy but requires further outreach to vulnerable women. Humanitarian interventions have been robust, with partners scaling up responses in emergencies. Given its formative nature (please refer to the next section on evaluation methodology and approaches), the evaluation did not focus on assessing the RP's contribution to results and therefore did not analyze in details the implementation status and progress of indicators of the RP.

2. EVALUATION METHODOLOGY AND APPROACHES

33. The methodology and process of the formative RPE were designed and presented in detail in the Inception Report submitted by the evaluation team in March 2023, briefly described in this section and in detail in **Annex 2**. The formative approach and questions were based on the SPE, ensuring alignment with broader evaluation standards and objectives. Additionally, it should be acknowledged that the RPE was carried out in a coordinated manner with five other RPEs, promoting consistency and comprehensive analysis across evaluations. The evaluation matrix is presented in **Annex 3**, data collection tools in **Annex 4**, stakeholders map in **Annex 5**, in addition to the evaluation workplan in **Annex 6** and Evaluability Assessment in **Annex 7**.

2.1 Evaluation Questions and Sub-Questions

34. The Terms of References (ToRs) of this formative RPE originally included 14 Evaluation Questions (EQs) which were refined during the inception phase, in consultation with UNFPA ASRO to make them targeted, clear, manageable and considerate of the available resources. Accordingly, six EQs were selected along with specific sub-questions that formed the basis of this evaluation, as presented below, covering aspects of i) enabling environment and support to COs; ii) accelerators; iii) strategic shifts; iv) enablers; (v) humanitarian-development-peace nexus; and vi) forward looking aspects. The evaluation matrix (**Annex 3**) was the centrepiece of the methodological design for this evaluation and outlined what was reviewed, based on the EQs for each evaluation aspect and identified the key assumptions examined during the data collection and analysis.

35. The evaluation questions (and their corresponding evaluation criteria) are:

EQ1 – Enabling Environment and Support to COs: How is ASRO fostering an enabling environment such as technical and operational assistance to support COs in the region? *(Relevance and Effectiveness)*

EQ2 – Accelerators: To what extent are current accelerators effective, coherent and adaptable to evolving challenges to advance UNFPA's results? *(Relevance, Coherence and Effectiveness)*

EQ3 – Strategic Shifts: How are the strategic shifts supporting the achievement of the 3TRs and the SDGs in the Arab States? *(Effectiveness)*

EQ4 – Enablers: To what extent are UNFPA's workforce and processes fit-for-purpose to achieve the RP and 3TRs in the region? *(Efficiency)*

EQ5 – Humanitarian Action and Transition: How has UNFPA been able to deliver within humanitarian settings? To what extent was the complementarity between humanitarian and development approaches ensured? *(Coherence and Effectiveness)*

EQ6 – Looking forward: How should ASRO reconceptualize the next RP given the current progress towards the 3TRs, the SDGs and other commitments? *(Efficiency, Effectiveness and Sustainability)*

36. The evaluation matrix **(annex 3)** further developed these 6 questions into 26 sub-questions aimed at thoroughly assessing various dimensions of the RP. Each sub-question has been meticulously answered to ensure a comprehensive evaluation. The detailed responses provide insights into the enabling environment, the effectiveness of accelerators, strategic shifts, enablers, humanitarian action, and future directions.

Evaluation Questions and Sub-questions

Enabling Environment and Support to COs

EQ1: How is ASRO fostering an enabling environment such as technical and operational assistance to support COs in the region?

1.1. How has ASRO been supporting COs in their activities and interventions? To what extent has ASRO's support been conducive to advancing the 3TRs at the CO level?

1.2. How has programmatic, technical and operational assistance been perceived by COs? What are important good practices, bottlenecks and lessons learned? How can the RO provide support more efficiently?

Accelerators

EQ2: To what extent are current accelerators effective, coherent and adaptable to evolving challenges to advance UNFPA's results?

2.1. How did accelerators advance the achievement of results? Which accelerators have been more effective and why? Is there any redundancy amongst them?

2.2. To what extent have UNFPA's partnerships modalities (including financing), accelerated progress on the RP outcomes and the 3TRs, and how can these collaborations be optimized and expanded? To what extent does UNFPA's strategic mandate align with financing for development agenda?

2.3. How did gender-transformative approaches accelerator advance the achievement of results?

2.4. How did the LNOB accelerator advance the achievement of the 3TRs?

2.5. How has the Humanitarian Development Peace Nexus (HDPNx) been operationalized in the Arab States and how did this accelerate the advancement of results?

2.6. To what degree can disaggregated subnational data be a primary accelerator for addressing the disparities in outcomes across the 3TRs, and how can this data be effectively integrated and utilised for more targeted and impactful interventions?

Strategic Shifts

EQ3: How are the strategic shifts supporting the achievement of the 3TRs and the SDGs in the Arab States?

3.1 How have ASRO's strategic planning and programme interventions incorporated the effects of megatrends?

3.2 To what extent has the RP embraced the transition from funding to funding and financing in the region?

3.3. To what extent has ASRO ensured regional organizational focus on achieving the 3TRs while also ensuring that programmatic and technical assistance is tailored to better respond to local contexts?

3.4 To what extent has the RP been able to support the acceleration of social and gender norm transformation in countries to achieve 3TRs?

3.5 How is UNFPA's collaboration with the UN Development System supporting the achievement of the RP outcomes and 3TRs?

Enablers

EQ4: To what extent are UNFPA's workforce and processes fit-for-purpose to achieve the RP and 3TRs in the region?

4.1: How adequately is UNFPA's technical workforce capacity supporting the achievement of the Regional Programme and the 3TRs?

4.2: How fit-for-purpose are enabling functions and business processes (cross-cutting coordination, strategic communication, resource mobilization, knowledge management, business operations, M&E) to facilitate the implementation of the RP and advancement towards the 3TRs?

Humanitarian Action and Transition

EQ5: How has UNFPA been able to deliver within humanitarian settings? To what extent was the complementarity between humanitarian and development approaches ensured?

5.1 To what extent has resilience, prevention, preparedness, and early action been mainstreamed into programme interventions?

5.2. To what extent has UNFPA leveraged available humanitarian funding to achieve the 3TRs?

5.3. What innovative programmatic and operational flexibilities were applied and can be strengthened to further maximize the use and impact of this funding within complex and humanitarian contexts?

5.4. How adequate is cross-regional/border/country emergency coordination? And how can UNFPA's subregional structures become catalysts of emergency response in the region?

5.6. How has the HDPNx been operationalized in the Arab States?

Looking forward

EQ 6: How should ASRO reconceptualize the next RP given the current progress towards the 3TRs, the SDGs and other commitments?

6.1. How far were the 3TRs advanced in Arab States?

6.2. How integrated and effective were the six outputs and three OEEs of the RP in advancing the 3TRs? And how closely and efficiently did ASRO's teams collaborate to achieve results?

6.3. What needs to be considered in the development process of the next RP?

6.4. How can the next programme deliver results that are at more scale?

6.5. How can the next RP deliver more sustainable results?

6.6. How should the next RP's outputs be reconceptualized?

2.2 Evaluation Approaches

37. The overall approach to the design of the evaluation stems from the evaluation questions above. Overall, the evaluation examines the strategic positioning and organizational readiness of UNFPA ASRO to undertake the series of strategic and programmatic shifts that are intended to increase its contribution to the 3TRs and ultimately accelerate progress towards them and relevant SDGs. The evaluation did not assess this contribution nor use a theory of change (while recognizing the RP mid-term review findings on the continued relevance of the RP theory of change) and test the associated assumptions in a model to results. Rather, in line with the SPE, it is based on the macro-level assumption that the strategic and programmatic shifts resulted in an increased contribution of UNFPA while recognising (and assessing) that some may be more relevant than others. As the title of the evaluation suggests, it is taking a formative approach, focused on learning and aimed at supporting the development of the new RP.

38. The evaluation was conducted using a highly consultative approach, which ensured capturing perspectives and experiences of a diverse group of stakeholders from within and external to UFNFPA, including UNFPA staff, other UN partners, donors, and implementing partners including

NGOs and government bodies. The evaluation employed a mixed-method approach by combining qualitative and quantitative data, designed to capture a broad spectrum of insights from strategic documents, stakeholder perspectives, taking into consideration specific country contexts.

39. During the inception phase the evaluation team conducted a stakeholders' analysis and mapping (see the Stakeholders' Map in Annex 5). Key partners of the RP have been mentioned in paragraphs 29-30 of the previous section. They are also the main duty bearers. Based on the strategic and formative scope of the evaluation, as well as its questions, it was agreed that it would be less beneficial to engage with end beneficiaries (such as GBV survivors and refugees) hence this category of rights holders were not included in the stakeholders' map. The evaluation tools and data collection approaches (see sub-section 2.3) ensured a solid understanding of the needs and contributions of the different stakeholders and their role in the regional programme implementation.

40. Innovative elements adopted in the conduct of the evaluation included the utilisation of Artificial Intelligence (AI) in data collection (utilizing AI supported transcription of KIIs), analysis and storage and maintaining a country-level focus and stakeholder engagement in data collection and validation of findings. To ensure that AI tools were implemented according to the UNFPA IEO ethical guidelines, several steps were undertaken. These steps included a thorough vetting of AI tools for compliance with ethical standards, regular monitoring to ensure adherence to guidelines, and conducting in-depth debriefing sessions amongst the evaluation team on the appropriate and ethical use of AI in data collection and analysis. Alignment with the SPE was key to ensure coherence and ability to draw comparative insights across different regions. The RPE's design, data analysis and validation were influenced by the SPE.

41. Gender-responsive methods and tools were employed, ensuring that data collection and analysis were sensitive to gender and that data was disaggregated by sex and analysed through a gender-lens to understand the regional programme's effects on different groups. In addition, the evaluation specifically incorporates an examination of how the programme navigates the complexities of the humanitarian-development-peace nexus (HDPNx). This involves evaluating the programme's effectiveness in humanitarian settings and its role in supporting sustainable development amid the unique challenges of conflict, complex emergencies and protracted crises in the Arab States.

2.3 Data Collection, Analysis and Validation

Data Collection

42. The data collection for this formative evaluation of the UNFPA Arab States RP 2022-2025 adopted a sequenced mixed-methods approach, incorporating various data collection methods such as desk reviews, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

43. The desk review of documents included a review of the global SP and the regional programme for Arab States, Country Programme Documents (CPDs), workplans, progress and monitoring reports, communication material, resources and budgets information. The list of documents consulted is included in **Annex 11**.

44. KIIs and FGDs were conducted with 128 persons, including 29 staff from ASRO, 43 CO staff members, and 2 staff members from HQ. KIIs and FGDs also covered a range of external partners, with 25 participants from governmental entities, 11 from different UN agencies at regional and country levels, 11 from Implementing Partners (IPs) (academia, CSOs, and faith-based organizations), and 3 donors. The list of people interviewed is included in **Annex 9**.

45. These participants were identified through a Stakeholder Map (**Annex 5)** and using Interview Guides **(Annex 4)** developed during the Inception Phase. In-depth case studies in selected Arab countries were conducted providing case-specific insights, based on criteria set during the inception phase, covering several country income groups, political situations, development and

humanitarian contexts, and different programme budget and expenditure sizes. The country-level studies were selected in consultation with the ASRO team. The selected countries are Morocco, a country which was also selected for a country mission by the SPE, as well as Lebanon and Egypt with the rationale of their strategic importance, context diversity, data availability and programme priorities. Additionally, the team selected Somalia, Iraq and GCC area for the in-depth literature reviews and remote selected interviews **(Annex 8)**. Country briefs were accordingly developed in **Annex 10.**

Data Analysis

46. The Evaluation team implemented an iterative and multi-phased approach for data analysis, each stage building upon the insights and findings from the previous one. This iterative process allowed for continuous refinement of the analysis, ensuring a deeper understanding of the complexities and nuances of the RP's progress towards the intended results. The evaluation matrix served as a framework for data analysis and ensured robustness and triangulation of data collected at regional, subregional and country levels.

Validation of Findings

47. For validation, key findings from the analysis were presented to stakeholders and the Evaluation Reference Group (ERG) to ensure accuracy and relevance. The evaluation team ensured data integrity for the evaluation and applied comprehensive data quality assurance practices that secured the reliability, accuracy and validity of the data collected. These practices included the use of standardized data collection tools such as in-depth interview/ focus group discussion guides, using diverse credible data sources, adhering to the evaluation questions matrix and cross-checking with the RP's results framework and theory of change. The findings were synthesised and presented in a detailed evidence log and feedback from ERG were considered in this final evaluation report in a clear, transparent, iterative and thoughtful process. The findings were substantiated by the findings of the SPE, on the other hand, insights from this formative RPE of the Arab States contributed to the overarching SPE report.

2.4 Ethical Considerations

48. In conducting the evaluation of the UNFPA Arab States RP 2022-2025, the highest ethical standards were upheld by the evaluation team. The evaluation process strictly adhered to the UNFPA Evaluation Policy and the United Nations Evaluation Group (UNEG) Ethical Guidelines[38] of Integrity, Accountability, Respect and Beneficence. The evaluation preserved the United Nations' core values of Integrity, Professionalism and Respect for Diversity, the humanitarian principles of Humanity, Neutrality, Impartiality and Independence. The evaluation process was also guided by a commitment to inclusivity and participation, respect for diversity, informed consent, confidentiality and anonymity. The evaluation team members do not have any links to programme management, governments or any other conflict of interest to interfere with the independence of the evaluation.

49. Being familiar with the contexts in the Arab states, the evaluation team was able to maintain considerations of their unique nature, social and cultural regards and ensured that no stakeholder was put in danger throughout the data collection phase. The used tools were designed to avoid discomfort, embarrassment, intrusion, unmet expectations or stigmatisation of any of the evaluation stakeholder groups. The team applied professional scepticism and proceeded carefully to uncover findings, not shying away from difficult conversations.

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[38] UNEG. 2020. United Nations Evaluation Ethical Guidelines. https://procurement-notices.undp.org/view_file.cfm?doc_id=302194#:~:text=The%20four%20UNEG%20guiding%20ethical,essential%20for%20responsible%20evaluation%20practice.

50. Ethical data management was also ensured by remaining neutral and unbiased and avoiding personal preconceptions or opinions from interfering with the data collection processes. Robust data protection measures were also preserved with reference to the Principles on Personal Data Protection and Privacy adopted by the United Nations High Level Committee on Management. Finally, the evaluation team managed human, financial and time resources allocated to the evaluation team in a cost-effective and time-efficient manner as prescribed by the UNFPA ASRO as a commissioning entity.

2.5 Limitations

51. The methodology for this formative evaluation, while being comprehensive, was subject to certain limitations, inherent in the nature of the formative evaluation process, the complexity of the contexts within the Arab States, and the constraints of data availability and quality. During the Inception Phase, the evaluation team developed a matrix with the limitations and the corresponding mitigation measures that were considered during the actual conduct of the evaluation (**Annex 7**). This ensured the reliability and validity of the evaluation findings and provision of credible conclusions.

52. **Political/humanitarian crises**: One key limitation was geopolitical variances and crises, which posed challenges in data collection. Military action caused by regional geopolitical tensions risked cancelling one mission (to Lebanon) due to a travel ban, but the team followed closely the development of the situation in coordination with UNFPA, and the mission was successfully conducted as planned. The evaluation team adopted an adaptive approach, allowing for a flexible evaluation methodology that could be adjusted based on emerging information.

53. **Stakeholder engagement limitations:** This was another challenge, with logistical, cultural and political constraints impacting the diversity of insights. Logistical constraints included difficulties in arranging travel and meetings due to varying levels of accessibility and security in different geographical areas. Cultural constraints involved navigating local customs and social norms that could influence respondents' willingness to participate or share openly. Political constraints encompassed the varying degrees of government cooperation and the sensitive nature of some topics, which could limit the scope of discussions. The team's familiarity with the culture in the region helped to mitigate potential risks, allowing for a more nuanced approach to data collection and stakeholder engagement. In addition, continuous learning and feedback mechanisms were integrated throughout the evaluation process, utilising virtual data collection methods wherever possible to mitigate security and access constraints. This approach enhanced the capacity to engage stakeholders effectively under varying conditions.

54. **Limited time availability of UNFPA interviewees for follow-ups**: The evaluation team highly appreciated the availability of UNFPA team members in ASRO and in COs, but in several instances of needed follow up, UNFPA staff were not able to revert with the requested information/call for meetings. Where applicable, other sources of information were sought to fill data gaps.

55. **Potential bias in IPs' inputs:** Being a consultative evaluation, IPs were engaged as a key stakeholder. This can enrich the inputs received and contribute to impartiality, but might have a risk of funding and/or social desirability bias, by the nature of the funding relationship between UNFPA as a donor and IPs as grantees. The received feedback was accordingly analysed, critically considered and triangulated to mitigate risks of bias and ensure more objectivity.

56. In summary, despite the limitations faced, the evaluation team implemented robust mitigation measures to ensure the comprehensive and credible evaluation of the RP. The adaptive approach, triangulation of data sources, enhanced stakeholder engagement, and context-sensitive analysis collectively ensured that the evaluation findings were reliable and valid, providing a strong basis for credible conclusions.

2.6 Evaluation Phases

57. The formative evaluation was carried in five phases (figure 8), in conjunction with the formative evaluation of the UNFPA SP and programmes of five other regions. The evaluation was conducted in accordance with its ToRs (**Annex 1**) and the Evaluation Workplan **(Annex 5)**.

Figure 8: Phases of the formative regional evaluation

Phase I. Preparation	Phase II. Inception	Phase III. Data collection	Phase IV. Analysis & Reporting	Phase V. Dissemination
December 2023	January-February 2024	February-May 2024	May-August 2024	September 2024
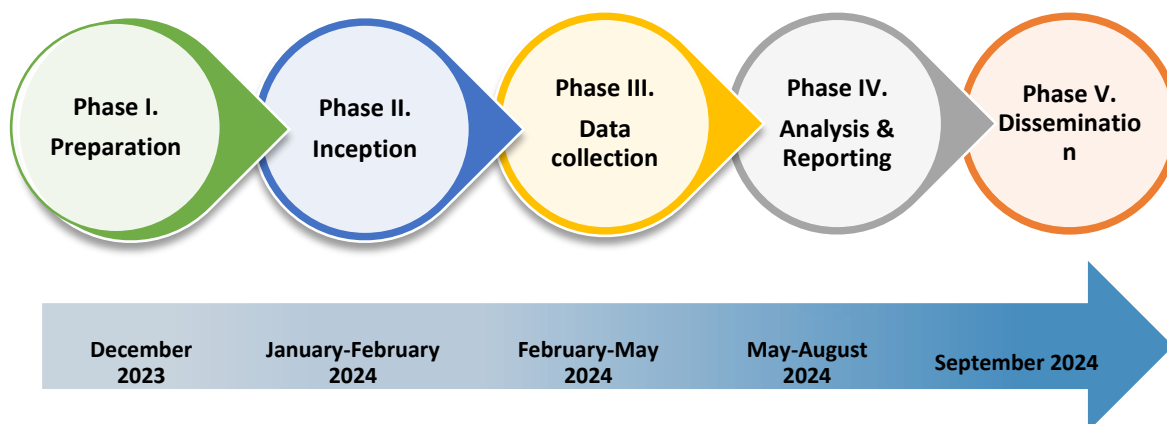
3. EVALUATION FINDINGS

3.1 Enabling Environment and Support to COs

EQ1: How is ASRO fostering an enabling environment such as technical and operational assistance to support COs in the region?

ASRO provides multifaceted support to COs across technical, programmatic and operational domains, which is valued by all COs but with mixed perceptions around its sufficiency, timeliness and relevance to specific country needs. The most prominent areas of ASRO's support include technical guidance on normative work and corporate policies, leveraging regional partnerships and support to resource mobilization and in-country advocacy. To some extent, ASRO built capacities of CO teams through workshops and trainings and fostered cross-country knowledge sharing and exchanges. It also played a critical role to enable COs respond to humanitarian needs by deploying expertise, fast tracked processes, as well as overall operational and business functions support. The feedback received by COs shows that there is room for improvement in matching support to specific country needs, regularizing a support process, enhancing the efficiency of operations and revising the size and composition of human resources at the regional level.

3.1.1 Support by ASRO to COs

Related to EQ 1.1. How has ASRO been supporting COs in their activities and interventions? To what extent has ASRO's support been conducive to advancing the 3TRs at the CO level?

Finding 1: ASRO provides support to COs to a varying extent across different technical, programmatic and operational functions in development and humanitarian settings. The RO facilitated the identification and provision of expertise, built capacities, strengthened country-level advocacy and served as a cross-country knowledge sharing platform. The humanitarian response, facilitated by the established Arab States humanitarian hub, contributed to multi-

country emergency efforts. However, ASRO teams are challenged with insufficient workforce hindering their ability to provide necessary support to COs. Specifically, the limited number of staff has impacted the timely provision of technical assistance, the capacity to scale up support during emergencies, and the ability to maintain consistent engagement with all COs.

58. According to the Arab States RP 2022-2025, ASRO should utilize expertise and knowledge to provide technical support and quality assurance to COs in developing robust, responsive and collaborative country programmes, enhancing the use of evidence from evaluations and other critical sources for the delivery of life-saving interventions to beneficiaries. The RO should also scale up its quality assurance and quality management systems to COs to enhance the quality of programme implementation on a real-time basis, allowing for course corrections in programme execution at the CO level.[39] The following section provides an analytical comparison of the roles and effectiveness of ASRO in supporting COs, based on triangulated data from multiple sources. This includes an analysis of documented support activities, performance metrics, and feedback from both ASRO and COs. By contrasting these data points, the section aims to identify potential discrepancies or alignments in the perceived effectiveness and impact of ASRO's support, offering a deeper understanding of the dynamics between these two levels. This approach ensures a balanced and comprehensive evaluation, moving beyond mere perceptions to grounded analysis and judgement.

Programmatic Support

Humanitarian Response and Preparedness

59. ASRO is empowering COs to effectively respond to crises and to help mitigate their impact on vulnerable populations. ASRO supports humanitarian responses in crisis-affected countries through tailored programmatic and operational support, including SRH life-saving services, GBV prevention and response and the provision of dignity kits. Analysis of available data reflects considerable efforts exerted to enhance regional preparedness as a proactive approach to humanitarian response, notably by promoting MISP[40] readiness and advocating for increased funding, which was also acknowledged by the SPE. [41] Another example of such efforts is the regional humanitarian preparedness training sessions organized, aiming to equip COs staff with essential knowledge and skills in humanitarian operations and management. Additionally, ASRO has developed a digital toolkit that provides COs with instant access to essential humanitarian resources, guidelines and best practices. This toolkit is designed to enhance the agility and efficiency of the response by facilitating the immediate implementation of emergency protocols. Despite efforts to improve preparedness, resource constraints remain an ongoing concern recognized by ASRO staff. ASRO is actively working to expand its network of humanitarian partners, including NGOs, government agencies and international organizations to ensure a coordinated and comprehensive response to emergencies. Humanitarian action is expanded further in section 3.5/EQ5.

Sexual and Reproductive Health

60. In addition to their regional activities, the ASRO SRH team work to increase COs' knowledge on SRH and provide technical assistance, consultations and strategy review to COs on SRH principles and family planning mixed methods that expand women choices. ASRO establishes regional partnerships, such as with the League of Arab States, the African Union and UN agencies. In addition, it supports COs in their partnership efforts with national governments and increase their capacities to advocate for national financing to family planning and integration of SRH in their policies and response plans. ASRO gives guidance on how SRH services could be improved at the county level in development and humanitarian settings and ensures there is minimal services for

[39] DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf
[40] https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations
[41] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 99

maternal health through the MISP during crises. Recently, ASRO has been focusing on digital solutions launched in countries based on their interest, such as *Sehetna* app[42] for people with hearing or visual impairment.

Gender

61. Promoting human rights and gender-transformative approaches is important given the regional contexts and increased crises that exacerbate GBV, necessitating swift and coordinated responses. Efforts by ASRO include fostering innovation and facilitating peer-to-peer support among COs to share knowledge and best practices, as well as providing guidance on integrating gender-transformative approaches into national frameworks and building capacities to address GBV. Additionally, a regional campaign focused on changing harmful social norms and promoting positive gender roles was launched, working extensively with religious institutions, like Al Azhar, which is increasing awareness and driving conversations around gender equity in several countries. Despite being one of the identified accelerators to achieve the 3TRs in the Arab States, limited regional staff and resources hinder ASRO's ability to fully provide the necessary support or get deeply involved on a day-to-day basis with the COs. Workload and competing responsibilities are leading to staff double-hatting and gaps in programming, such as being reactive in addressing strategic shifts and emergent needs swiftly, rather than anticipatory, as well as limited learning and knowledge sharing between COs.

Population Data

62. ASRO prioritizes data for policy formulation and decision-making in its annual plans and recognizes data as a crucial accelerator towards the 3TRs. Accordingly, ASRO assists countries in demographic data generation and effective utilization, including in the development of CPDs, integration in regular reporting by COs, as well as preparedness for crisis response. The scope of work also covers relevant SDG targets monitoring and the accountability for the ICPD. ASRO provides technical support to the population data focal points at the COs' level, some of whom have been able to maintain effective partnerships and engagement with national stakeholders. Additionally, ASRO advocates for improved national data systems among countries by fostering partnerships and mobilizing regional networks and academic institutions, for instance, the American University in Cairo, to strengthen national data generation and evidence synthesis capacities and identify gaps in achieving the 3TRs.

Youth

63. Despite challenges in finding suitable niches within existing frameworks, ASRO collaborates with COs to understand their needs and challenges in providing SRH services to young people. It provides programmatic guidance and practical support to enhance COs' ability to deliver impactful youth programmes. For example, the RO conducted an assessment on SRH-friendly services for young people to inform action plans, and advocates for comprehensive sexual education. It also collaborates with various stakeholders, including media and religious leaders, to create an enabling environment for SRH initiatives. There is a reduced alignment between regional strategies and country-level requirements in the youth, indicators and priorities in the area of youth may not universally apply across all countries within the region. Customised solutions tailored to the diverse needs of young populations were perceived as necessary.

Enabling Functions and Operational Support

Human Resources

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[42] The *Sehetna* App has been piloted by UNFPA regionally to provide basic SRH information for young people with visual or hearing difficulties in the Arab region. UNFPA leverages innovation to reach the most vulnerable and when fighting erupted in the area. marginalized people, including women, girls and youth with disabilities.

64. ASRO's HR team supports COs to foster a resilient and efficient workforce by handling international recruitment, contract management, organizational structures, realignment and staff relations. Within each CO, HR focal points are designated to manage HR activities tailored to the CO's needs and personnel size. At ASRO, each HR staff member oversees five to six countries, ensuring HR services are efficiently provided, and coordination facilitated through regular communication and monthly meetings with HR focal points. The Fast Track Procedures (FTPs) expedite crisis response with shared responsibilities and effective delegation of authority between ASRO HR and CO representatives. However, ASRO recognize challenges like staff turnover, skill mismatches, limited career growth and development opportunities and workload at the regional level. ASRO HR exert efforts to attract suitable candidates, support staff wellbeing and resilience through initiatives like mental health calendars and counselling sessions.

Communications

65. The regional Communications team supports COs by issuing publications and social media packages, drafting press releases and statements, providing technical support for traditional and social media. ASRO supported scanning all the COs social media platforms to identify weaknesses and strengths and developed the regional social media strategy that was shared with the COs. The evaluation notes that not all COs have dedicated communication teams and acknowledges insufficiency in addressing this issue.

Resource Mobilization

66. ASRO's Resource Mobilization unit is mandated to scale up fundraising efforts for increased funding in the RO and supported COs in resource mobilization. This includes proposal review, quality assurance, capacity building, negotiation with donors, among others. Recognizing the limited COs' capacities in the resource mobilization area, and the lack of dedicated staff for this function, ASRO works on developing proposal packages that are more flexible in addressing priority areas that are of interest to donors, trying not to remain confined to the common areas of the 3TRs, such as the integration of the migration sector, albeit not being welcomed by some COs. Moreover, it builds capacities of CO staff to shift from traditional funding models to more innovative financing mechanisms. This includes conducting webinars and knowledge-sharing sessions to increase understanding and appetite for innovative financing among COs. Recognizing the increasing demand for assistance placed on COs due to factors like COVID-19 pandemic and climate change, whereas the existing humanitarian funds are inadequate, ASRO teams acknowledge the long road ahead in overcoming funding challenges.

Monitoring and Evaluation

67. ASRO supports the COs in developing TOC and indicators at the time of CPD development and reviewing and providing comments to the CO quarterly and annual reports in the corporate SIS system (now Quantum plus). It provided technical support in reviewing the TORs, inception reports and draft evaluation reports to ensure the quality of the country programme evaluations managed by the COs. ASRO M&E team also works closely with ASRO resource mobilization team and provides support to the COs in the review of proposals and reports to donors, in particularly related to the results framework and the reporting of results achieved.

3.1.2 Perception of COs on ASRO's Support

Related to EQ 1.2. How has programmatic, technical and operational assistance been perceived by COs? What are important good practices, bottlenecks and lessons learned? How can the RO provide support more efficiently?

Finding 2: The perception among COs about ASRO's support is mixed. On one hand, ASRO's technical support is valued by COs' staff as it provides strategic guidance, fosters knowledge sharing and promotes partnerships and resource mobilization. On the other hand, in several areas, the support is perceived as limited, ad hoc and not always aligned to their needs. CO staff

recognize the workforce limitations in ASRO, but they still have higher expectations on its support.

Programmatic Support

Humanitarian Response and Preparedness

68. Support by ASRO on advancing humanitarian work at the COs' level is highly beneficial, especially for its timeliness and coordination efforts. An example is the sub-regional meetings organized by ASRO for the different COs that are affected by the Gaza and the Sudan crises. This was described by participating COs as a good exchange platform. Technical backstopping and knowledge products from ASRO's humanitarian advisor and hub were considered helpful, not only for COs' response efforts but also to build long-term resilience in humanitarian settings and foster coordination amongst them and donors. During humanitarian crises, such as the droughts and flooding in Somalia, ASRO provided significant programmatic and technical support, including funding for mobile clinics and integration of SRH services into humanitarian settings. Specifically, this involved the provision of SRH services (such as access to family planning and maternal health services) and GBV services (the establishment of safe spaces, psychological support, and legal assistance for survivors of violence).

69. Concrete examples from COs can be highlighted. ASRO's role in facilitating strategic health initiatives in Libya was significant, helping to coordinate efforts with various UN bodies and international NGOs amidst Libya's complex political situation. ASRO's continued focus on working closely with Libyan health officials and training local staff has improved effectiveness of emergency preparedness and response capabilities. The Egypt CO did not have considerable humanitarian operations, therefore, unlike the protracted Syrian situation, interventions in response to the Sudan crises, particularly Cash and Voucher Assistance, were novel to the office and was strengthened by the support from ASRO. The feedback from the Somalia CO reflects positively on ASRO's role in providing consistent technical support and operational guidance, particularly in times of crisis. ASRO's support was instrumental in enabling the CO to maintain service delivery and implement effective crisis response measures. Iraq CO acknowledge the timeliness and added value of the regional humanitarian team's support, which included the revision of SOPs, documentation of the transition, and programme support functions.

Gender

70. The evaluation reveals that ASRO's support to COs on gender varied between countries. The lack of a dedicated gender advisor has caused delays in the support provided to COs and limited knowledge exchange. Also, the support was found to be reactive rather than proactive in a number of COs. ASRO's gender team commitment to support COs is acknowledged in advancing gender equality and empowering women through specific projects, although it often steps-in after initiatives have already been started by the COs.

71. The Somalia CO indicated a strong and responsive support in areas of gender equality and GBV in emergencies, encompassing strategic direction and operational guidance, enabling the CO to execute comprehensive programming, including integrated referral pathways and crafting humanitarian response plans. In Libya, ASRO's support in gender and GBV interventions focused on enhancing service delivery to women and girls affected by ongoing conflicts. The need for more consistent and proactive engagement from ASRO to better address emergent needs and strategic shifts in Libya has been emphasised. ASRO's support to the Lebanon CO on GBV and gender programming was minimal. When compared to ASRO's support on SRH, which has been more pronounced, GBV support remained stagnant. For instance, gender focal points meetings have been sporadic, lacking strategic focus due to gaps in leadership. Learning opportunities on gender issues have been absent since 2020, hindering effective response to emerging challenges, such as LGBTQ+ rights advocacy amidst government backlashes. The evaluation finds that revitalizing the

focal points' network and strengthening their capacities, in addition to appointing a dedicated gender advisor within ASRO can address this gap in the support to COs, ensuring alignment with evolving regional dynamics and mandates.

Sexual and Reproductive Health

72. Overall, ASRO's support to COs is pivotal in maintaining minimal maternal health services in crisis situations, through mechanisms like the MISP. Initiatives like mobile clinics and training for emergency response teams are appreciated for their impact on vulnerable populations during crises. The active engagement by ASRO in resource mobilization for SRH services has been a major part of its operational strategy. For example, in Libya, the role of ASRO in mediating and facilitating coordination, especially with various UN bodies and international NGOs in Libya, has been instrumental in enhancing strategic health initiatives. ASRO's support to the CO to enhance access to SRH services and GBV prevention, especially in areas underserved by the government, during ongoing conflicts has been critical.

73. Moreover, ASRO supports at varying degrees national capacity strengthening efforts by COs in development contexts, reflecting ASRO's partial adaptability and responsiveness to the varying needs of COs in the region. This considerable support by ASRO to COs is validated with the MTR survey results that reported that 99 percent of office staff felt they were knowledgeable on scaling up SRH in the context of universal health coverage. Unlike other COs that lacked evidence on implementation of scaling up of SRH, evidence in ASRO is clearer (while acknowledging that the capacity may be interpreted differently in different regional contexts).[43] A notable initiative includes the launch of digital applications targeted at enhancing accessibility to SRH services, such as the *Sehetna* app for persons with hearing impairments. In Lebanon, there is a pool of technical experts available at the CO level, reducing the need for external support from the region office, but when the CO reaches out for technical documents or funding assistance, ASRO responds promptly. This allowed for tailored support based on immediate needs and available resources, which was substantiated by the interviewed Lebanon staff who referred to the regional workshops and conferences organized by ASRO and how they enhance understanding of regional context, updates and technical knowledge. Participation in these events facilitates knowledge exchange, aids in planning, and fosters collaboration with other countries.

Youth

74. ASRO facilitated youth-focused initiatives that enhance young people's access to SRH services and comprehensive sexuality education, which COs find to be helpful. The office has also launched several platforms and programmes aimed at empowering youth, such as leadership training and youth advocacy groups, which play a role in policy dialogue and program design. These efforts are complemented by digital engagement strategies that leverage social media and mobile technology to reach and engage youth, increasing their awareness and participation in reproductive health and rights discussions. The lack of a youth advisor might have caused delays in supporting COs on youth. Also, more regular knowledge exchange was expressed as a need.

Population Dynamics

75. ASRO's support in Population Dynamics was appreciated by COs' staff, however with delays due to the lack of a dedicated advisor (relatively recently hired). ASRO's Population Dynamics team worked closely with COs in Somalia, GCCO, Egypt and Iraq to facilitate the development and review of population policies and censuses through the enhancement of national statistical systems and the improvement of data accessibility and quality. This includes training for CO staff on data collection methodologies and the use of advanced analytical tools to interpret demographic data effectively, as well as fostering partnerships with academia to study demographic trends. In Somalia, ASRO has played a proactive and supportive role in facilitating

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[43] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 114

capacity building and technical assistance. The Population Data team in Somalia noted ASRO's engagement in the dissemination of innovative practices and facilitating information sharing sessions between Somalia and other COs or technical branches, which has significantly benefited Somalia's statistical and programmatic capabilities. ASRO's role in mediating and facilitating coordination with various UN bodies and international NGOs in Libya has been central in bringing together different stakeholders to address health issues that are influenced by population trends and demographics. By coordinating efforts, ASRO helps to ensure that health initiatives related to maternal and child health, as well as reproductive health services are well-aligned with the actual population needs and trends in Libya.

Enabling Functions and Operational Support

Human Resources

76. Despite the complexity and length of the recruitment process, ASRO provides essential guidance and support, ensuring alignment with organizational HR policies. ASRO's capacity to identify needed expertise through rosters is praised in several, but not all, cases. For example, on one hand GCCO tapped on ASRO's support to find relevant needed capacities, while in Iraq, this function is mostly carried out by the CO. In Somalia and Libya, inconsistencies in support due to ASRO staff turnover and vacancies sometimes delayed responses and affected the COs' ability to meet country-specific needs. ASRO collaborates closely with the Egypt CO to align HR plans with the new CPD, according to feedback by the CO team.

Communications

77. There are several examples of COs appreciation to ASRO's communication support. Staff from Lebanon CO find that ASRO's regional meetings and exchange platforms for CO focal points provide a learning opportunity for COs to improve their own practices and are useful to share best information and experiences. ASRO shares documents and publications that are relevant to the region, which the Lebanon staff find valuable in providing insights for the Cos, for example the publication by LAS on disability inclusion in humanitarian settings. The COs in Egypt and Morocco appreciated efforts by ASRO to support on communications, such as establishing a communication task force, the annual workshop sharing experiences and guidance on development of visibility material. For the GCCO, in a time where there was no communication officer, the regional team stepped in to fill the communications gap, which was highly appreciated.

78. However, there are areas of improvement regarding support on communications for COs. Generally, ASRO's support does not seem enough, countries are operating somewhat independently from ASRO, except on occasions like international days. Regional meetings among CO focal points are valued, as they provide platforms for knowledge sharing between countries and regional updates beneficial in understanding the broader context and regional dynamics yet they are not regularly held. Moreover, there seems to be limited depth in technical discussions and in addressing relevant communication gaps because countries are not engaged in their planning. In addition, clearance for publication takes time. Communications' support to humanitarian settings is appreciated when provided, but there is a need for more tailored support to meet the dynamic needs of each country. Finally, the external communications function is perceived as mechanical, with a room for consideration of Communication for Development Approaches (C4D) which can step up programme implementation to advance the 3TRs.

Resource Mobilization

79. The resource mobilization team played important roles in proposals review, guidance, negotiation with donors, capacity building on resource mobilization from key donors like the EU and USAID, which added value to COs. However, it is evident that COs have concerns about the lack of capacity for mobilizing resources within ASRO, where the lack of staffing for this critical function

does not allow for sufficient and systematic support to COs. In addition to the team's understaffing, COs also emphasized the practical challenges of remote management from the RO in Cairo. COs perceive the resource mobilization efforts from ASRO as disconnected from their countries' needs, necessitating localized efforts and understanding, making it challenging for ASRO to provide substantive support in this regard.

80. Given that the responsibility for country-level resource mobilization primarily lies with the COs, several successful achievements are attributed to country-level initiatives rather than ASRO's involvement or support. For instance, in Yemen, the CO has successfully secured support from donors such as King Salman, but these achievements are attributed to local initiatives rather than ASRO's involvement. Both the GCCO and Iraq highlighted their independent efforts in mobilizing resources, often through political channels, they expressed challenges requiring ASRO's further support. Resource mobilization efforts by ASRO are acknowledged by Egypt CO, but more support is deemed needed, particularly in addressing pressing issues such as economic challenges and refugee influx. Lebanon explained one of the challenges with funding processes, which is that ASRO sometimes announces HQ funding opportunities with short notice, causing confusion for COs. For instance, the "we decide" funding was introduced after the application deadline.

81. Some COs expressed appreciation to the resource mobilization activities of the Amman Hub, including the knowledge products found useful by donors, but the governance around the resource mobilization team and the hub is unclear which fragments the support provided to countries.

Cross-cutting Coordination, Planning, Monitoring and Evaluation

82. ASRO acts as a mediator between COs and HQ, facilitating communication and support. ASRO's support in formulating the CPDs includes orienting the COs, providing solid technical support on each step and putting forward examples of good practices of other CPDs.

83. Country examples can be shared. In Somalia, the complex operational environment makes robust planning and M&E essential, the CO has benefited from ASRO's guidance on integrating humanitarian and development responses, enhancing operational readiness in crisis situations. Feedback from Iraq, for example, shows that ASRO has facilitated an enabling environment for M&E activities in the CO. The annual M&E meetings were also very good and useful in the region, providing an opportunity to listen to best practices. ASRO is responsive when assistance is needed.

84. However, occasional ad hoc support and variability in systematic guidance have been observed. There is room for improvement in ensuring a consistently proactive and systematic approach.

Operational Support

85. COs highlighted good practices as well as gaps in relation to operational support from ASRO. For example, the regular joint and bilateral meetings with operations officers were found useful to share experiences and knowledge. COs appreciate the solid programme management and financial accountability function by ASRO. ASRO also supported management of implementing partners, supply chain and FTPs, and provided limited support on procurement and finance. While Egypt CO benefits from sharing premises with ASRO, facilitating the acceleration of formal and informal requests for support, other COs perceive this area predominantly as a country-level effort requiring further support from ASRO. COs expect more capacity building and training on operations, as well as more cross-country facilitation, simplification/briefing of long operations policy documents, and tailoring templates for implementing partners (e.g. translation of forms/policies). It was also indicated that support related to IT system is done directly with HQ which calls for the reconsideration of ASRO's role in this regard.

86. In general, as <u>overall good practices and lesson learned,</u> the evaluation affirms that ASRO's role on South-South coordination to facilitate knowledge exchange and capacity building is much

needed and could become more proactive in identifying best practices across COs. For example, programmes like the GBV response in Egypt, which stemmed from a gender retreat facilitated by ASRO, highlights the potential for the RO to initiate similar collaborative efforts. From the available data, it is clear that COs expect from ASRO to take a more proactive role in initiating collaborations and knowledge sharing initiatives, such as organizing retreats or workshops. Another example is the Track Studio, an online monitoring tool initially developed by the Iraq office, has been recognized as a good practice by the Egypt CO as a result of ASRO's support to the staff involved in its development and the assistance provided for its adoption in Egypt as a pilot. It is now widely used by the CO, following orientation on its use provided to implementing partners and staff. According to Egypt CO staff, this tool has significantly enhanced monitoring and data disaggregation, allowing the CO to meet donor reporting demands more efficiently.

3.2 Accelerators

EQ2: To what extent are current accelerators effective, coherent and adaptable to evolving challenges to advance UNFPA's results?

> The six accelerators were developed based on clear and well-articulated change stories towards the 3TRs, the concepts are relevant, interlinked and can be mutually reinforcing. However, their institutionalization at the regional and country levels is unsystematic and unequal. The distinction between accelerators, strategic shifts and megatrends is unclear, overlapping and confusing for staff on how they relate to each other. Staff have limited awareness and guidance on how to effectively utilize and integrate them into programmes, monitoring and reporting. Having said that, the accelerators are often considered as guiding principles for the COs work .

3.2.1 Overview on the operationalization and effectiveness of the Six Accelerators

Related to EQ 2.1 How did accelerators advance the achievement of results? Which accelerators have been more effective and why? Is there any redundancy amongst them?

> ***Finding 3: Overall, while there has been agreement on the relevance of the concepts embedded in the accelerators to the region and their collective potential, their precise definition and role in the advancement of the 3TRs remains ambiguous. Some of them are considered guiding principles rather than accelerators, and their implementation at the country level is inconsistent, with varying degrees of clarity. Furthermore, staff members have reported challenges in distinguishing between accelerators, strategic shifts, and megatrends, often finding overlaps and ambiguities.***

87. The accelerators, as articulated in the UNFPA SP 2022-2025, include: Human rights-based and gender-transformative approaches; Innovation and digitalization; Data and evidence; Leaving no one behind and reaching the furthest behind first; Resilience and adaptation, and complementarity among development, humanitarian, and peace-responsive efforts; and Partnerships and South-South and triangular cooperation and financing. The six accelerators identified in the RP for the Arab Region 2022-2025 are the same as those articulated in the UNFPA SP 2022-2025. While these accelerators were developed based on clear and well-defined change stories for the achievement of the regional SP's six context-specific outputs, their relevance to the region's identified core issues, root causes, and risks should not be assumed. Instead, their applicability and effectiveness need to be continually assessed and adapted to the region's unique context to ensure they effectively contribute towards the 3TRs.

88. In addition to relevance, accelerators are conceptually interlinked and can be mutually reinforcing. However, the role of accelerators to advance UNFPA's work in various Arab countries towards achieving the 3TRs requires further clarification and understanding as their practical application and integration within planning, implementation, monitoring and reporting remain ambiguous. These findings resonate with the SPE, which also highlighted the need for clearer operationalisation and integration of accelerators across all levels. There is a need for a unified approach or narrative around the accelerators, with clear guidance for their integration.[44] While the accelerators are mentioned in the RP to advance results, they are mostly perceived as principles to follow; their operationalization, links with and direct impact on progress in regional work and at the country level were less obvious.

89. While perceived as useful principles, participants highlighted that the ability of the accelerators to maintain progress is hindered by the current crises in the region, including the COVID-19 pandemic, the war in Gaza and Sudan, and climate change. The full potential of the accelerators has not been fully realized; specific gaps were identified in several areas. For instance, there are challenges in adequately addressing the needs of Persons with Disabilities (PwDs), Internally Displaced People (IDPs), migrants, and LGBTQ communities. An example includes limited accessibility to specialized healthcare services for PwDs and the lack of targeted mental health support for IDPs. Additionally, advancing innovations for population data has been slow, with inconsistencies in data collection methods impacting the reliability of demographic information. There is also a need to enhance the complementarity between humanitarian and development programmes, as seen in the fragmented response to the ongoing crises in Sudan and the difficulties in aligning short-term emergency aid with long-term development goals. These findings are supported by multiple sources, including interviews with ASRO staff, feedback from COs, and literature reviews. Specifically, staff and several partners, as well as external reports, consistently highlighted the need for continual improvement in data utilization, inclusivity, and gender integration to enhance the impact of ASRO's interventions in advancing gender equality and human rights.

90. Accelerators have not been fully integrated into the COs' programmes and operations, with many staff members, even at highest levels, acknowledging limited awareness about them. While there is explicit wording on accelerators in the RP, it is not sufficiently reflected in the CPDs, some CPDs integrate the accelerators as clear drivers to promote progress towards the 3TRs (eg: Morocco and Algeria), others only mention one or two of them within the description of the rationale and outputs (eg: Palestine and Yemen), others do not mention accelerators at all (eg: Iraq). Even when recognized as valuable, accelerators are often overlooked in day-to-day operations and reporting requirements. Interviews with COs reveal a lack of awareness, institutionalization and systematic utilization of accelerators, despite being well-articulated on paper, they highlighted not receiving enough guidance about their integration. Gaps exist in understanding how to effectively utilize them and integrate them into CO programmes and operations. Few accelerators, such as digitalization and data were frequently mentioned in CPDs, in alignment with the SP and RP, but may not be clearly linked to programmatic objectives in the CPDs and actual implementation often remains unchanged.

91. However, the accelerators seem naturally embedded as core principles into COs' work at varying levels as steered by the country-contexts. More details will be discussed in subsequent findings 4-9.

92. According to a global survey conducted by HQ as part of the MTR, which includes results by region, the proportion of COs in the Arab States reporting the use of accelerators to boost most programme interventions is low, as shown in Figure 9. Human rights and gender-transformative approaches and partnerships are less used in Arab States compared to UNFPA globally. On the

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[44] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 51 and 99

other hand, resilience, adaptation, and HDPNx are much more used, reflecting the specific realities in the region.

Figure 9: COs replying to have used accelerators to boost programme interventions
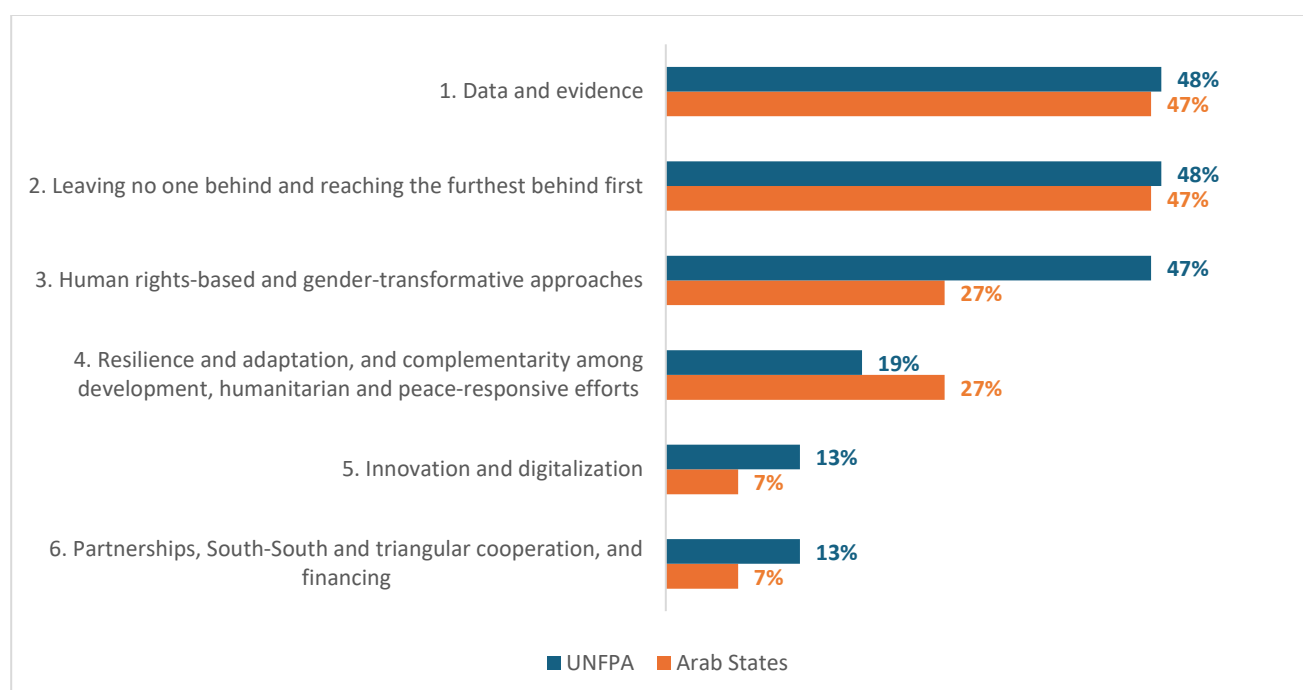
Source: Arab States 2023 Review of the Implementation of the SP 2022-2025

93. Findings regarding the effectiveness of the six accelerators are outlined in the following points, observing their collective potential to move forward the achievement of the RP's outputs.

3.2.2 Accelerator 1: Partnerships, South-South and Triangular Cooperation

Related to EQ 2.2. To what extent have UNFPA's partnerships modalities (including financing), accelerated progress on the RP outcomes and the 3TRs, and how can these collaborations be optimized and expanded? To what extent does UNFPA's strategic mandate align with and leverage the financing for development agenda?

> **Finding 4: Several partnership modalities are adopted by UNFPA ASRO and COs in the region. ASRO maintains close ties with key players like the League of Arab States, UN agencies, and several implementing partners (academia and civil society). However, many of these partnerships do not align with partnerships at the country-level. Country-level partnerships with different government ministries and others can provide insights on how to align UNFPA's mandate with other sectors. Effective South-South cooperation examples exist but are ad hoc.**

94. UNFPA's partnership modalities have played a critical role in advancing the RP outcomes and the 3TRs, as evidenced by several key initiatives and collaborative efforts. Partners emphasized the critical role of aligning regional priorities with the specific needs of member states, which has resulted in more efficient use of resources and enhanced programme effectiveness. This alignment has been particularly effective in initiatives such as the youth-focused initiatives facilitated by ASRO, which enhance young people's access to SRH services and comprehensive sexuality education. These initiatives include leadership training and youth advocacy groups that play a crucial role in policy dialogue and programme design, complemented by digital engagement strategies leveraging social media and mobile technology. One partner described the improvement in collaboration over the years, noting that shared resources and collective efforts have scaled up

the impact of their work. This has not only increased the scale of interventions but also brought diverse expertise to the table, enriching the overall approach to health challenges in the region.

Partnerships with governments:

95. ASRO enjoys a strong relationship with the League of Arab States, reflected in two RP outputs (Policy and Accountability and Gender and Social Norms). Moreover, at the country level, UNFPA maintains diverse partnerships with different government entities as detailed below.

96. In Jordan, partnering with the government has become crucial considering donor's fatigue and decreasing traditional funding streams, also affected by the Gaza crisis. Bilateral and multilateral donors are now preferring direct engagement with the government, consequently the Jordan CO is adopting a collaborative approach that enables access to national funding allocated for health and family planning by aligning closely to government priorities and existing programmes. The effectiveness of these partnerships hinges on the capacity of UNFPA Jordan to provide evidence-based advocacy and alignment with strategic priorities, and on strengthening staffing in key areas such as gender and reproductive health.

97. In Iraq, partnerships with the Ministry of Health (MOH) were established to develop health sector strategies benefiting young people and mothers. UNFPA Iraq also handed over around 21 women community centres and several mobile teams (related to the IDPs' and refugees' response) to the Ministry of Social and Labor Affairs at the Kurdistan level. Moreover, UNFPA Iraq partnered with the Ministry of Environment at the federal level to conduct a wide study on the impact of climate change on women and girls.

98. In Lebanon, the collaboration with the parliament was highlighted, marking a significant initiative, particularly in advocating for issues like the sexual harassment law. Establishing partnerships with parliamentarians and committees, facilitated by ASRO's guidance, reflects successful engagement and progress in legislative advocacy within existing limitations. In Libya, UNFPA navigates the ongoing conflicts and political instability through strategic partnerships with stakeholders, including the MOH, aligning with national health priorities and contributing to enhancing health systems' resilience and responsiveness.

99. In Egypt, the CO has strong connections with various government entities such as the Ministry of Health and Population, Ministry of Youth, Ministry of Social Solidarity, National Council for Women and National Council for Childhood and Motherhood and the Central Agency for Public Mobilization and Statistics (CAPMAS). Interviews with national stakeholders substantiated their longstanding successful collaboration, for example, UNFPA and CAPMAS conduct joint research and collaborate on the Health Survey for the Egyptian Households complementing quantitative data by the centre with qualitative data by UNFPA. Another example is rolling out awareness and advocacy campaigns for SRH and girls' empowerment. In Morocco, the CO conducts mapping exercises and due diligence exercises on potential partners, develop joint proposals and yearly plans, including with the Ministry of Planning, the National Council for Human Rights and the Agency of Technology and the Agency of Data Protection.

100.   The partnerships landscape in the GCC countries is limited, mostly focused on governments, but has potential. It is worth noting that the UN presence in the GCC area is small-sized and somewhat fragmented. Main governmental partners are at both the GCC level, such as the GCC Statistical Office, but also national ministries like the MOH, Ministries of Youth Affairs, Social Development, National Statistical Offices and National Councils for Women, where applicable. The work with national counterparts and sister agencies was significantly accelerated through investment in an on-ground country liaison/partnership officer, encouraging more similar investments. For example, Bahrain, the only country having a liaison officer, is the first to establish a gender task force (in 2023), which is co-chaired by UNFPA and UN-Women, with the membership of other agencies in the country.

Partnerships with the private sector:

101.   At the regional level, there is no dedicated capacity to engage with the private sector. Beside the limited regional capacities, engaging with the private sector is still perceived as having a higher transaction cost compared to traditional funders.

102.   At the country level, the situation is more dynamic, with successful examples as well as considerable challenges to establish partnerships with the private sector as an accelerator to achieve the 3TRs. Morocco CO explored innovative financing mechanisms for economic empowerment initiatives, focusing on female-headed households, in collaboration with the General Union for Private Sector and the Post Office. Morocco CO is also partnering with CapGemini[45] to advocate for eliminating discrimination based on disability and gender by focusing on promoting access to information, education and quality health services. Collaboration with the private sector is found to be impactful and the CO has facilitated awareness campaigns with large real estate developers and pharmaceutical companies on issues like GBV and family planning. On the other hand, other countries are facing internal challenges to promote partnerships with the private sector due to restricting regulations or the lack of capacity at the COs level to engage with the private sector. External challenges also exist, for example, interviews with Iraq CO highlighted that the private sector is not yet sufficiently regulated, with underdeveloped governance to facilitate Corporate Social Responsibility (CSR), although some private companies expressed interest to collaborate with UNFPA.

103.   Partnerships with donors and IFIs: Given insufficient funding for both the UN and governments to achieve their targets, UNFPA advocates for structured financing from IFIs to maintain a robust presence and deliver essential services and support progress towards the SDGs. Examples in the region include collaborations with the Islamic Development Bank and Organisation of Islamic Countries. International donors play a pivotal role, for example Morocco CO is engaging with the Canadian government to secure funding for projects addressing child marriage and supporting female-headed households. Resource mobilization efforts are aligned with the overarching goal of building resilience and promoting peace and stability, which resonates with donors seeking long-term sustainable solutions to complex challenges. IFIs will be addressed in section 3.3.2 on the funding to funding and financing shift.

104.   Partnerships with Civil Society and academia: There are opportunities for stronger partnerships with NGOs and civil society organizations in the region and for COs to foster coordination between NGOs and actors on the ground. These NGOs often have deep community ties and insights that are critical for the effective delivery of health services. Collaborations between UNFPA, governments and NGOs have significantly advanced SRH awareness and services as underscored by stakeholders, including implementing partners. They play crucial role in advocacy campaigns, empowering women, integrating SRH into school curricula, training local stakeholders like religious leaders, schoolteachers, midwives and lawyers. They also support implementing innovative solutions, such as mobile health units and community-based health education, which are vital in reaching displaced populations and those at risk of GBV with needed services. One successful example is in Bahrain with the *Shamsaha*,[46] an NGO providing comprehensive GBV services from emergency response to long-term support including financial aid. In Libya, collaborations with local and international NGOs facilitate access to remote and conflict-affected areas, where UNFPA's direct presence might be limited. In Iraq, NGOs were engaged as key partners in the handover and transition from immediate humanitarian services to long-term development.

105.   There is an increasing focus by UNFPA in the region to partner with research institutions or academia to generate knowledge and evidence to advocate for and advance the 3TRs agenda. This aligns with the SPE's realization on the potential of partnering with academia to offset human

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[45] Capgemini is a global strategic partner of companies for the transformation and digitization of their activities
https://www.capgemini.com/
[46] https://shamsaha.org/

resource constraints and the importance of having innovative and flexible agreements/ partnerships with companies, think tanks, academia, hubs and/or of being able to timely deploy consultants and experts. This approach may be more cost-effective than having a broad range of technically skilled individuals in regional offices and headquarters.[47] Several COs worked on research studies with universities, and research institutes such as Egypt, Jordan and Morocco. Additionally, the evaluation revealed that strategic partnerships with media play a crucial role in communicating the concerns of marginalized communities, including initiatives like the regional media coalition which facilitates broader understanding among journalists about the ICPD. Another is with BBC Arabic airing Ask the Expert episodes focusing on issues like FGM and child marriage.

106.   Findings related to partnerships with UN agencies are discussed under section 3.3.4 on how UNFPA's collaboration with the UN Development System supports the achievement of the RP outcomes and 3TRs.

107.   There are successful examples of South-South cooperation, which proved useful, but these are ad hoc and unsystematic. With ASRO's support, Iraq CO has successful examples of utilizing south-south cooperation for knowledge sharing and lesson learning among COs (for example with Armenia CO), adopting the Safe-U app model, and for Iraq's national counterparts to visit Morocco and Egypt for knowledge exchange. Both regional and country level teams expressed that strengthening this area is needed and would add value.

108.   Figure 10 shows how far COs in the Arab region are expanding partnerships to not continue doing business as usual, based on a survey conducted under the MTR of the strategic plan. The Arab States have been advancing on partnering with academia with rates higher than the average for UNFPA globally. COs in the region have also been advancing on partnering with the civil society and private sector most out of all partnership typologies.

Figure 10: COs that initiated or expanded partnerships in 2022 to not continue doing business as usual
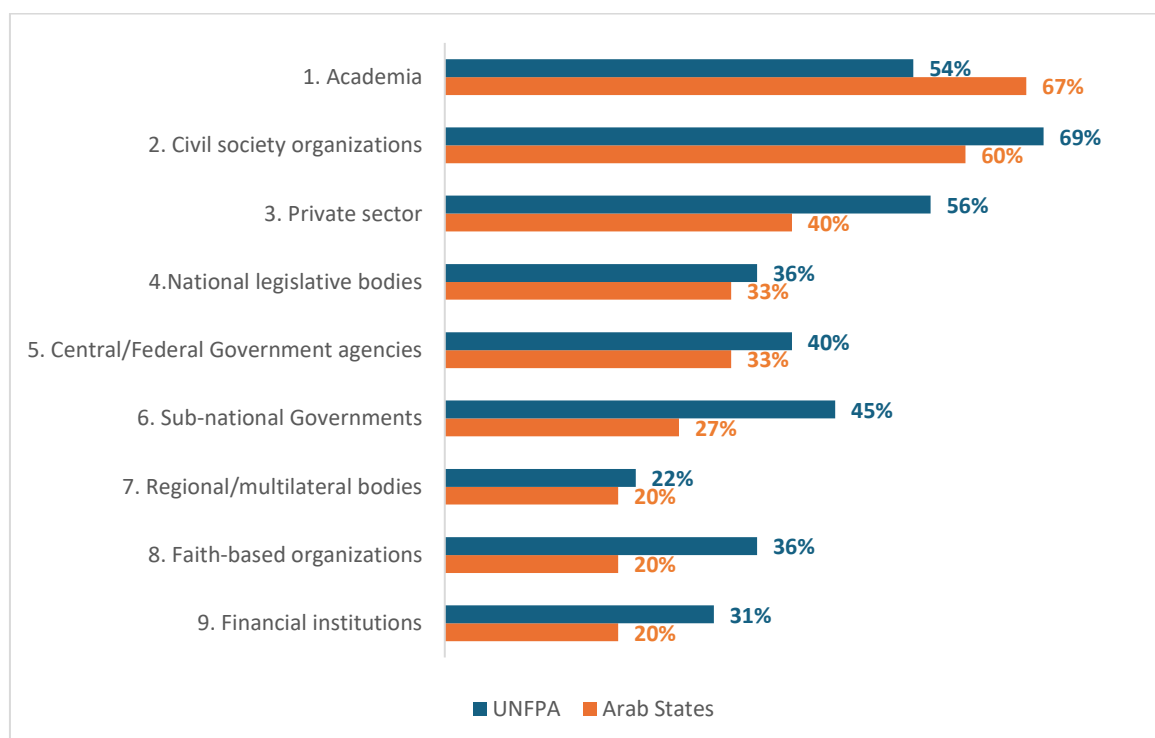
Source: Arab States 2023 Review of the Implementation of the SP 2022-2025

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[47] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 145

3.2.3 Accelerator 2: Human Rights-Based and Gender-Transformative Approaches

Related to EQ. 2.3. How did gender-transformative approaches accelerator advance the achievement of results? and EQ 3.4. To what extent has the RP been able to support the acceleration of social and gender norm transformation in countries to achieve 3TRs?

> ***Finding 5: Both 'human rights and gender transformation' are considered taboo in many countries, making them less effective in advancing the 3TRs compared to other accelerators. But there are successful examples of countries utilizing a 'human rights' approach and tackling gender issues, such as GBV, social norms and SRH education within their programmes, with ASRO supporting through regional partnerships.***

109.   The UNFPA's RP for the Arab States is anchored in international human rights standards and strives to change harmful gender norms and unjust distributions of resources and power that leave women and girls behind and impede progress on the 3TRs. There is a related indicator in the RP "Number of additional COs with strengthened capacity in applying a human rights-based approach to programming in their programme design or implementation (cumulative)". Partnerships are promoted by ASRO and COs with a range of stakeholders, including relevant regional organizations, civil society including women and youth led organizations, media, academia and local influencers and leaders (like religious leaders through Al Azhar). Community engagement, involving men and boys, sexuality education and advocacy campaigns raise awareness, promote social behavioural change and normalize discussions around the sensitive topics of gender equality, social norms and harmful practices.

110.   Nevertheless, it seems that this accelerator has been the least effective in advancing the 3TRs and progressing towards the SDGs in the context of humanitarian crises. Maternal mortality remains a concern and there is a recognized need for greater mainstreaming of human rights approaches across all programmes. Recent crises, such as the COVID-19 pandemic and the wars in Ukraine and Gaza, have significantly impacted health investments and operational capacities, particularly in conflict-affected regions. In these high-security settings, delivering comprehensive services is severely constrained due to heightened risks, leading to a prioritisation of life-saving activities and preparedness over those addressing social norms.

111.   In most countries, UNFPA CO has led or co-led working groups on gender, protection or GBV. Morocco and Egypt COs have shared current collaboration within the UNCT on gender-responsive budgeting, tailored to each country's context, with the aim to fill gaps and provide guidance for future endeavours, particularly in regions facing political and social challenges. These crises have also profoundly impacted social norms surrounding family planning, GBV and gender equality, necessitating adaptive strategies to continue advancing these issues in the face of ongoing challenges.

112.   In Lebanon, the CO supported the implementation of legislation related to gender equality addressing domestic violence and sexual harassment and supported the MOH to enhance data management on GBV Information Management System. It piloted the integration of cash-based interventions as a modality to address GBV, aiming to provide a comprehensive response and reach marginalized individuals who may be reluctant to seek case management. The Lebanon CO reflected increased focus on marginalized population groups, working with local NGOs, including the LGBTQ protection needs. Likewise, focus is given to PwDs and working with local actors and Organizations for People with Disabilities (OPDs). For example, engaging OPDs and PwDs in consultations in the development of a training manual that was used to train implementing partners and staff, with support from RO and HQ.

113.   Within the Egypt CO, there is a noticeable shift towards gender-transformative approaches, emphasizing gender issues, such as GBV and social norms, over solely reproductive health and family planning. The *'Noura'* programme showcases adaptation of global gender-transformative approaches to local contexts. It provides mentorship and education for the empowerment of at-

risk adolescent girls and strengthens national systems that provide them with adequate services. *'Noura'* programme is implemented in collaboration with the government at the highest level and has gained strong momentum across the country. Also in Egypt, the Social Innovation Programme for FGM elimination showcases success in adopting community-led solutions and fostering social entrepreneurship and the integration of positive masculinity and training medical service providers in collaboration with WHO. According to interviewed national stakeholders, these efforts have contributed to reducing harmful practices like FGM, but societal change remains a gradual process.

114.	Somalia CO has embraced gender-transformative programmes tailored to challenge deeply ingrained cultural practices such as FGM and early marriage through extensive community dialogues and advocacy with local leaders. These programmes involve engaging men and boys to shift societal norms and enhance policy advocacy for greater access to family planning and SRH for women and youth, which the evaluation concludes to be impactful in the target communities. In Libya, despite significant pushback from conservative factions, the CO has made strides in integrating gender and GBV interventions into humanitarian response plans, enhancing access to SRH services to women and girls in displaced communities. This includes the establishment of a GBV hotline and capacity building for local NGOs to support GBV survivors, which has changed perceptions and increased reporting of GBV incidents. By collaborating with local women's organizations, UNFPA Libya ensures that programmes are responsive and culturally sensitive, increasing their effectiveness and sustainability.

115.	In the GCC area, GBV and harmful practices like child marriage and FGM remain unseen due to lack of available data and gender norm transformation is challenging and considered a taboo, coupled with less influence of UNFPA's traditional partners like Al Azhar and religious leaders. At the same time, the human rights approach has long been used to advance UNFPA's agenda. One example is changing the mindset on family planning as a population planning tool to a reproductive health service being a human right. The human rights approach is also considered an entry point in advocacy with conservative and nationalist government counterparts to advocate for the human rights of migrants of different nationalities.

116.	In Iraq, human rights and gender-transformative approaches are part of UNFPA's work in Iraq as overarching principles guiding the CO's work, but is not necessarily systematically applied as accelerators to advance the 3TRs per se. They are a taboo in the sensitive context of Iraq, yet, the CO was able transition from a narrow focus on GBV towards a wider scope on harmful practices like FGM and early marriage. A social norms and gender equality officer was hired to take this area forward.

117.	In Morocco, efforts were made to empower women through SRH education and the adoption of a new gender strategy which reflects commitment to gender-transformative and human rights approaches. Finally, some interventions were implemented directed at building capacities of local stakeholders and enhancing institutional systems through training programmes provided to health providers, educators and community leaders on gender-sensitive practices and advocacy, such as in Iraq and Egypt. However, capacity building efforts remained modest and not strategically designed.

3.2.4 Accelerator 3: Innovation and Digitalization

Related to EQ 2.1. How did accelerators advance the achievement of results? Which accelerators have been more effective and why? Is there any redundancy amongst them?

> **Finding 6: Innovation is one of the accelerators more strongly institutionalized in ASRO and recently an Innovation Strategy in the Arab Region was launched.[48] Clear ownership of innovation mainstreaming within programming is evident through a range of initiatives implemented across the region leveraging technology to address issues such as GBV,**

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[48] UNFPA. 2024. Innovation in the Arab region A strategy paper to Imagine, Invent, Impact. https://arabstates.unfpa.org/en/node/186203

population data collection and community-based engagement, although challenges in implementation and resource constraints remain.

118.   'Innovation and digital solutions' seem emerging and promising -despite being nascent- to address GBV, population data, communications, innovative financing and knowledge sharing in the region. There is also an innovation-related indicator in the RP "Percentage of COs supported by the RO to have dedicated resources to support innovation to accelerate quality programme delivery" and a dedicated innovation unit in ASRO. ASRO's commitment to innovation focuses on community-based approaches and technology-facilitated solutions. Examples like the mentorship programme for young entrepreneurs demonstrate efforts to empower marginalized groups, using technology to tackle GBV in public spaces, which was presented in an innovation summit in Africa as a success story by COs.

119.   There are several successful innovation examples at country level. In Morocco, innovation and digitalization was prioritized, particularly for youth, considering the demographic shift with a significant young population. For instance, tablets were used for the national census data collection, involving young people as data collection officers through online recruitment and training processes and utilizing the social media, TV and radio. This highlights the CO's efforts to leverage technological advancements for improved data collection and gender-sensitive practices, mirroring similar successful approaches previously implemented in Haiti. Another example is the creation of an application and referral system to address violence against women that streamlines processes, facilitates training and empowers committees to effectively manage cases.

120.   In Iraq, there are successful examples of innovation, supported by ASRO, like the Safe U application for GBV survivors.[49]

121.   In Somalia, UNFPA has embraced technological innovation to enhance the effectiveness and reach of its humanitarian and development programmes. The utilisation of Geographic Information Systems (GIS) has been pivotal in improving the precision and efficiency of interventions, particularly in IDP camps and remote areas impacted by conflict. This technological advancement allows for better targeting of services and optimizes resource allocation, ensuring that aid is delivered where it is most needed. Additionally, the focus on community engagement and empowerment through digital platforms has enabled UNFPA Somalia to foster greater community involvement in peace-building and development processes. In Libya, the strategic use of mobile medical teams and the establishment of GBV hotlines are examples of how digitalization facilitates the delivery of critical health services, especially in remote or conflict-affected areas. UNFPA Libya's focus on building local capacities demonstrates a commitment to enhancing service delivery through innovation, which is essential in maintaining the continuity of reproductive health services across Libya's diverse regions.

122.   Interviews with some COs show a need for a better understanding of how integration of innovation into programming can support progress to goals. Egypt CO highlighted that adopting digital tools in reporting and monitoring is beneficial to report beyond numbers, however, requires capacity building for staff in areas like data analysis and visualization. In Egypt, despite discussions on innovation and digitalization, there is a gap on its implementation at the CO level, internal tasks are still managed traditionally. The adoption of a UNFPA AI tool was perceived as useful and innovative.

123.   In the GCC, through UNFPA, the support on GBV by *Shamsaha* NGO has become digitized in an application format,[50] with potential scalability and expansion starting in Saudi Arabia and Oman. It is noted that these limited innovation activities were not included in annual reporting by the GCCO, despite having a number of indicators related to innovation that could be used for reporting.

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[49] https://iraq.unfpa.org/en/news/unfpa-moi-kri-launch-safeyou-app-helping-women-and-girls-kurdistan-be-protected-gender-based
[50] https://gcc.unfpa.org/en/news/shamsaha-launches-updated-app-partnership-unfpa-gcc

124.   The Lebanon CO has made advancements in digitalization, piloting successful initiatives such as telehealth and youth-focused digital applications in collaboration with UNICEF and local organizations. However, resource constraints have hindered the expansion of these initiatives. Lebanon's collaboration with ESCWA to develop an online course on sexual harassment law also demonstrates effective use of digitalization in advancing gender-related initiatives.

3.2.5 Accelerator 4: Leaving No One Behind and Reaching the Furthest Behind First

Related to 2.4. How did the LNOB accelerator advance the achievement of the 3TRs?

Finding 7: The extent to which the LNOB accelerator is institutionalized in planning, implementation and reporting is unclear, as well as its effectiveness in addressing emerging regional challenges like climate change and migration. Needs of some marginalized groups are addressed, but not of some others like PwDs, migrants, domestic workers and LGBTQ+ communities. Attention to urgent humanitarian needs often sidelines efforts aimed at LNOB, especially in addressing GBV and harmful practices, and there is potential for more systematic adoption and use of this accelerator.

125.   There are several examples of adoption of LNOB approaches in countries of the region discussed in this section. Nonetheless, the evaluation reflects that more should be done to address the specific needs of vulnerable populations (such as PwDs, migrants, domestic workers and LGBTQ+ communities) and ensure inclusion, particularly during emergencies,. Inconsistencies in the SP-related programming guidance were noted during the SPE, echoing that accelerators are, in fact, programming approaches, such as the LNOB that is being operationalized somewhat independently of their framing as accelerators across countries.[51] LNOB is perceived as a complementary/duplication of the human rights-based approach. LNOB is to being strategically tailored in relation to a context's political dynamics and cultural sensitivities. For example, while LGBTQ+ is a population not to be left behind for UNFPA, this creates controversy with the Arab States and would discredit the organization and block other programmatic areas. In Morocco, the CO prioritizes vulnerable populations like migrant women with disabilities, survivors of violence and women facing poverty and illiteracy. It provides support to young people with disabilities through the We Decide initiative, in collaboration with the center of Mohammed VI. Collaborating with CSOs, the CO advocates for public policies to address discrimination for out-of-school and unemployed adolescent girls and for addressing the lack of universal access to healthcare for disabled women, refugees and migrants, especially refugees with limited residency and access to services.

126.   In Egypt, analysis of interviews reflected a commitment to LNOB principles by targeting marginalized groups like adolescents, PwDs, and rural communities in Upper Egypt and in villages of the national rural development project 'decent life'. The CO employs innovative strategies to ensure inclusivity by engaging young people to develop socially relevant digital solutions at minimal cost.

127.   The GCCO uses human rights-based and LNOB approaches to initiate policy dialogue on migrant workers. LNOB is also sporadically included in the annual reporting, reflected in areas like capacity building on gender in Oman and the population policy review for all ages in Qatar.

128.   Lebanon CO placed emphasis on marginalized population groups, including the LGBTQ protection needs. Focus is also given to PwDs. The CO piloted the integration of cash-based interventions as a modality to address GBV, aiming to provide a comprehensive response and also reach marginalized individuals who may be reluctant to seek case management. Lebanon CO also co-led the GBV working group, collaborating on Mental Health and Psychosocial Support (MHPSS) and Case Management and Referral (CMR).

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[51] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 52

129. The principle of LNOB is particularly pertinent due to the high numbers of displaced populations and migrants in Libya. UNFPA has prioritized reaching these vulnerable groups by tailoring health interventions to meet their specific needs, such as providing mobile clinic services and culturally sensitive health education, which ensures that these communities are not excluded from receiving vital health care. In Somalia, the commitment to the LNOB principle is evident in the focused integration of GBV and SRH services within its humanitarian operations, directly targeting vulnerable groups affected by crises.

130. The overall actions adopted by the Arab States to reach those left behind was explored in a global survey on the implementation of the SP. The survey results show that the Arab States have focused on implementing actions to strengthen voice and partnerships, address root causes and support an enabling national environment for non-discrimination and equality in policies, in addition to other actions as indicated in Figure 11.

Figure 11: COs that introduced or scaled up actions to increase reaching populations left behind.
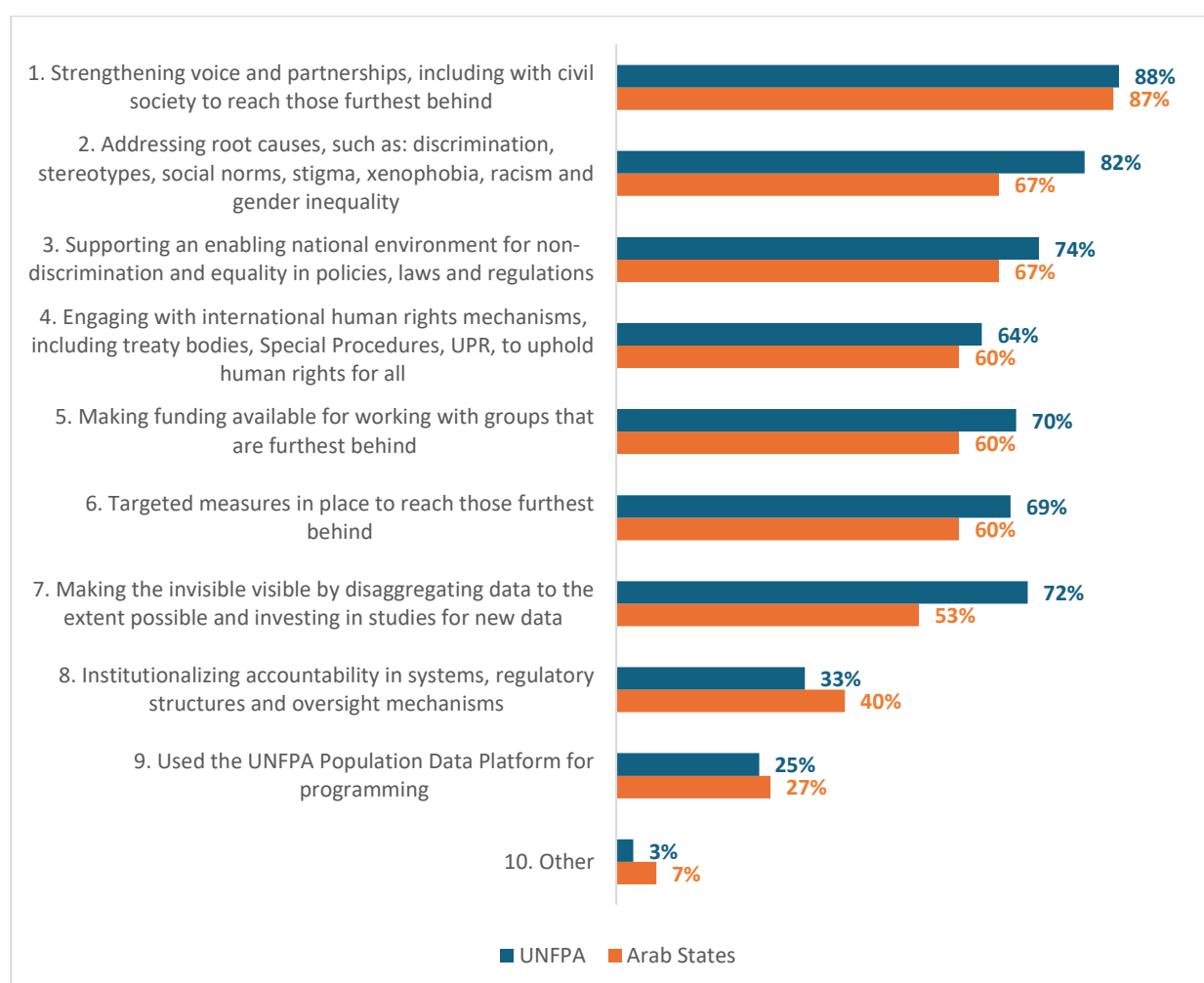
Source: Arab States 2023 Review of the Implementation of the SP 2022-2025

3.2.6 Accelerator 5: Resilience, Adaptation and Complementarity among Development, Humanitarian and Peace-Responsive Efforts

Related to EQ 2.5. How has the Humanitarian Development Peace Nexus (HDPNx) been operationalized in the Arab States and how did this accelerate the advancement of results? and EQ 5.1 To what extent

has resilience, prevention, preparedness, and early action been mainstreamed (and/or expanded) into programme interventions?

> **Finding 8: UNFPA in the region accelerates the realization of the 3TRs by prioritizing and taking concrete actions towards preparedness, early and anticipatory action, and the provision of life-saving interventions. Efforts include implementing the MISP, building internal capacities of regional and CO staff, conducting readiness assessments, improving supply chain management and prepositioning of resources. It is recognized that ongoing crises and limited resources, insufficient high-level advocacy with governments are challenges for this accelerator.**

131.   UNFPA is committed to be on the ground before, during and after crises, protecting SRHR and combating GBV. Minimum preparedness is institutionalized in COs annual reporting; each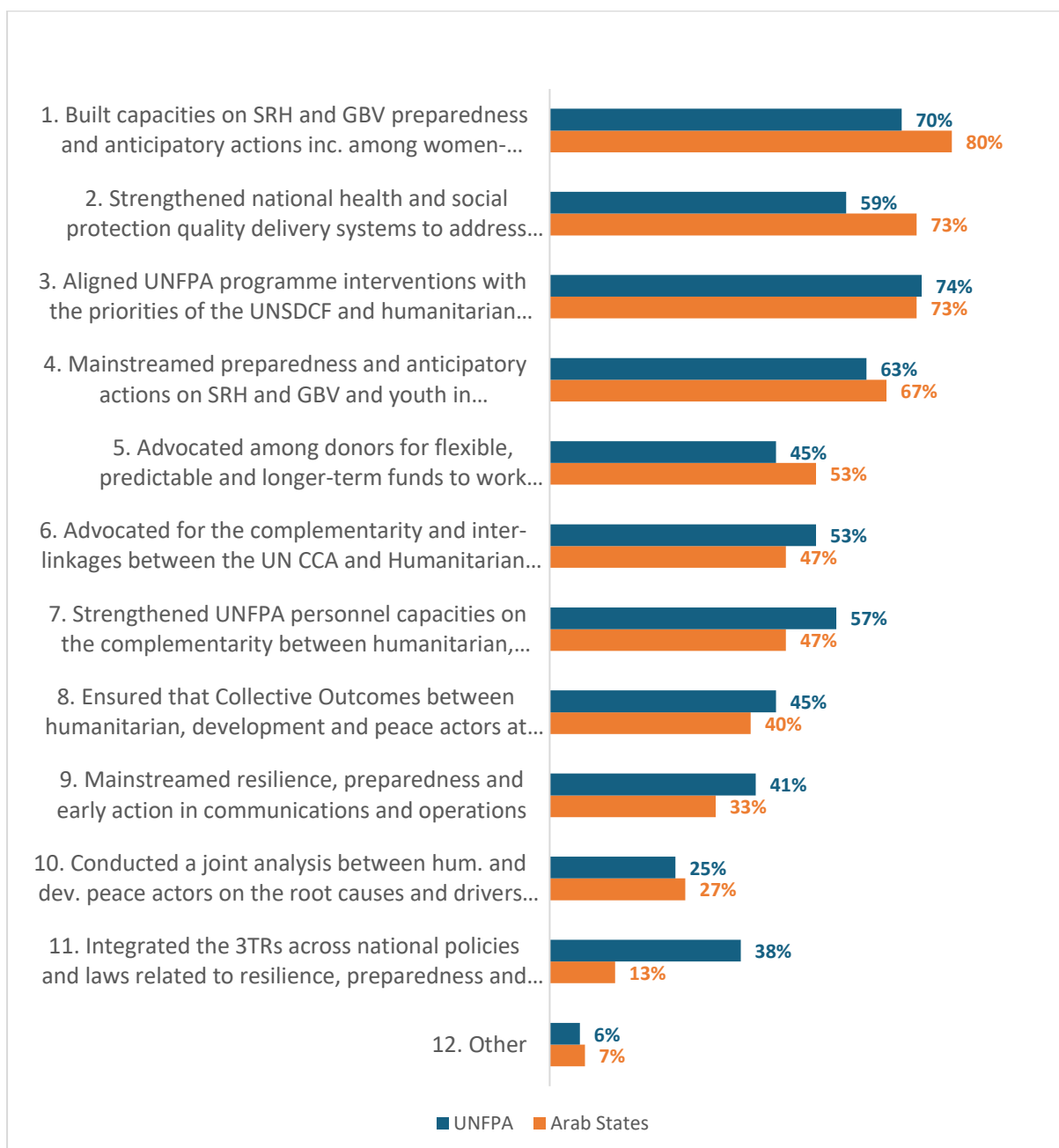 year, a CO is required to report on measures implemented to establish minimum preparedness to help mitigate risks in the event or onset of a crisis.

132.   One realization by the evaluation is that there has not been enough advocacy with governments at the senior level to prioritize SRH and reflect it in national response plans for a better humanitarian response in fragile contexts. The integration of innovation into humanitarian and peace-responsive effort is a gap that could be addressed. The evaluation underscored the challenges in implementing these approaches due to ongoing crises and limited human resources. In addition to brief country examples below, this area is addressed more elaborately in EQ 5 on humanitarian action, notably in EQ 5.1 and 5.5, treated more as an area of work reflected in the RP rather than a corporate accelerator systematically mainstreamed across all interventions.

133.   This accelerator is considered a core principle and a priority area of work for Iraq, transitioning from a humanitarian to a development context, with UNFPA actively supporting this shift. Responsibilities are gradually shifting to the government and local partners, with UNFPA transitioning from cluster-based to sector-based approaches for GBV and SRH coordination. Efforts include integrating the 3TRs into UN development programming and managing internal shifts in recruitment and addressing financing implications of shifting priorities to country capacity strengthening and advocacy. In Somalia, the implementation of the HDPNx effectively combines development strategies and emergency responses to maintain essential services like GBV and SRH during crises. This integration into the overall humanitarian strategy ensures these critical services are part of initial responses, helping to prevent secondary health crises and mitigate escalated violence risks. Such efforts are key to building resilient health systems that contribute to long-term community stability and recovery. This accelerator is also critical in Libya, where the lines between humanitarian and development needs are often blurred due to ongoing conflict. UNFPA's approach has involved integrating SRH and GBV services into broader humanitarian response efforts, ensuring that these critical services are maintained during crises. This integration supports the transition from immediate crisis response to longer-term development goals, essential in building resilience among affected communities. Lebanon's CO focus is on stabilization, reflected in the CPD, ensuring a continuum across humanitarian and development programming rather than a dichotomy. In Egypt and Morocco, while preparedness was mainstreamed in documents, staff and existing structures were not ready to accommodate for emergent crises.

134.   Figure 12 presents the COs that have taken actions since the SP roll-out to strengthen resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts, based on the survey conducted on the implementation of the SP. It presents a balanced picture of Arab States compared to UNFPA globally, where the Arab States average more than globally in 6 out of 12 actions areas and less than the global average in the 6 other action areas under this accelerator.

Figure 12: COs that advance development, humanitarian and peace-responsive efforts

Figure 12 bar chart:

Item	UNFPA	Arab States
1. Built capacities on SRH and GBV preparedness and anticipatory actions inc. among women-…	70%	80%
2. Strengthened national health and social protection quality delivery systems to address…	59%	73%
3. Aligned UNFPA programme interventions with the priorities of the UNSDCF and humanitarian…	74%	73%
4. Mainstreamed preparedness and anticipatory actions on SRH and GBV and youth in…	63%	67%
5. Advocated among donors for flexible, predictable and longer-term funds to work…	45%	53%
6. Advocated for the complementarity and inter-linkages between the UN CCA and Humanitarian…	53%	47%
7. Strengthened UNFPA personnel capacities on the complementarity between humanitarian,…	57%	47%
8. Ensured that Collective Outcomes between humanitarian, development and peace actors at…	45%	40%
9. Mainstreamed resilience, preparedness and early action in communications and operations	41%	33%
10. Conducted a joint analysis between hum. and dev. peace actors on the root causes and drivers…	25%	27%
11. Integrated the 3TRs across national policies and laws related to resilience, preparedness and…	38%	13%
12. Other	6%	7%

■ UNFPA ■ Arab States

3.2.7 Accelerator 6: Data and Evidence

Related to 2.6. To what degree can disaggregated subnational data be a primary accelerator for addressing the disparities in outcomes across the 3TRs, and how can this data be effectively integrated and utilised for more targeted and impactful interventions?

Finding 9: Subnational data are acknowledged as crucial to advance the 3TRs, but capacities in the region are insufficient. ASRO supports countries in improving subnational data and localized evidence to enhance programming and data-driven advocacy, through national censuses and integrating gender-sensitive indicators. It also promotes the use of innovative methodologies, such as geospatial data and small area estimation. Regional partnerships are leveraged with focus on data sharing and evidence generation. However, challenges like centralized data systems, limited access and political barriers hinder progress across settings.

135.   The SPE notes that, while the SP does not include an explicit strategy for knowledge management, it does set out evidence and data as one of the six accelerators, however, it underscores that knowledge goes beyond data and evidence and needs to be effectively and efficiently managed to ensure utilization.[52] Disaggregated subnational data was shown during this evaluation as a crucial tool for addressing disparities in outcomes across the 3TRs,this granular data allows for precise identification of gaps and needs within specific communities, thereby facilitating more targeted and effective interventions. Analysis of feedback from subnational data helps in ensuring targeted interventions, which are essential for achieving the 3TRs. The integration of data into UNFPA's programming has proven essential for tailoring interventions to local contexts.

136.   In countries with advanced statistical systems, it has been utilized to inform policy decisions and develop interventions that address specific regional disparities. For instance, one partner highlighted the role of comprehensive surveys and national statistical systems in providing actionable data that can guide interventions at the governorate or provincial level. Partners during the evaluation pointed out that the cost and complexity of developing and maintaining robust statistical systems necessary to generate reliable and representative subnational data are substantial, making it a challenge for less resourced countries . The effective use of disaggregated data requires continuous investment in statistical infrastructure and capacity building for local data analysts. Partners have indicated that enhancing the skills of local personnel and ensuring consistent data collection practices are critical for maintaining the quality and utility of subnational data. Disaggregated subnational data is a primary accelerator for addressing disparities in health and social outcomes, hence the need for ongoing investment in statistical capacity and infrastructure to fully realize its potential.

137.   UNFPA is keen on building capacities of its workforce at the global, regional and CO levels to collect, map, analyse and use data to assess factors that limit progress towards the 3TRs. ASRO's commitment to data-driven monitoring and decision-making for its programmes is evident. An example is the needs assessment of SRH-friendly services for young people, support to countries in generating data and enhancing their data systems, disaggregating data by vulnerability for a better understanding of who is being reached and establishing regional partnerships specifically reinforcing data management (e.g. League of Arab States) and evidence generation (e.g. American University in Cairo). Challenges however persist, particularly in countries where data collection is still centralized and reliant on periodic census data. Limited availability of surveys and discontinuation of certain surveys can complicate data collection efforts. Limited updated data, as well as data products in the RO hinder progress tracking on the 3TRs, which is elaborated in EQ 6.1.

138.   Data (including subnational data) and evidence are growing priorities for countries. In Iraq, with a transition from humanitarian to a development setting, data and evidence are becoming more crucial in stepping up UNFPA's normative role and informing longer term policy making. The first census is being conducted with technical support by UNFPA after more than 30 years of unavailability of such data. National counterparts benefited from UNFPA's south-south initiatives in this area.

139.   In Morocco, UNFPA is leading the design and planning for the upcoming national census with the involvement of other agencies and has integrated gender-sensitive indicators in data collection processes, underscoring its advocacy efforts to ensure inclusivity and accuracy in data collection for evidence-based decision-making. Leveraging demographic data, health indicators and socio-economic analyses helps the CO strengthen its proposals and advocacy efforts to attract funding.

140.   ASRO is collaborating with the UN Economic and Social Commission for Western Asia (UN ESCWA) focusing on strengthening investment cases through data and evidence. At the country level, in Egypt, the developed investment cases have played a pivotal role in providing tangible evidence of UNFPA's mandate and objectives. They have generated evidence to effectively

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[52] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 121

communicate the organization's goals to stakeholders and facilitate dialogue with the private sector and government agencies. Emphasis on robust data collection was underscored by staff and national stakeholders in Egypt to inform policymaking, reporting on global commitments and design of programme interventions. Efforts include funding studies on prevalent social norms and harmful practices like GBV and unmet family planning needs. However, hurdles such as security clearances and coordination among actors hinder the progress of these data and evidence collection efforts.

141.   In Somalia, the deployment of innovative data practices, such as geospatial technologies and machine learning, plays a crucial role in refining the response strategies to meet diverse and urgent needs across different regions. The use of geospatial data allows for the mapping of IDPs, enabling UNFPA and its partners to pinpoint the exact locations where interventions are most needed. This technology is instrumental in monitoring movements and trends of IDP populations, which is vital in conflict-affected areas where displacement patterns can rapidly change. Moreover, machine learning algorithms have been utilized to analyse large datasets to predict future displacement trends and health needs, significantly improving the planning and effectiveness of health interventions.

142.   In Libya, the use of disaggregated subnational data is crucial to address health disparities exacerbated by conflict and displacement. Efforts to collect and analyse data at the subnational level have enabled UNFPA to identify and target interventions in areas that are most affected by conflict, particularly in enhancing the availability and quality of SRH services.

143.   In the GCC countries, despite available technical capacities and comprehensive administrative data systems in these countries, challenges exist due to political barriers, lack of data access and limited data analysis. Furthermore, there are important data gaps in relation to UNFPA's mandate, especially GBV, and an overall political direction to limit data collection and dissemination activities.

3.3 Strategic Shifts

EQ3: How are the strategic shifts supporting the achievement of the 3TRs and the SDGs in the Arab States?

Overall, it is evident that megatrends represent inherent daily realities across COs. Adapting to them offers diverse opportunities for COs to enhance the relevance and impact of their interventions within their contexts. Initiatives that embrace megatrends range from addressing climate change vulnerabilities to technology integration in programming and advancing migration data for informed policy decisions. Despite their relevance and proven support in addressing country challenges and progressing towards the 3TRs, the structural integration of megatrends into programming remains unclear with no specific guidance on how to implement, monitor and report on them. A strategic shift from funding to funding and financing in the Arab region is gradually unfolding. Efforts led by HQ and ASRO aim to engage new donors, including IFIs and the private sector, whereas uncertainties of the economic downturns and multiple crises in the region are impacting traditional government contributions. Strategic shifts face challenges in terms of operationalization and capacities among UNFPA COs and there is a recognized need for diversifying donor base, strengthening partnerships with the private sector and dialogue with governments, in addition to establishing robust data systems. There is focus on the 3TRs, but other areas addressed by UNFPA are not captured (like ageing and HIV/AIDS), affecting its external strategic positioning and internal capacities. UNFPA works closely with some UN agencies more than others, with room to improve alignment of such partnerships between the regional and country levels.

3.3.1 Incorporating Megatrends

> **Finding 10: Megatrends have varying degrees of relevance and institutionalization in ASRO and COs. Some are central to UNFPA work (demographic changes and inequalities), others can be relevant (technological innovation and climate change), and others not yet adopted or considered (urbanization). There is limited guidance and messaging on how UNFPA staff are to relate with the megatrends. On ground efforts are informed by direct needs rather than corporate direction.**

144.   The Arab region is affected by global megatrends, primarily climate change, rapid demographic changes and age structures, and the size and rate of migration.[53] Overall, the ASRO programme and strategy has embraced the megatrends that represent complex and interconnected challenges intersecting with issues of GBV and harmful practices in the region. The evaluation confirms that the megatrends require comprehensive consideration into programming and design of CPDs, as well as collaborative efforts among governments, organizations and communities to mitigate their risks and promote resilience. Both ASRO and COs emphasized the usefulness of adapting to megatrends to advance progress and emphasized their relevance amidst changing contexts. Several COs naturally take into account the prevailing megatrends due to concrete needs on the ground. Nevertheless, guidance on integration of these trends is needed for programming, monitoring and reporting. The SPE notes that in 2024, five briefs (on demographic change, sustainability, sexual and reproductive health, climate action and digital safety) were prepared for the ICPD PoA's 30th anniversary, assessing trends' impact on ICPD commitments. However, the RPE finds it too early to assess the extent of the briefs to increase knowledge and understanding of the megatrends.[54]

145.   The extent to which the five megatrends are integrated into programming and planning to support the achievement of the 3TRs in the Arab States is reflected in the below sections, based on document reviews and interviews at both regional and country levels.

Climate Change

146.   Climate change-induced environmental shifts can exacerbate existing vulnerabilities and negatively affect UNFPA's different areas of work. For instance, changes in weather patterns and natural disasters can displace communities, disrupt livelihoods and increase stressors, and hence, contribute to a higher risk of GBV and harmful practices. Additionally, climate change can cause scarcity of resources leading to tension and conflict within communities, also increasing the likelihood of GBV. Implications of climate change and their negative effect on women and girls in specific is well known by the different stakeholder groups and was mentioned repetitively by them during interviews under this evaluation.

147.   The evaluation recognizes that efforts are being made to address the effect of this megatrend, such as contributing to the Organization of Islamic Countries' report on GBV and climate change and participating in the ICPD and related regional meetings that discuss intersections between climate change, migration and demographic trends. UNFPA engages young people and women development organizations in climate adaptation endeavours, such as building capacities of CSOs on climate resilience, assessing and promoting awareness on the impact of climate change on SRH or GBV and vice versa. UNFPA supports programmes on water and human rights to address vulnerabilities and promote resilience.

148.   Several examples on how COs adapted to climate change as a megatrend were shared during interviews with COs' staff. In Somalia and Libya, the climate disasters exacerbate the humanitarian situation and increase incidences of malnutrition, displacement and health emergencies. Both COs have integrated measures to enhance the health systems to respond to the significant

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[53] https://www.unfpa.org/sites/default/files/board-documents/DP.FPA_.2021.8_-_UNFPA_strategic_plan_2022-2025_-_Annex4.3_-_Arab_States_regional_programme_-_FINAL_-_23Jul21.pdf

[54] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 93

environmental challenges that aggravate the already dire contexts, including strengthening local capacities and infrastructure of the health system, and integrating responsive climate resilience measures in health services. The evaluation also records that the Morocco CO has led the establishment of a coalition focusing on the nexus between climate change, population dynamics and gender, comprised of 18 organizations and implemented through NGOs. The Egypt CO is actively engaged in interventions addressing climate change by development partners and government, particularly at the COP27. Iraq is one of the five most climate change affected countries, and the links with the 3TRs are well accepted and observed on the ground. A UNFPA impact assessment documents heat as a challenge for women and girls to access the GBV centres. Despite not being strongly featured in the CPD, UNFPA Iraq implemented some activities in relation to climate change including a national workshop on climate change and supporting young representatives to attend the COP 28 as delegates. The CO also worked with the government of Iraq to develop quantitative research on the impact of climate change and its effect on women and girls. In 2023, UNFPA celebrated the World Population Day promoting the Population Policy Document and created communications' material to shed light on how climate change is affecting Iraq, especially women and girls. On the other hand, in the GCCO, climate change has not been perceived as an area of concern requiring support for the achievement of the 3TRs, despite its integration in UNFPA's annual reporting template.

<u>Technological innovation</u>

149. The integration of technology innovation into programmes and planning in the Arab region is evolving and not as advanced as in other UNFPA regions, as highlighted in interviews with ASRO team, despite its potential to enhance the efficiency of programmes to meet the 3TRs. As mentioned above in the section on accelerators, innovation is somewhat institutionalized and has an active team in ASRO that convenes innovation focal points from COs. ASRO and COs shared examples during this evaluation on integrating this megatrend through innovative approaches in different outcome areas. For instance, the creation of interactive digital tools to empower youth as change-makers and enhance access to information. This includes the *Manasati* platform which facilitates dialogue among young people to share experiences and opportunities, and *Shabab* app which enables users to access and rate available health and education services. Across the regions, there are around 20 different apps and platforms created and ASRO is consolidating efforts and promoting synergies between countries to avoid duplication and promote South-South collaboration.

150. Several examples can be showcased at the country level. In Lebanon, several successful digital initiatives were piloted such as telehealth and youth-focused applications, in collaboration with UNICEF and local organizations. However, resource constraints have hindered the expansion of these initiatives. The CO also collaborated with ESCWA to develop an online course on sexual harassment law and is supporting national GBV Information Management System. In Morocco, examples include the development of GBV app and referral system and the use of handheld devices in the national census. In Tunisia, online tools have successfully targeted specific groups, such as the Safe Delivery app. The Egypt CO is allocating funds for procuring reproductive health commodities for the MOHP to support the government's contraceptive plan and work on digitizing warehouses through a Logistics Management Information System (LMIS) for efficient commodity tracking. Expressing appreciation to ASRO's support, the Iraq CO has rolled out in-country Safe U application for women to immediately reach for support in case of GBV or in difficult situations. Efforts in Libya also focus on employing advanced data collection methods and integrating technological solutions like GIS to monitor population movements and health trends. Contrary, in the GCC countries, technological innovation was not reflected as a megatrend in programming, almost no innovation results have been reported, except a modest contribution to digitize an NGO-developed *Shamsaha* GBV services app in Bahrain.

151.   The evaluation underscored that this megatrend is evolving, yet its integration needs to be contextualized to address the region's fundamental protection issues, including forms of violence and psychological abuse against women and limited accessibility by vulnerable communities. Adequate budget allocations and elaboration in the upcoming RP and CPDs is necessary.

Demographic changes

152.   Demographic changes, including population aging and shifting fertility rates, are at the core of UNFPA's mandate, and carefully analysed by ASRO, as underscored by the interviewed teams, who explained that by 2050, a projected 15% of the population in the region will be above 60, necessitating preparedness measures. Further, while the aging population in the Gulf region is currently relatively small at 5-6%, it is expected to grow noticeably in the coming years.

153.   The evaluation identified a number of initiatives which consider the demographic changes and aging megatrend. Examples include the advocates for policies that safeguard the rights of older individuals and foster positive societal change in countries like Tunisia and Lebanon where aging populations represent almost 14%. Another example is the conduct of an analysis of demographic dividends and demographic structures to develop aging strategies, in collaboration with LAS and national partners. ASRO is supporting COs in assessing population dynamics, economic contributions across the life cycle, the factors that make-up the demographic profiles and mortality and how they interplay with fertility and migration. Another analysis planned by ASRO will be on examining how production-consumption dynamics and economic contributions may vary across different age groups.

154.   While ASRO, and UNFPA more generally, work on demographic changes as the mandated UN Population Fund, this area is addressed by other UN partners like the UN Statistics Division globally and UN ESCWA in the region. UN ESCWA is perceived as the regional convener for demographic issues, while UNFPA focuses on SRH and GBV. Both agencies work together and report against the Madrid Plan of Action on Ageing[55] and build capacities in countries, but stronger leadership engagement at the regional level is deemed necessary, with joint partnership outcomes reinforced and more strongly defined. Another relevant area in this regard is country-level capacities in demography which are perceived as less technical and more coordinating, tackled in EQ 4.1 on the fitness for purpose of UNFPA's workforce.

155.   At the country level, Iraq, Egypt and GCCO supported governments on the development of population policies, considering demographic dynamics, such as ageing population or youth bulge. The GCCO supported Oman and Qatar in developing their population policies and pertinent results framework, incorporating demographic trends like the ageing population. Iraq CO supported the population policy considering family planning needs, which was launched in 2023 and now advocacy and resource mobilization are underway to support its operationalization. This example from Iraq also demonstrates the CO's shift from a humanitarian largescale operation to a strategic normative country capacity strengthening.

Migration

156.   Aspects related to migration movements in the region exacerbate protection risks for vulnerable individuals and families, whether internally or across borders. Based on analysed information during this evaluation, migration often exposes individuals to challenging situations and they usually face increased vulnerabilities, such as economic insecurity or social isolation and violence, including GBV and harmful practices.

157.   Migration is integrated into the Morocco CO programme through collaboration with MOH and participating in the national strategy for migration and asylum in Morocco. Because the migration

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[55] Madrid Plan of Action adopted in 2002 addressing the key challenge of "building a society for all ages". It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf

landscape has shifted, the country now hosts increasing number of migrants, hence the CO is placing increased focus on addressing their needs by improving socio-economic conditions, education and SRH services. Further, efforts to integrate migration data with the High Commission of Planning include gathering information on migrant demographics, socioeconomics, SRH and GBV to inform policy and programming. In the GCC area, demographic data are being used for policy dialogue and advocacy, especially given that GCC countries witness high percentage of migrants, mainly men, which should have implications related to the 3TRs.

158.   Migration patterns are crucial considerations for both Somalia and Libya in programme design and resource allocation. Both COs are responding to the complex interplay between population dynamics and the ongoing political instability, conflicts, displacements and influx of migrants by enhancing the quality of health services across the countries. They deploy mobile and static health clinics in remote and high-need areas to provide tailored maternal health care, family planning and emergency obstetric care, hotspots are identified through geospatial mapping in Somalia. Both COs build capacities of local health workers who provide essential health education, contraceptives and support during childbirth. In Libya, the CO uses advanced data collection methods to monitor population movements and health trends, adapting health infrastructure to the volatile environment by deploying mobile medical teams, collaborating with local NGOs, and decentralising operations to ensure continued access to health services. Health education is also provided to migrants. In Iraq CO, support for displaced populations has long been a component in the protracted crisis humanitarian response.

<u>Urbanization</u>

159.   On urbanization, this megatrend is built into the analyses done on demographic dynamics by the COs, with focus on differences between urban and rural contexts. In the Arab region, there exists major urban centres surrounded by population concentrations that are urban and ASRO is working to understand what this means for the 3TRs and government policies. Perceived as an interesting concept to explore, urbanization is currently somewhat recurring as a component of population policies supported by UNFPA to countries including the GCC and Iraq. There is limited UNFPA corporate guidance and programming catering to this megatrend. In Iraq, some work with UN Habitat, the lead agency on urbanization, exists but it is focused on humanitarian programming related to GBV shelters. If this area will be addressed more strongly in the future, it can benefit from stronger global and regional collaborations, like the WHO-UN Habitat collaboration on urban health. Efforts to focus on urbanization appear to be underway, as indicated in the SPE, coming within the context of broader efforts across the UN to enhance monitoring of the SDGs in urban contexts.[56]

3.3.2 Funding to Funding and Financing Shift

Related to EQ 2.2. To what extent have UNFPA's partnerships modalities (including financing), accelerated progress on the RP outcomes and the 3TRs, and how can these collaborations be optimized and expanded? To what extent does UNFPA's strategic mandate align with and leverage the financing for development agenda? and, EQ 3.2 To what extent has the RP embraced the transition from funding to funding and financing agenda to achieve the 3TRs in the region?

> **Finding 11: Efforts by countries in the region to transition from funding to funding and financing are evident, yet challenged by economic recessions, capacity issues, internal regulations and poor data systems. COs are progressively engaging with new donors, including IFIs and private sector, and conducting investment cases, whereas, for some countries, traditional government contributions are declining. Perceptions around ASRO's support on FfD**

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[56] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 89

differed among the interviewed staff, but COs could benefit from more corporate guidance to advance this transition.
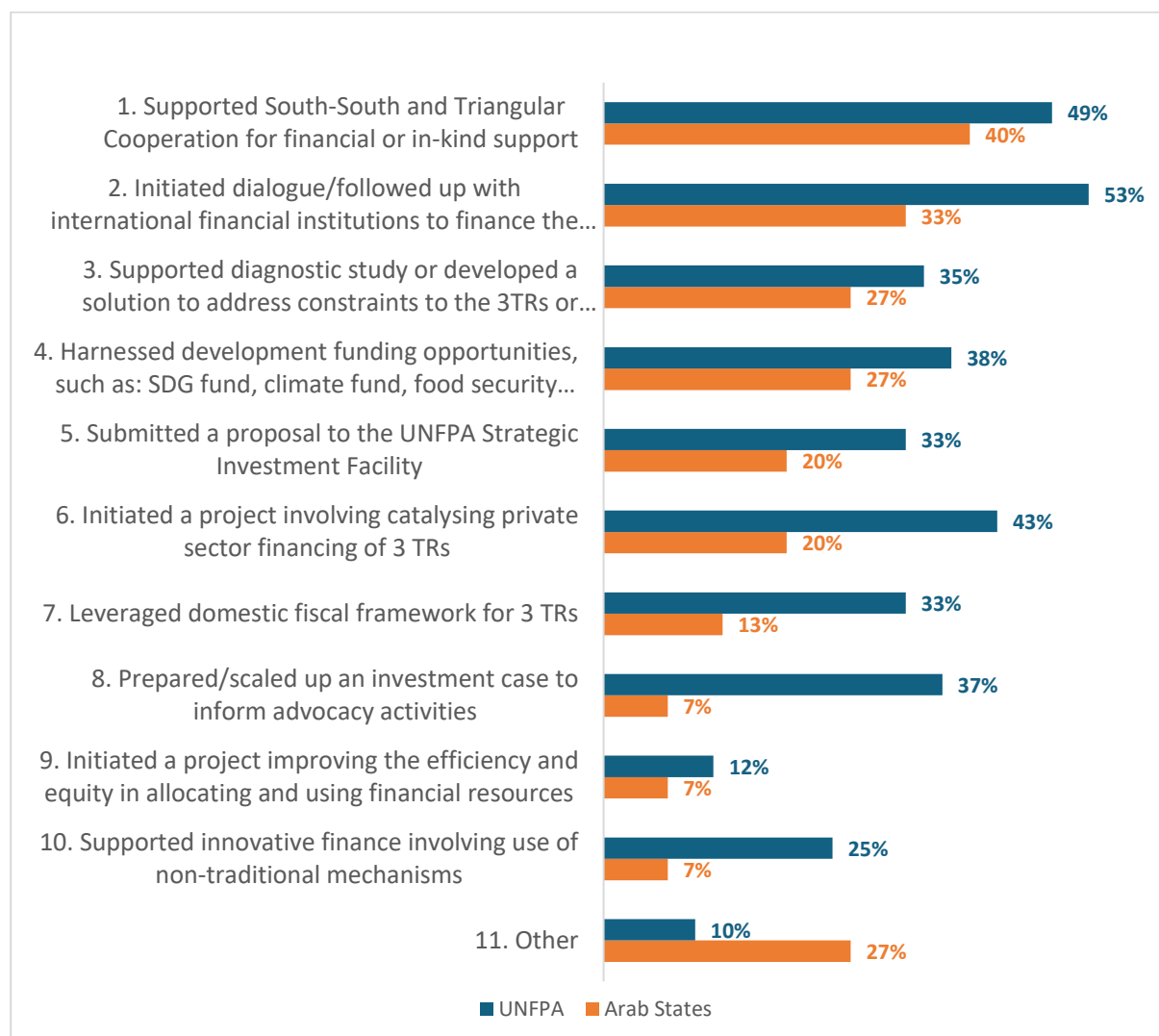
160.   With funding becoming scarcer across the Arab region, the financing landscape is undergoing transitions from funding to funding and financing at the CO level for the implementation of the broader ICPD agenda. The decrease in funding for the Arab States is noted and efforts are being made to shift from traditional funding models to a more diversified donor base engaging new and emerging ones. However, it was clear that financing transition presents a significant challenge for them as they are more accustomed to mobilizing funds rather than seeking financing options. The interviewed ASRO and CO teams acknowledge having gaps in their own capacities to navigate this transition depending on their own networks, particularly in middle-income countries. Support of HQ and ASRO to COs is important to facilitate access to such donors and prepare joint proposals, it remains uncertain whether the RO specifically has enough capacity to effectively lead such efforts. At the regional level, other financing mechanisms exist, such as the Syria Regional Response Hub focusing on securing traditional donor support for the Syrian response. Two other major trust funds benefit some COs; namely, the Maternal Health Trust Fund and the Reproductive Health Commodity Security Trust Fund. Countries benefiting from these funds are Sudan, Djibouti, Yemen and Somalia.

161.   <u>Investment cases</u> are typically developed to influence decisions of donors and governments to catalyse transformative change. ASRO developed several evidence-based investment cases to inform policymaking, however, their utilization in resource mobilization at regional or country levels is not clear. The evaluation considers ASRO's efforts on conducting investments cases as a success, which at the same time recognizes that UNFPA lacks the expertise, tools, incentives and positioning to make a considerable difference in shifting from funding to funding and financing, as also recognized by the SPE evaluation.[57] Almost all COs have expressed interest in developing investment cases, indicating their importance as powerful tools to demonstrate the costs and returns in monetary terms that can be achieved by investing in interventions for the 3TRs at the country level. An investment case was conducted by the CO Egypt for example, quantifying the impact of UNFPA's interventions, particularly in areas like maternal mortality, harmful practices and GBV, which facilitated fostering partnerships with financial institutions and the government. To support COs, HQ had developed a toolkit on conducting investment cases for transformative results,[58] also, ASRO has the potential to play a pivotal role in this regard, leveraging expertise within the organization and in COs.

162.   Attempts to engage <u>IFIs</u> as non-traditional donors are made at HQ and ASRO levels, including the World Bank, African Development Bank and Islamic Development Bank, Qatar Foundation and KSA King Salman Centre. Innovative financing options are also being explored, such as the Girls Impact Bonds to address SRH, family planning and GBV. However, examples of success in establishing such partnerships remain sporadic in ASRO. In Sudan, partnerships are sought with the World Bank and Global Fund to address HIV, TB and malaria in integrating SRH. In Egypt, there is more room to engage with the World Bank and leverage its existing partnerships with other stakeholders like the WHO to integrate the 3TRs in the discussion on universal health coverage. Some of Iraq's donors expressed interest in supporting UNFPA's work in transitioning from large scale operations to longer term solutions and normative support, to which the CO is adapting and repurposing. However, Iraq is a country where non-traditional donors are needed because it is an upper-middle-income country, with support more likely coming in the shape of loans. In other cases, dialogue started by ASRO, but agreements have never been reached and are contingent upon government reforms.

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[57] UNFPA. 2024. Formative evaluation of the UNFPA Strategic Plan 2022-2025, para 82
[58] https://www.unfpa.org/sites/default/files/pub-pdf/Developing_Investment_Cases_for_Transformative_Results_Toolkit.pdf

163.   Private sector's CSR emerges as an innovative financing for development mechanism. HQ has a division dedicated to private partnerships to support initiatives across regions in certain areas. At the regional level, this area is in the portfolio of the overstretched resource mobilization team, with a perceived high transaction cost of engaging with the private sector in comparison with traditional donors. At the COs' level, modest success is seen on engaging private sector. In Iraq CO, some private companies expressed interest to collaborate and advance UNFPA's mandate, which presents a significant and opportune financing source. However, the private sector is not yet regulated enough in the country with underdeveloped governance to facilitate CSR. Morocco CO is also starting to explore blended funding models and has identified the private sector CSR as a potential financing mechanisms and plans are in place for discussions to support underserved populations. In Somalia, UNFPA has initiated partnerships with private sector companies, notably in data management, to enhance resource mobilisation. These partnerships involve collaborations with firms from Finland focusing on innovative approaches to maternal health and the deployment of machine learning algorithms for humanitarian response, such as the automated identification of IDP shelters. In Libya, UNFPA is actively exploring CSR initiatives and innovative fundraising approaches to diversify its funding base. Generally, for COs, challenges to engage with the private sector include the organization's internal regulations perceived as restricting, conservative and too risk-averse to tap on these resources. Another challenge is the lack of capacity at the RO and COs level to engage with the private sector and to package UNFPA's mandate in an appealing/understandable language to private sector entities.

164.   The landscape of government financing of the 3TRs in the Arab States varies between countries. GCC countries have potential to finance the TRs, a successful example is from Oman for the cervical cancer study and vaccination campaign, but it remains challenging to convince GCC governments to invest in the 3TRs areas and/or engage with UNFPA on them. In Lebanon, in the past, UNFPA projects benefited from local funding by the government that contributed substantial amounts annually. However, the current economic situation in the country is hampering the possibility of such contributions. The government of Morocco funds a significant portion of the cooperation and funding framework of the UNFPA country programme, roughly 20 percent as underscored by staff, which might increase moving forward. Iraq is a unique setting being a country in transition, the government, at least at federal level, possesses sufficient financial stability to finance priorities and some government staff are designated to be directly involved in UNFPA's projects. However, on one hand, the government is currently prioritizing reconstruction and infrastructure over such other priorities advocated for by the UN, including the 3TRs. On the other hand, there is room to identify common ground with the government like the census, which is ground-breaking for Iraq, given that the past census was conducted more than 30 years ago.

165.   The below figure showed the results of the survey carried out during the MTR of the strategic plan on the engagement level of COs globally and in the Arab States in activities related to the funding to funding and financing agenda.

Figure 13: COs that engaged in funding to financing activities since the roll out of the SP

Chart showing percentages for UNFPA (blue) and Arab States (orange):

1. Supported South-South and Triangular Cooperation for financial or in-kind support — UNFPA 49%, Arab States 40%
2. Initiated dialogue/followed up with international financial institutions to finance the… — UNFPA 53%, Arab States 33%
3. Supported diagnostic study or developed a solution to address constraints to the 3TRs or… — UNFPA 35%, Arab States 27%
4. Harnessed development funding opportunities, such as: SDG fund, climate fund, food security… — UNFPA 38%, Arab States 27%
5. Submitted a proposal to the UNFPA Strategic Investment Facility — UNFPA 33%, Arab States 20%
6. Initiated a project involving catalysing private sector financing of 3 TRs — UNFPA 43%, Arab States 20%
7. Leveraged domestic fiscal framework for 3 TRs — UNFPA 33%, Arab States 13%
8. Prepared/scaled up an investment case to inform advocacy activities — UNFPA 37%, Arab States 7%
9. Initiated a project improving the efficiency and equity in allocating and using financial resources — UNFPA 12%, Arab States 7%
10. Supported innovative finance involving use of non-traditional mechanisms — UNFPA 25%, Arab States 7%
11. Other — UNFPA 10%, Arab States 27%

Legend: ■ UNFPA ■ Arab States

Source: Arab States 2023 Review of the Implementation of the SP 2022-2025

3.3.3 Organizational Focus on the 3TRs

Related to EQ 3.3. To what extent has ASRO ensured regional organizational focus on achieving the 3TRs while also ensuring that programmatic and technical assistance is tailored to better respond to local contexts?

> **Finding 12: ASRO's focus on the 3TRs is clear and reflected in the articulation of change stories, outputs and monitoring frameworks of the RP and country CPDs, but the RP and CPDs are not formally connected except through alignment with the SP. Links between the 3TRs and the accelerators, megatrends and other thematic areas are less apparent, despite potential benefits to advocacy, partnerships and financing. While the 3TRs encapsulate UNFPA's mandate in an easy-to-understand manner, they are hardly linked to and do not capture other areas of work like HIV/AIDS or ageing.**

166. Naturally, there is a strong focus on the 3TRs in the region by ASRO and COs, which is reflected in their robust integration into regional priorities and the development of specific outputs and indicators that measure progress directly against these results. Similarly, CPDs are aligned with the SP and 3TRs, highlighting local contexts, needs and priorities in planning documents and M&E frameworks that capture progress towards their achievement.

167.   It is noted that data systems' capacities and availability for the 3TRs is an external and internal challenge for ASRO and its countries. Externally, there are challenges related to data sharing for political reasons by countries, or the lack of institutionalized data systems for such areas (e.g. the GCC countries on harmful practices). Some data systems are not sufficiently advanced to provide high-quality, disaggregated data on the 3TRs. This is exacerbated by the fact that almost half the countries are suffering from protracted crises, conflict and humanitarian needs, with limited resources to sustain data systems or protecting the 3TRs' gains. During interviews, ASRO staff acknowledged such challenges and there is an intention to address them in innovative ways, like geospatial mapping and Small Area Estimation, a statistical technique used to generate precise estimates for small geographic areas or subpopulations by combining survey data with auxiliary information, improving data accuracy and reliability for targeted interventions and resource allocation. Internally, while some of the 3TRs' indicators are covered in the State of the World (SWP) reports,[59] and there is a global UNFPA population data portal (albeit with outdated data), data appears to be fragmented in ASRO and at the country level. There is limited regional information products and country profiles data on the 3TRs, which can hinder regional prioritization (decision-making, support, advocacy, resource mobilization) efforts like the identification of quick wins as well as areas (and countries) lagging behind to advance the 3TRs.

168.   UNFPA can benefit from a clearer articulation of how some areas of its work on the 3TRs relates to accelerators, megatrends and other principles. This provides UNFPA with entry points to create new partnerships, implement joint programmes, strengthen evidence and widen the scope for resource mobilization. It was explained by several colleagues from ASRO and the Amman hub that explicating UNFPA's added value in relation to these concepts at global and regional levels can position the organization better to engage with donors who are not traditionally interested in the 3TRs. In doing so, it is also important to contextualize this work to country needs and donors' areas of interest and priorities. For example, UNFPA's work on innovation opened new avenues to apply for innovation related funding. Likewise, work on climate change increased rationale for UNFPA to approach organizations who have stronger climate/ environment mandate for resource mobilization and partnerships, linking that with the 3TRs. The same can be derived for other concepts covered by megatrends and accelerators, such as human rights, gender, urbanization, data management, and also others like universal health coverage and social protection. From this feedback, the evaluation finds that there is no uniform consensus among staff on how far is the UNFPA's potential to contribute and link to these principles and hence tap on resource mobilization opportunities.

169.   Likewise, some coherence is missing to link the 3TRs to other UNFPA's areas of work of varying importance, like ageing, HIV/AIDS and others. For example, UNFPA ASRO is working closely with UN ESCWA and HelpAge against the Madrid International Plan of Action on Ageing. While this work is relevant to UNFPA as a population agency, it has no clear links with the 3TRs. Moreover, HIV/AIDS is institutionalized in UNFPA's work; it is included in the global SWP report and falls under the portfolio of the Youth team in ASRO, but, similarly, its relationship with the 3TRs indicators can be strengthened if this is an area of relevance.

3.3.4 Engagement with the UN Development System

Related to EQ 3.5 How is UNFPA's collaboration with the UN Development System supporting the achievement of the RP outcomes and 3TRs?

> **Finding 13: UNFPA is working closely with different UN agencies at the regional and country levels to advance its mandate, but partnerships between the two levels can be more aligned and mutually reinforcing. At both levels, UNFPA teams and government stakeholders recognize**

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[59] SWP 2024 https://www.unfpa.org/sites/default/files/pub-pdf/swp2024-english-240327-web.pdf

the importance of strengthening partnerships with other UN agencies for better positioning, complementarity and joint programming.

170.   At the regional level, key implementing agencies include UN ESCWA (output 1, 3 and 4), UNICEF (output 3, 4 and 6), WHO (output 4). UNFPA is a player in several regional UN fora like Issue Based Coalitions (UN DCO) and the WHO's Regional Health Alliance (RHA). UNFPA staff are highly commended by their counterparts in other agencies, but these agencies also highlighted a sense of understaffing within ASRO. UNFPA's leadership is perceived most strongly in SRHR, but with less positioning in other areas, such as population work, which is perceived as a gap to be addressed. While there is joint programmatic work at the regional level, there is perception that these partnerships are siloed with a need for stronger collaboration at the strategic level.

171.   The collaboration between UNFPA, WHO, and other organizations has been instrumental in developing and implementing regional strategies. For example, joint efforts have led to the creation of the regional midwifery strategy and the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) strategy under the umbrella of the League of Arab States. These strategies have provided a cohesive framework for addressing key health priorities across the region. Moreover, these partnerships have facilitated technical support and coordination at the country level, helping to synchronize efforts and optimize the use of available resources. Through platforms like the Regional Health Alliance (RHA) and the Regional Coordination Mechanism (RCM), UNFPA and its partners have established structured channels for ongoing collaboration. These platforms enable regular interaction, joint planning, and the sharing of best practices, further strengthening the effectiveness of partnership modalities in achieving the 3TRs.

172.   There are differences in the level of engagement with different partners between the regional level and the country level. For example, there is room for stronger collaboration with WHO at the country level, especially in positioning UNFPA's work within Universal Health Coverage efforts. On the other hand, partnerships with agencies at the country level can inform regional partnerships efforts. Generally, UNFPA is active in the UN Country Teams and in joint UN planning and reporting, mainly through the UNSDCFs. Some interviewed government partners mentioned the active participation of UNFPA in these groups and clusters and its experience in GBV and SRH.

173.   For instance, partnership efforts by Egypt CO include leading working groups and co-chairing initiatives like the youth task force led by the government, UNICEF and UN-Women, UNFPA works with WFP for cash voucher assistance. Partnership within the UN system is integral to the Morocco CO's work, such as with UN Women, UNESCO and UNICEF, particularly in the gender thematic area. An example is having a joint initiative with UN-Women on one-stop centres, with IOM on gathering migration data and with UNESCO on sexual education programmes. UNFPA Morocco also led a joint programme with JAICA, WHO and UNICEF on primary health care initiatives. UNFPA Iraq cochairs the youth task force with UNICEF and coordinates the Gender Based Violence Information Management System (GBVIMS) with UNHCR. Iraq CO also works with UNDP on the Youth Scorecard project, with WHO on SRH coordination and with UN Habitat on GBV shelter project. In Iraq, there is strong collaboration at country level between UN agencies, nevertheless, some instances occur where there might be duplication in activities related to UNFPA's mandate by other agencies having more funds for implementation. In Somalia, UNFPA has leveraged relationships with UNHCR and UNICEF to enhance its response capabilities, particularly in areas requiring high technical expertise and rapid action, such as census activities and emergency responses. The collaboration with international partners on census activities has enabled the collection and analysis of crucial demographic data, informing all areas of UNFPA's work in Somalia.

174.   As such, the evaluation accounts for existing partnership initiatives between UNFPA and other UN agencies, but there is room for improvement. This is also noted by government stakeholders at the country level who acknowledge their satisfaction with current level of coordination between UNFPA and other agencies yet call for better prioritization and coordination in the provision of

assistance and capacity strengthening. They foresee this important to maximize efficiency, prevent duplication and ensure synergy in addressing unmet needs and other population-related issues.

3.4 Enablers

EQ4: To what extent are UNFPA's workforce and processes fit-for-purpose to achieve the RP and 3TRs in the region?

The adequacy of technical workforce at ASRO is often compromised by high staff turnover and numerous vacancies; staff struggle with multiple responsibilities, hampering timely technical support to COs and reduceing effectiveness of partnerships, resource mobilization, M&E and communications efforts. Cross-cutting coordination seems to be fragmented, despite integrated outcomes, units often work independently, leading to missed synergy opportunities. Likewise, COs report understaffing, high turnover, heavy workloads and reduced funding, hindering productivity and responsiveness. Some skillsets are perceived as lagging in the organization at regional and country levels. Several processes have improved, but others remain perceived as unfit for purpose, bureaucratic, and requiring simplification or revision.

3.4.1 Technical Workforce Capacity

Related to EQ 4.1: How adequately is UNFPA's technical workforce capacity supporting the achievement of the RP and the 3TRs?

> *Finding 14: ASRO faces significant challenges due to limited number of staff positions, high staff turnover and prolonged vacancies in key positions (including at advisor level), which hinder its ability to meet regional strategic commitments and provide timely technical support to COs. Many COs are understaffed and suffer from heavy workloads, a decline in funding, and some have high staff turnover. The hiring processes ensure the best possible candidates are hired, but some areas of expertise are lagging at both regional and country levels and would add value.*

ASRO

175.   The lack of technical personnel within ASRO for long periods of time is perceived as a significant challenge by almost all the staff interviewed at the RO, COs and partners alike. Notably, several technical advisor positions, including youth, gender and population data have remained vacant for prolonged periods (the PD advisor position was filled in June 2023 and the youth advisor position in July 2024). The evaluation finds that there is a high rate of staff turnover, primarily driven by national staff reaching career plateaus and seeking career progress elsewhere, coupled with an unusually high number of staff under investigation with the overstretched global audit and investigation team delaying the completion of the investigation cases and hence the replacement hiring processes. The need for more staff was also indicated by numerous regional partners. There is an overall appreciation among partners of the quality of the technical expertise and guidance provided by UNFPA regional and country teams.

176.   As such, there seems to be a disparity between the high expectations placed on the staff, being only a limited number of advisors and the extent to which they can handle multiple responsibilities. Consequently, this hampers the timely provision of technical support to COs and partners and affects ASRO's effectiveness in meeting commitments set in the regional SP. Further, the lost opportunities due to workload are recognized, for example in partnerships, resource mobilization or responding timely to needs.

177.   Along the same lines, there is uncertainty about the adequacy of needed technical skillsets at ASRO in specific thematic areas. For example, at the technical level, an economist function is lagging

and would highly benefit UNFPA's evidence-based advocacy, including investment cases. Moreover, on gender, technical capacities and skillsets within ASRO is insufficient to address evolving needs in advancing gender equality within the region. COs attribute this to the vacant position of the gender advisor at the RO for some time. Focal points assigned to gender-related work in COs require specialized capacity building, particularly in addressing GBV and social norms, as well as ensuring coordination between humanitarian and development contexts. On population dynamics, technical capacity seems to be limited within the regional and COs' focal points, which might reflect a broader shift within UNFPA towards prioritizing SRH, with other agencies assuming leadership roles in population.

178.   In response to these challenges, there is a growing call shown during this evaluation by some regional and country staff to implement creative solutions to facilitate staff rotation and talent development. Suggestions included incentivizing rotation, establishing a talent pool for critical programmatic areas, implementing more flexible working arrangements and making systematic efforts to recognize staff contributions. These suggestions are seen as easily achievable especially considering the current conditions of understaffing, heavy workloads and employees working longer hours, leading to their burnout.

Country Offices

179.   During this evaluation, it was clear that most COs are understaffed with high turnover and heavy workload among existing staff, like in Iraq, Somalia, Egypt and Lebanon who are also challenged by a decline in funding for core technical and operational functions. Fewer international positions are now available that previously used to provide essential technical support to national staff. A technical gap at the country level is demography skills and backgrounds, which renders UNFPA COs as knowledge brokers and project coordinators rather than providing direct technical assistance to countries. Moreover, the lack of support staff hinders overall productivity and leads to administrative delays and affects operational agility and responsiveness. From their side, the majority of implementing partners interviewed during this evaluation recognize the competence of UNFPA country staff, yet they share the need for increased staffing at Cos in order to manage the workload, operational efficiency and the engagement of multiple stakeholders.

180.   The evaluation reveals unique concerns amongst staff in Morocco about the limited considerations of language diversity, particularly with the dominance of English in most countries and limited French-speaking staff. This impacts communication, participation in meetings and access to training opportunities, which is currently not equal between the staff in Morocco and those in other countries. In Iraq, the current capacity and skillset within the office are not enough for the CO's transition away from life-saving operations to the normative and technical support necessary to address needs in Iraq's evolving context. Limited capacities in the GCC generally hinder programme implementation and enabling functions at the country level too, with clear potential of improved results in countries through modest investments in on-ground country coordinators.

181.   As for the Libya CO, it is faced by unique challenges due to geopolitical instability and the geographic spread of staff across Libya and Tunisia. Despite these obstacles, the office has developed strategies to maintain programme continuity and stakeholder engagement across dispersed locations.

182.   On the other hand, Lebanon and Egypt COs have proficient technical teams in place at different levels and recognized for their expertise in SRH and GBV. It seems that the country teams are experienced enough to not need technical support in most areas from ASRO, some find staff members are over-qualified and that their skills are often underutilized. In Egypt, some operational functions are currently handled by unsustainable contractual modalities like consultants and UNVs. The limited administrative support and the fragmentation and redundancy of tasks such as travel, and NGO management could benefit from more resources, greater efficiency and simplification. Lebanon staff specifically noted the challenges in procurement that is caused by the disruptions in

the international supply chains and fluctuation of prices, impacting the timely delivery of essential kits and materials.

183.   The evaluation recorded some ways whereby COs are mitigating workforce issues to align their work with the CPDs' expected results and the outcomes of the RP. For example, the CO in Somalia has established humanitarian unit that integrates development and humanitarian responses, ensuring adaptability to on-going conflict and natural disasters. There is a strong emphasis on technical expertise in SRH and GBV among hired staff, supporting comprehensive response to population needs. Leveraging community feedback and participation was also shared by staff in Somalia as a key strategy to enhance the relevance and effectiveness of interventions. The GCCO is planning to focus on partnerships and liaison officers amongst GCC countries to improve UNFPA's positioning. This office is currently expanding the team hiring new officers, including for communications.

184.   Overall, there is consensus that UNFPA's hiring processes are rigorous and bring the best available calibres on board. However, insufficiency of staff, highlighted above, and the lack of some required skills can benefit from increased attention.

3.4.2 Support Functions and Business Processes

Related to EQ 4.2: How fit-for-purpose are enabling functions and business processes (cross-cutting coordination, strategic communication, resource mobilization, knowledge management, business operations, M&E) to facilitate the implementation of the RP and advancement towards the 3TRs?

> **Finding 15: The effectiveness of most enabling functions within ASRO is similarly affected by understaffing, high turn-over and double-hatting, including cross-coordination, partnerships, resource mobilization, M&E and communications. Despite the integrated nature of outcomes in this RP, different units seem to be still working independently, sometimes resulting in duplicating efforts or missed synergies. The RP indicators are viewed as inflexible to adapt to contexts. Some business processes improved, but others are perceived as unfit for purpose and bureaucratic, outstretching overworked capacities, notably at the country level.**

185.   Cross-cutting coordination is somewhat fragmented in ASRO, affecting effective collaboration and coherence across diverse thematic areas at the RO level, COs' level and among stakeholders. Interviewed ASRO and CO staff recognize the need to enhance cross-cutting coordination mechanisms by ASRO to maximize the impact of interventions and achieve greater coherence in advancing strategic goals.

186.   Partnerships are recognized as essential for UNFPA to advance the 3TRs. Strong regional partnerships have the potential to extend benefits to COs (League of Arab States, WHO, UN ESCWA, IsDB), enhancing their positioning and contributing to improved results, with envisaged links to resource mobilization efforts. This has not yet sufficiently materialized, and stronger alignment of partnerships between regional and country levels can be envisaged. Moreover, risks to effective partnerships and organizational credibility increase due to inadequate staffing levels and inconsistent staff rotations present at country level.

187.   Resource Mobilization function at ASRO is clearly affected by understaffing as well, having a direct impact on its effectiveness and capacity to secure funding and partnerships. With limited resources and personnel, the function faces challenges in conducting proactive outreach with potential donors, capitalizing on diverse funding opportunities and developing fundraising strategies, thereby, limiting the organization's ability to fully leverage its potential for resource mobilization. In addition to addressing staffing challenges, there is room to enhance the resource mobilization function in ASRO and optimize engagement with the technical units to leverage programmatic insights that can inform fundraising priorities, strategies and proposals.

188.   In ASRO, there are several good practices aimed at enhancing resource mobilization effectiveness. One such practice involves capacity building initiatives focused on equipping the CO focal points with specialized skills tailored to engage specific donors like the EU, which was appreciated by COs like Egypt. By investing in targeted training and capacity building, ASRO strengthens its ability to navigate complex donor landscapes and effectively articulate programmatic priorities aligned with donor interests. For instance, in Somalia, the CO has leveraged training from ASRO to engage effectively with donors, securing funding from sources such as the Japanese government and Canada for humanitarian assistance.

189.   Communications: the ASRO team stressed on the need for establishing sufficient staffing and allocating necessary resources for the communications budget line to increase effectiveness in its efforts during crises and beyond. Despite being understaffed, the communications team received positive feedback during interviews for the support it provides to thematic areas within the RO and to COs. The communications team works closely with the resource mobilization team, for example during events and international days, with the aim to increase visibility and support resource mobilization endeavours. During emergencies, an emergency task force is formed involving regional, country and HQ offices to coordinate communication efforts and to ensure adequate messaging and media products are developed. However, feedback from interviews shows that communications at ASRO frequently rely on resources from various thematic areas. A dedicated budget line specifically designated for communications is absent. Communication efforts require establishing sufficient staffing and allocating necessary budgetary resources, as underscored by ASRO team, to increase effectiveness of efforts during crises and beyond.

190.   Feedback from interviewed ASRO teams shows that communications capacities at COs is inconsistent; some COs have dedicated communications teams, like Palestine and Algeria, others rely on programme staff who may lack expertise in this area. There is also a recognized deficiency in the capacity to tell compelling stories to promote change on social media platforms, particularly in terms of changing social norms. There is a growing expectation for communications to adopt a 'communications for development' approach, aligning closely with initiatives, particularly in addressing social norms. Lastly, HQ occasionally provides support, such as surge deployments or funding for consultants. Additionally, some processes, like communications and publishing, are seen as too centralized, causing delays. A more decentralized approach is needed to reduce bureaucratic lags.

191.   The M&E team in ASRO facilitate essential exercises like reporting, midterm reviews and evaluations. The team is responsible for designing and implementing monitoring frameworks, conducting evaluations and generating data-driven insights to support programmatic improvements and learning. Despite these important functions, the overwhelming workload faced by the M&E team poses challenges in providing timely M&E assistance to COs. M&E capacities at COs level are also inconsistent, with some COs have dedicated M&E officers and others rely on programme staff working as M&E focal points. There is need for strategic resource allocation and capacity building within the M&E function to enhance its efficiency, responsiveness, and ability to meet the diverse monitoring and evaluation needs across the region.

192.   Moreover, there is a perception of rigidity associated with Results Framework indicators. The RP indicators are often viewed as inflexible or rigid, which can impede the ability of the M&E team to adapt the M&E approaches to evolving programme contexts and priorities. This rigidity may limit the scope for innovation and creative problem-solving within the programme.

3.5 Humanitarian Action and Transition

EQ5: How has UNFPA been able to deliver within humanitarian settings? To what extent was the complementarity between humanitarian and development approaches ensured?

> Recent emergencies in the region have spurred a shift towards prioritizing humanitarian action, emphasizing urgency of long-term planning and preparedness. Some advancement were made in this regard, such as implementing the MISP, readiness assessments and improvements in supply chain management and prepositioning of supplies. However, ASRO and COs face challenges in operational readiness and resources (at varying degrees). Staff stress the need for adaptability, improved data systems and enhanced collaboration and outreaching. Securing adequate funds for staffing, preparedness and operations is challenging. There are successful country examples of integration of innovative approaches into humanitarian and development frameworks. ASRO staff highlighted efforts to balance urgent humanitarian needs with UNFPA's traditional mandate. Humanitarian support was strongly appreciated by most- if not all- relevant countries reviewed, but integration between humanitarian efforts and other technical areas and enabling functions like resource mobilization can be taken further. The humanitarian hub, dedicated to the whole of Syria response, is a useful cross-border response mechanism.

3.5.1 Mainstreaming resilience, prevention and preparedness into programme

Related to EQ 5.1 To what extent has resilience, prevention, preparedness, and early action been mainstreamed into programme interventions?

> *Finding 16: In a region prone to humanitarian crises, ASRO's advancement on preparedness is commendable in fostering partnerships and providing technical capacities to COs. The extent to which COs integrate preparedness into their programmes varies; for example, Morocco, Iraq, Lebanon and Somalia have made strides in this regard, while Egypt and GCC's preparedness capacities are nascent and yet to improve.*

193.   In the past years, the Arab States region has been plagued with a number of erupted emergencies and humanitarian crises (natural and manmade), resulting in mounting needs and challenging work environment with acute crises (Sudan and Palestine), protracted conflicts (Syria and Yemen) and increasing natural disasters (earthquakes in Syria and Morocco, floods in Libya) as well as several countries in a fragile context (Lebanon) or in transition to development (Iraq, Libya). This has resulted in repurposed planning prioritizing humanitarian action in the region, which includes support to SRH life-saving services; supporting the scaling-up of cash and voucher assistance to increase access to GBV prevention and response, strengthen SRH and reproductive rights programming in emergencies and promote protective outcomes and integrating menstrual hygiene management in emergencies programming within the CO emergency response, including provision of dignity kits and other essential supplies. In response to the Syria crisis, ASRO established the Regional Humanitarian Hub, providing tailored programmatic and operational support, which leverages its expertise in coordinating and supporting multi-country humanitarian responses.

194.   Overall, there is a discrepancy between outcome formulation under the RP and the CPDs on one hand and UNFPA's humanitarian mandate on the other. ASRO staff find it unlikely that the COs would be able to reduce effects of humanitarian crises or fully address the evolving needs of affected populations. As such, the effectiveness of UNFPA's humanitarian response in the Arab region falls short due to external factors and the macro environment in these countries. It also falls short due to the gap between the growing needs and available response capacities, funding and operational readiness at the COs level to effectively address SRH and GBV concerns in humanitarian settings or enable a shift from development to humanitarian efforts. Having said that, the

evaluation finds that, to some extent, UNFPA was able to effectively communicate its expertise and abilities and is on the right track to enhance its appeals to donors and strengthen its position in the humanitarian funding landscape.

195.   The long-term planning and preparedness strategies are hampered by conflicts, economic, social and political instability, and the COVID-19 pandemic. Many countries are at risk, especially in the face of natural disasters and conflicts that compromise their ability to meet the commitments made in their CPDs to achieve the 3TRs. This is true particularly in countries like Syria with increasing humanitarian needs and in Palestine, where the humanitarian system is severely strained, and the adherence to international humanitarian law is not ensured. Countries like Iraq and Libya, where transitions happened rapidly, face challenges in sustaining resources and operational continuity and crises. Staff realize that, within the context of humanitarian crises, maintaining stability is considered a form of progress. Moreover, several countries with relative stability perceived preparedness as secondary and were taken off-guard facing emergent issues (Morocco's earthquake and Egypt's spill overs from neighbouring countries).

196.   To enhance the effectiveness and timeliness of COs' responses to emerging needs, the evaluation stresses on the necessity for greater adaptability and flexibility in programming. There is a noticeable push to increase the focus on GBV and youth interventions in the Arab States region, as these areas are currently less prioritised compared to SRHR. It is crucial to consider the transformative impact of migration on harmful practices and to tailor interventions more effectively to address these changes. Additionally, there is a recognised need to enhance collaboration with development and humanitarian actors to achieve more comprehensive and coordinated responses.

197.   Countries in the region made progress in preparedness to address reproductive health needs and LNOB. Efforts were pinpointed by ASRO teams, such as implementing the MISP, readiness assessments and Comprehensive Reproductive Health (CMR) initiatives, improvements in supply chain management and prepositioning of resources, as well as knowledge products produced. Minimum preparedness is institutionalized in COs annual reporting; each year, a CO is required to report on measures implemented to establish minimum preparedness to help mitigate risks in the event or onset of a crisis. The reporting framework highlights preparedness results against set targets, implementation challenges and lessons learnt.

198.   The extent of integration of preparedness at the CO level varies from one CO to the other. Morocco CO succeeded on the integration of crisis preparedness into its programmes, following a recent earthquake. The CO leveraged collaboration with the MOH and other UN humanitarian agencies. Moroccan government is showing increased interest in preparedness and self-reliance on budgets, which enhances prospects for sustainability and effectiveness of UNFPA future plans including advocating for MISP training integration into emergency protocols and leveraging expertise to assist other nations during crises, with a focus on climate change resilience and regional support initiatives.

199.   On the contrary, preparedness within the Egypt CO is a weakness area that needs reform and the adoption of proactive steps and strategies to advocate for and address it, which had become evident in light of events such as the COVID-19 pandemic. Moreover, the recent experiences in Sudan and Gaza, and the looming possibility of a crisis in Sinai, underscore the importance of preparedness and the MISP. However, the implementation of preparedness has been side-lined in Egypt and the initial response from the government has not been as supportive as hoped, despite stress on the national health system's capabilities. The CO response strategies are guided by office directives and the representative's decisions, tailored to specific needs rather than pre-established protocols.

200.   In Iraq, a minimum preparedness action plan for the CO based on the revised guidance note on minimum preparedness was completed in 2022 and 2023 (including the 13 Minimum

Preparedness Actions (MPAs)). Challenges emphasized by the CO include staff realignment and a temporary lack of human capacity to perform all tasks. External challenges include the absence of a government in 2022, political instability and the dynamic nature of potential crises requiring on-going adaptation and revision of preparedness plans. A main lesson learned is that regular monitoring of MPA implementation is needed and feedback mechanisms are essential for refining and updating preparedness activities.

201.   In Somalia, UNFPA has institutionalized MISP, which is integrated into annual reporting, to outline measures that mitigate crisis risks and ensure continuity and adaptability in crisis conditions. The establishment of dedicated emergency response teams within Somalia has proven effective. They have acquired experience in rapid deployment and management of emergency operations, which has been crucial during acute humanitarian crises. Furthermore, the office has prioritized community engagement, leveraging local insights to enhance the relevance and effectiveness of its interventions. The experience in Somalia shows the value of having accessible contingency funds that can be rapidly mobilized in response to emerging crises. Establishing subregional contingency funds could reduce delays caused by traditional funding procurement processes and enhance the agility of emergency responses. These efforts are supported by data-driven strategies that enable precise and responsive service delivery.

202.   Libya CO also integrates resilience, prevention and preparedness, mindful of demographic shifts and migration, in its strategic planning tailored to manage the complex challenges of the country's political instability and conflict. The Libya CO has implemented some measures to enhance the resilience and responsiveness of health systems to crises. This includes deploying mobile medical teams and establishing GBV hotlines, specifically designed to meet the needs of vulnerable populations including migrants and internally displaced persons. These mobile medical teams have been pivotal in maintaining health service delivery in remote and conflict-affected areas. These initiatives are part of a broader strategy that emphasizes the adaptability of health services to the challenging Libyan environment. The strategic planning includes significant collaboration with local NGOs and international partners, enhancing service delivery and building sustainable local capacities. The role of local NGOs was emphasised in CO interviews as being critical for sustaining operations and adapting to the fluid political situation.

203.   In the GCCO, the minimum preparedness plan included COVID-19 protocols, a crisis communication workplan, and aligned security documents and annual reports. These measures enabled the office to handle occasional cyclones and heavy floods without any damage to the office premises or assets, ensuring the safety and security of personnel and the continuity of GCC operations. However, not all MPAs were implemented due to perceived irrelevance to GCC countries and challenges like a lack of communication with government stakeholders for the annual workplans. It was shared in UNFPA's annual reports that the absence of an official UNCT and Humanitarian focal point in Oman complicates coordination and implementation of a unified humanitarian response plan during emergencies.

3.5.2 Leveraging Humanitarian Funding

Related to EQ 5.2. To what extent has UNFPA leveraged available humanitarian funding to achieve the 3TRs?

> **Finding 17: Humanitarian funding for UNFPA has increased. Evidence shows that some COs adopt implementation approaches that allow them to address immediate humanitarian needs while at the same time contribute to longer-term development goals. ASRO and COs are leveraging resource mobilization efforts by diversifying funding mechanisms and engaging new donors. Yet, some donors may not always perceive SRH, anticipatory actions and preparedness as a priority.**

204.   Securing adequate funds remains a challenge impacting staffing, preparedness and operational capabilities, as highlighted during interviews. They also underscored the necessity of exploring sustainable funding mechanisms to effectively support UNFPA's development and humanitarian mandates. Leveraging humanitarian funding entails exploring diverse funding beyond traditional donors and continuous efforts are done by ASRO and COs to engage with new and emerging donors, private sector, preparing flexible and tailored packaging of funding appeals/ proposals and exploring innovative financing mechanisms. To some extent, UNFPA was able to effectively communicate its expertise and track record and is on the right track to enhance its appeals to donors and strengthen its position in the humanitarian funding landscape. This is exemplified in attracting funding from donors like the European Civil Protection and Humanitarian Aid Operations (ECHO). Yet, donors may not always perceive SRH as a priority, and therefore ASRO finds it difficult to position SRH initiatives higher on their funding agendas, which may require stronger advocacy capacities and better positioning among humanitarian organizations.

205.   Although challenging, some funding has been secured from the private sector. Countries like Egypt, Morocco, Palestine and Libya have shown promise in expanding private sector partnerships. The evaluation strongly underlines the need for clear guidelines and procedures for recording funding sources to enhance transparency and accountability, facilitating strategic decision-making and resource allocation.

206.   In Somalia, the transition from focusing primarily on development to incorporating humanitarian responses has allowed UNFPA Somalia to attract new funding sources that prioritize humanitarian aid. This strategic pivot has not only expanded the scope of potential funding but has necessitated an adaptation in how the office approaches both its immediate response strategies and long-term funding sustainability. The challenge remains in balancing the short-term nature of humanitarian funding with the need for sustained financial support in a region facing continuous emergencies. Efforts in Somalia to secure funding for repeated crises in the same locations, such as droughts followed by floods, illustrate the complexities of resource mobilization in such dynamic contexts. Moreover, the integration of climate change considerations and the need for anticipatory actions are areas where further strategic alignment and resource mobilization could enhance resilience and response effectiveness.

207.   Likewise, in Lebanon, with the type of complexity, UNFPA's development work is part and parcel of humanitarian response complementing each other. Humanitarian funding has been strategically leveraged to achieve the 3TRs by linking immediate response efforts with long-term development goals. This approach has involved working closely with the government to maintain gains in health systems, ensuring that services do not regress despite ongoing crises. Efforts include integrating SRH and GBV services, maintaining a maternal mortality audit system, providing mobile and static clinics, training healthcare providers and developing guidelines post-crisis. This has led to increased donor support, demonstrating the effective combination of emergency response and systems and resilience building.

208.   While the GCCO is not a beneficiary of humanitarian funding, it is noteworthy to highlight that several GCC countries are emerging ODA and humanitarian donors. Generally, CO feedback highlighted the potential utility of having an adequately financed regional contingency fund as a preparedness measure to facilitate rapid resource allocation to emergent needs.

3.5.3 Innovative Programmatic and Operational Flexibilities

Related to EQ 5.3. What innovative programmatic and operational flexibilities were applied and can be strengthened to further maximize the use and impact of this funding within complex and humanitarian contexts?

Finding 18: Enhancing partnerships with local NGOs and community leaders has proven effective and offer potential for scale-up. It shows increased prospects for acceptance of health

interventions, ensuring that they are culturally sensitive, better tailored to the needs of the local population and benefit the hard-to-reach communities.

209.   Innovative practices of note in the Arab region include mobile health services, community-based programme delivery and integrated funding frameworks. Building capacities at local and national levels remains crucial to ensure that any innovative practices can be sustained and adapted over time, as well as strengthening advocacy efforts to influence policy changes in the direction of innovative and flexible programmatic approaches in humanitarian settings. Additionally, while it is essential to develop and activate one to secure funding and document best practices, having resource mobilization strategies is not uniform in the region. For example, Iraq was not able to share updated RM plans (2018), and GCC shared a draft for the year 2022 which was not finalized, and Lebanon currently has no resource mobilization strategy.

210.   Evidence by country shows that Morocco has notably explored mobile health units to deliver SRH services in remote and affected areas. Potential enhancements include strengthening data-driven decision-making processes to dynamically adjust programmatic responses based on real-time assessments. Egypt established innovative partnerships with the private sector, joining efforts to advance awareness on GBV and family planning, leveraging their infrastructure and resources. This is an emerging innovative financing that can be packaged to support humanitarian operations.

211.   Due to on-going conflict and dispersed geographic target areas, Libya focused on decentralizing programme operations to enhance accessibility and effectiveness, employing local community workers extensively. Enhancing local partnerships and community-based approaches can be further strengthened to maintain service delivery during continuous instability. Iraq effectively integrated humanitarian and development frameworks, particularly in negotiating with humanitarian donors to utilize funds in existing health facilities. Humanitarian funding allowed the government to focus on areas that are not traditionally considered like women empowerment and GBV. Handover is currently being conducted to ensure a viable transition from immediate humanitarian aid to longer-term developmental support in areas like gender equality and youth engagement.

212.   Somalia has employed several innovative approaches to address its complex humanitarian landscape. The use of GIS to map out health facilities and IDP camps has improved the targeting and efficiency of service delivery, particularly in remote and conflict-affected areas. Furthermore, the CO has adapted its programs to the evolving crisis scenarios by integrating climate change impacts into its planning, which includes responding to both droughts and floods within short periods. The establishment of mobile and pop-up clinics to provide SRH services in newly accessible areas represents a critical operational adjustment that has allowed health services to resume swiftly in liberated areas.

3.5.4 Cross-border/country coordination and sub-regional structures

Related to EQ 5.4. How adequate is cross-regional/border/country emergency coordination? And how can UNFPA's subregional structures become catalysts of emergency response in the region?

> **Finding 19: Regional efforts to coordinate emergency responses are satisfactory, including fast-track procedures, coordination meetings, standardized emergency protocol, the centralised digital platform and the Humanitarian Hub in Amman. There is room for improvement through a more structured approach to emergency coordination and higher investments in staff and resources.**

213.   ASRO has begun to implement regular cross-country coordination meetings, which provide an opportunity for COs to discuss ongoing crises, coordinate efforts and plan joint interventions. These meetings have been useful in aligning strategies and ensuring that all offices are prepared and responsive to the needs that arise during emergencies. The introduction of a standardised

emergency response protocol across all COs has also been a significant step towards improving the adequacy of cross-regional coordination by providing clear guidelines and procedures that streamline response actions. Moreover, ASRO has developed a centralised digital platform that facilitates the sharing of information and resources across regions, enhancing the speed and efficiency of the response efforts. This platform also serves as a repository for best practices and lessons learned, which can be accessed by all COs to improve their operational strategies.

214.   The UNFPA Regional Humanitarian Hub for Syria and the Arab States in Amman focuses, primarily, on addressing the Syria crisis alongside other humanitarian emergencies in the region. The interviewed team questioned the extent to which advisory services are field-focused and able to address the growing demands in thematic areas effectively. It is perceived by COs that the hub is a useful mechanism and support modality to facilitate cross-border humanitarian coordination and operations and providing programme management support functions. Stronger COs are better suited to respond to in-country humanitarian crises. Feedback from interviews also suggested that there could be better alignment and coordination between the hub and ASRO to enhance internal coordination within the RO.

3.5.5. Humanitarian Development Peace Nexus

Related to EQ 5.1 To what extent has resilience, prevention, preparedness, and early action been mainstreamed into programme interventions? and, EQ 5.5. How has the Humanitarian Development Peace Nexus been operationalized in the Arab States?

> ***Finding 20: ASRO is endeavouring to balance between addressing urgent humanitarian needs, where people require life-saving assistance, and UNFPA's traditional mandate of supporting and accelerating the achievement of the 3TRs. Stakeholders underscored the need to increase interconnection between GBV and SRH operations in humanitarian and development settings, recognizing the volatility of the operational contexts in the region, including development contexts vulnerable to emergent crises.***

215.   The integration of humanitarian and development efforts has not fully delivered the anticipated results in the Arab States. Yet, it has increased awareness of humanitarian needs and responses, and the need to increase preparedness in protracted crises, including operational and financial preparedness and data enhancements. An identified challenge observed through discussions with ASRO and CO teams is the rigidity in indicators and a lack of flexibility to adapt to evolving contextual variations and priorities, which hinders implementation and monitoring.

216.   At the country level, Egypt CO delivers SRH and GBV services in both development and humanitarian settings, where there is often overlap, particularly during emergencies. In the humanitarian programme, the CO supports safe spaces for women and girls, in collaboration with UNHCR, by increasing visibility during events such as on UN Refugee Day, while UNHCR provides support within these safe spaces. Messaging addresses common issues like harmful practices and GBV across both contexts, with added emphasis on vulnerabilities in humanitarian settings due to displacement. The focus remains on service delivery rather than community resilience or acceptance. However, these services may not initially be prioritized in humanitarian settings. While some individual efforts have linked the two, such as the involvement of youth in humanitarian responses during crises like the Syrian and Sudanese conflicts, there is no formal structure for mainstreaming humanitarian aspects into programme activities.

217.   In Somalia, the UNFPA has effectively implemented the HDPNx, which is crucial given the country's recurring conflicts and natural disasters. These programmes cater to both immediate health and safety needs and contribute to the broader goal of peace and societal resilience. Despite these efforts, there are operational challenges such as the need for more cohesive strategies and improved data monitoring, which point towards areas for future enhancement in the Nexus approach.

218. In Libya, the challenges in integrating the HDPNx are noted due to the complex geopolitical and logistical issues that impact program management and service delivery. These challenges are compounded by the need for stronger coordination and capacity building among UNFPA's offices and with local governmental and non-governmental sectors, which is essential for the sustainability of the Nexus approach. To address these issues, UNFPA Libya has focused on strengthening partnerships with different stakeholders (discussed under section 3.2.2). Furthermore, there is a pressing need for more cohesive strategies and enhanced technological integration to manage the intertwining of humanitarian and development efforts effectively. Establishing dedicated emergency response teams at subregional levels and integrating advanced technology systems like GIS can improve the accuracy and timeliness of responses, ensuring that UNFPA's interventions are well-coordinated and meet the needs of the Libyan population amidst ongoing conflicts.

219. In Iraq, being a country in transition from humanitarian to development context, the UN system launched the Humanitarian Transition Overview in 2023,[60] to which UNFPA contributed. Responsibilities are gradually being handed over to the government and local partners, linking humanitarian programming more strongly with development. For example, UNFPA transitioned from the cluster-based to sector- approach, with an established and operational coordination mechanism owned by the government and co-chaired by a local NGO, and UNFPA continues providing operational and technical support to government at both Kurdistan region and federal government. UNFPA Iraq is negotiating with the government to take over other responsibilities previously managed by humanitarian efforts, including women community centres in IDPs and refugee camps, as well as some mobile teams. Iraq CO also focused on building NGOs' and government's capacities to be able to sustain the services in these centres. Internally, the CO is managing the shift in terms of recruitment of new capacities and skillset, repurposing existing capacities, as well as planning in terms of the currently ongoing development of the new CPD.

220. UNFPA Lebanon is managing a seamless HDPNx, maintaining a strong stabilization portfolio, reflected in the CPD and programme implementation. Following the multiple crises faced by the country, the CO was able to swiftly revised preparedness plans, mobilized resources and relations with IPs to provide adequate response, in collaboration with ASRO. The CO has successfully adapted its approaches to prioritize humanitarian needs, particularly in SRH and GBV services, exemplified by the prepositioning of critical SRH kits, mobilization of IPs and maintaining a maternal mortality audit system. The activation of FTPs over the past four years in the Lebanon CO has proven highly beneficial for procurement processes in Lebanon, utilizing a wide range of local suppliers, and enabling shorter procurement timelines. Long-term agreements (LTAs), particularly those in collaboration with other agencies like UNICEF, have been instrumental in facilitating procurement activities amid the liquidity crisis, for example for the provision of cash assistance for survivors of violence and addressing their critical needs. Collaboration with surge teams and standby partners, such as Norway's NorCap surge capacity, offers avenues for deploying expertise in critical areas and enhancing response capabilities.

3.6 Looking Forward

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[60] https://iraq.un.org/sites/default/files/2023-02/Iraq%20Humanitarian%20Transition%20Overview%202023.pdf

EQ 6: How should ASRO reconceptualize the next RP given the current progress towards the 3TRs, the SDGs and other commitments?

> Assessing progress towards the 3TRs in the Arab States region faces challenges due to ongoing crises, limited updated data and diverse social norms. Progress is slow, with some countries regressing. Maternal mortality and under-five mortality have decreased, but challenges remain in GBV, FGM and child marriage, highlighting the need for sustained efforts. In the process of developing the next RP, it is important to ensure deeper engagement by COs in its design, apply structural changes to facilitate new partnerships and the transition to funding and financing, and adopt a country- focus approach by ASRO to support COs. From a technical perspective, the RP should consider alignment of outputs with country realities and needs, clear leverage of well-defined accelerators, better formulated value propositions in relation to the megatrends, adopting a social norm perspective cross-cutting with thematic areas and considering the relevant UNSDG key transitions for advancing the SDGs.

3.6.1. Advancing the 3TRs in the Arab States

Related to EQ 6.1. How far were the 3TRs advanced in the Arab States?

> ***Finding 21: Progress toward achieving the 3TRs in the Arab States is severely hindered by ongoing conflicts, climate crises, economic challenges and social norms, compounded by limited availability and access to data. Despite some considerable improvements in some countries on one or more of the 3TRs, significant obstacles remain, requiring collective efforts and pragmatic responses to prevent regression and safeguard current achievements.***

221.   Assessing achievements towards the 3TRs of zero preventable maternal mortality, zero unmet need for family planning, and zero GBV and harmful practices is challenging in the Arab States region due to multiple factors. The first is the region's ongoing humanitarian, socio-economic, political and climate crises, conflicts and wars in Sudan and Gaza, migration and demographic trends, coupled with global crises such as the COVID-19 pandemic and the war in Ukraine. Crises present significant obstacles to advancing towards the 3TRs and create unstable conditions that hinder progress and place existing gains at risk. Consequently, the focus in the Arab States region remains on mitigating the adverse impacts of on-going crises through a pragmatic response to prevent regression. Both ASRO and COs' staff shared that they are compelled to prioritize life-saving efforts and safeguarding the gains achieved thus far, rather than setting milestones for progressive improvements.

222.   Moreover, there exists limited updated data that would inform the progress at the impact level to be interpreted in light of the RP's priorities and achievements. While UNFPA's population data portal theoretically offers a platform for displaying relevant data disaggregated by country, the lack of recent and impact-level data complicates the interpretation of progress against regional program priorities and achievements. Available data from the State of the World Population (SWP) report suggest slight improvements towards the two zeros on maternal mortality and unmet need for family planning, and an incomplete picture for the third result on GBV and harmful practices (improvement in terms of reducing FGM and child marriage, lack of updated data on intimate partner violence). It is important to note that, in the SWP report 2024, the latest available data on maternal mortality, for example, is from 2020, which does not fall under the temporal scope of the RP 2022-2025. External sources are also insufficient; for example, GCC countries, arguably having the strongest health information systems in the region, have national data on maternal mortality

ratio until 2016, and modelled trends until 2020 (World Bank),[61] which underscores the significance of limited updated data to assess progress towards achieving the 3TRs.

223.   The Arab region is highly diverse with differing social norms related to gender equality and the rights of women and girls, demographic trends, poverty and unequal access to services, resources and opportunities. Multiple forms of intersectional vulnerabilities and discrimination against women and girls, also marginalized groups, is still common in the region, negatively impacting the 3TRs, human rights and gender equality goals for the region.

224.   With this current status quo, progress of the region in achieving the 3TRs is too slow, even reversed for some countries, The UNFPA/ ESCWA/ LAS sixth review of the ICPD in the Arab region conducted in 2023[62] demonstrates that countries have yet to achieve their goals in the implementation of commitments they have made. There is still a long way to go despite some progress made in several areas. Some countries have enacted and are implementing new legislation to eliminate gender discrimination and empower women and girls by addressing negative social norms, investing in education, supporting labour market integration, and adopting gender-responsive budgeting. Notable examples include investments in capacity-building, institutional strengthening, multisectoral coordination, accountability, and participatory approaches.

225.   Maternal mortality ratios in the Arab region have decreased between 2010 and 2021 to below 50 deaths per 100,000 live births regional average, with Somalia having one of the highest maternal mortality rates in the world at 692 per 100,000 live births in 2019. Likewise, under-five mortality rates have decreased to below 25 children per 1,000 live births regional average, except for Lebanon, Oman and Syria. Adolescent birth rates showed a downward trend in Arab countries during the period 2010–2021.[63] Access to SRH services, including access to modern methods of family planning, was satisfying to over half of the women in Algeria, Djibouti, Jordan, Morocco, Palestine, Syria and Tunisia, but overall satisfaction rates showed a decreasing trend. Somalia reported a very low rate of satisfaction of 2 percent in 2019 and satisfaction rates in Tunisia have decreased. With the exception of Somalia, countries in the region have ensured that at least 90 percent of births are attended by skilled health professionals.[64] Feedback from interviewed national government stakeholders reaffirms that achieving zero maternal mortality still requires sustained efforts, despite advancements in surveillance systems and healthcare integration. Targeted action in primary healthcare and family planning services are needed, as well as accurate measurements and transparent reporting on progress.

226.   Data collection on GBV is challenging, but about a third of women reported partner violence, Palestine had the highest violence rate at 58 percent and Oman the lowest at 1 percent. Morocco's violence rate increased to 46 percent, while Tunisia's decreased to 10 percent. FGM remains prevalent in the region, with Somalia at 99 percent, Sudan at 72 percent in 2017.[65] Child marriage is still high in the region with the percentage of women who were married before the age of 18 increased in Algeria, Iraq, Jordan and Sudan between 2010 and 2021, reaching 62 percent in Sudan. In contrast, Tunisia and the Syria reported a decline in child marriage rate, the lowest was recorded in Tunisia at 2 percent in 2020.[66]

[61] https://genderdata.worldbank.org/indicators/sh-sta-mmrt/?geos=QAT_SAU_ARE_KWT_BHR&view=trend
[62] https://www.unescwa.org/sites/default/files/event/materials/sixth-review-international-conference-population-development-arab-region-english_0.pdf
[63] https://www.unescwa.org/sites/default/files/event/materials/sixth-review-international-conference-population-development-arab-region-english_0.pdf
[64] https://www.unescwa.org/sites/default/files/event/materials/sixth-review-international-conference-population-development-arab-region-english_0.pdf
[65] https://www.unescwa.org/sites/default/files/event/materials/sixth-review-international-conference-population-development-arab-region-english_0.pdf
[66] https://www.unescwa.org/sites/default/files/event/materials/sixth-review-international-conference-population-development-arab-region-english_0.pdf

3.6.2 The Regional Programme and Advancing the 3TRs

Related to EQ 6.2. How integrated and effective were the six outputs and three OEEs of the regional programme in advancing the 3TRs? And how closely and efficiently did ASRO's teams collaborate to achieve results?

Finding 22: This RP's components were more integrated compared to the previous RP, but the next RP can benefit from more. While some ASRO teams worked more collaboratively, some are still siloed. Both the RP and CPDs are corporately required to align to the global SP, which ensures overall corporate alignment, but both remain separate parallel processes with limited interconnections. The institutionalization of humanitarian action in this RP was crucial to respond to the escalating needs in the region.

227.   Building on an overall expectation of stronger alignment and coordination between ASRO and COs, the RP (and ASRO's workplans) are to ensure that COs needs and priorities, captured in the CPDs, are better reflected within the regional framework and its priority areas.

228.   Planning documents at regional level (RP) and country level (CPDs) are not well interconnected; both the RP and CPDs are corporately required to align to the global SP, which ensures overall corporate alignment. However, both are seen as parallel processes with limited interconnections, there is a noticeable gap between the objectives set at the COs level and those outlined in the regional plan, leading to a disconnect between regional targets and country-specific needs. These needs are developed at the country level based on context realities with the engagement of diverse stakeholders as indicated by interviewed government staff and implementing partners. Hence, the CPDs are more likely relevant, effective and sustainable, yet are not adequately considered during the RP design phase.

229.   The current RP 2022-2025 is arguably more integrated when compared with the previous one 2018-2021. While the previous RP focused on technical areas, like SRH, adolescents and youth, gender and women's empowerment, and population and development, the current included more cross-cutting priorities, like 'policy and accountability' and 'humanitarian action', with shared output among teams, indicating stronger integration between thematic areas, as well as links with the megatrends in the region. There has been focus on advancing digital innovation in GBV response through applications such as in Iraq, Morocco and Bahrain, supporting the use of tablets for data census in Morocco, GIS for targeting in Somalia and data collection and analysis such as in Egypt. Shifting into untraditional financing resources has seen some evolution during the current RP, including through partnerships with the private sector that is potentially promising in Egypt, Morocco, Palestine and Libya, a more concrete dialogue with IFIs by ASRO and strengthened partnerships with governments such as in Egypt, Lebanon and GCC area. In practice, across the outputs, the evaluation noted instances where teams worked better together and others where more can be done. For example, the teams working on gender, youth and innovation have clear joint initiatives. The same is for the SRHR and the humanitarian teams. Operations support was acknowledged by different technical teams in ASRO, addressing logistical needs like events planning, which allowed for a sharper focus on one's programmatic area. A stronger relationship compared to the previous RP between technical teams and resource mobilization processes as well as communication activities was noted.

3.6.3 Key Considerations for the Next Regional Programme

Related to EQ 6.3. What needs to be considered in the development process of the next regional programme?

> ***Finding 23: The development process of the next RP should be deeply consultative, engaging with COs (at different staff levels) as partners and co-owners of the programme. It should dedicate more reflection on changes related to the country focused approaches, as well as***

rethink existing structures and step-up enabling functions. These considerations are key elements consolidated into recommendations from the evaluation (section 5).

230. <u>Deeper engagement by COs in the design of the RP:</u> Interviewees at both the regional and country levels have overwhelmingly emphasized the necessity for a more meaningful approach to involve COs throughout the whole process of developing the next RP (at managerial, programmatic and enabling functions' levels). This consensus reflects a critical recognition of the diverse and nuanced needs, contexts and dynamics existing within individual countries, which directly impact efforts to advance the 3TRs. COs possess invaluable insights into local challenges, priorities and opportunities, making their active involvement essential and enriching for developing a contextually relevant and effective strategies and outputs, co-owned by ASRO with COs. This engagement should extend beyond mere consultation to include regular, structured dialogues, collaborative decision-making and shared accountability. COs should be involved in setting priorities, designing initiatives and co-developing M&E frameworks. This deeper integration ensures that the next regional strategy is not only theoretical and conceptual, but practically applicable, fostering a stronger sense of ownership and commitment to the RP's success by the COs.

231. <u>Defined structural changes to facilitate new partnerships and FfD models</u>: Efforts have been made by the RO and COs to shift away from traditional funding models and explore new and emerging ones. However, these efforts have been scattered and not structured and COs do not have sufficient capacities to support this transition, therefore, reducing their potential to capitalize on opportunities, especially regional ones. In the next RP, a deeper reflection should be made on what specifically it entails for ASRO and COs to promote partnerships and advance FfD. The direction through which the region should pursue in this regard should be elaborated with some guidance on how to, for instance, diversify donor base (IFIs, private sector, government), navigate new financing mechanisms (CSR, impact bonds), develop investment cases and financing strategies. Internal limitations and regulatory challenges are acknowledged; ASRO could promote a better enabling environment for new partnerships and FfD models. More clarity and interlinkages should also be considered in relation to the Regional Humanitarian Hub. With the focus by the UNFPA's global SP on partnerships, a regional mapping exercise could bolster and expand partnerships efforts by ASRO and COs, such as identifying -at regional and country levels- women-led organizations, private sector, academia and media.

232. <u>Stepped-up enabling functions' strategies as an integral part of the RP:</u> Alongside the RP, ASRO should consider the development of specific Arab States regional strategies and technical guidance notes as active documents that can be revisited throughout the duration of the programme. These may include, a cross-cutting coordination structure, as well as integrated communications (including the adoption of C4D approaches), resource mobilization, partnerships and sustainability strategies, which could be a cornerstone for the development of CPDs in ways that are more consistent and aligned to the global direction and RP. They could also offer information on organizational changes in human and financial resources required to follow these strategies at varying stages by the RO and COs.

233. <u>Country- focus approach in support from ASRO to COs, including identification of core competencies:</u> Alongside the development of the RP, ASRO should identify the core competencies necessary for its implementation at the regional level, and for empowering the COs' abilities in the different Arab States. A tailored approach to COs' capacity strengthening would ensure efficient and effective allocation of ASRO's limited capacity building resources and enables focus on those areas where the maximum potential for COs impact and synergy lies.

3.6.4 Delivering More Scalable and Sustainable Results

Finding 24: UNFPA can have results at scale by benefiting from lessons learned of humanitarian response, innovation as well as follow-up on the implementation of policy and accountability frameworks as part of this RP. Moreover, the next RP can enhance the sustainability prospects of its results by tapping on UNFPA's wide mandate, capacity building and ensuring uninterrupted transitions (from funding to funding and financing, and from humanitarian to development approaches). These technical aspects are key elements consolidated into recommendations from the evaluation (section 5).

234.   Several areas of UNFPA's work demonstrate a clear scalability potential within the Arab States region. Humanitarian response, in particular, holds significant promise for expanding reach due to its urgent nature in responding to crises such as conflicts, natural disasters and displacement. The principles of humanitarian action, including prioritizing life-saving interventions and ensuring dignity and protection for affected populations, can be systematically replicated to address evolving humanitarian needs across diverse contexts within the Arab States. Scaling up humanitarian preparedness has proved crucial for countries with emergent crises. The Expanding reach of the humanitarian action is dependent on several factors, including resource mobilization, reporting and communications capacities in ASRO and COs. It is also dependent on the availability and readiness of life-saving interventions packages and the agility of UNFPA's operations and capacities to deliver aid. Along the same lines, the SPE concluded that in the context of increasing conflict and other emergencies, expanding humanitarian capacity is strategically relevant, both in terms of UNFPA's own capacity and its support to partners.[67]

235.   Additionally, innovation emerges as another area ripe for scalability, given its capacity to leverage technology, data availability and creative solutions and models to address persistent challenges in health, gender equality and population dynamics. By promoting innovative approaches and fostering partnerships with local actors and stakeholders, UNFPA can drive scalable impact in advancing its mandate and achieving sustainable development outcomes in the Arab States region. This was also seen by almost all interviewed national government partners and civil society as a promising area to enhance sustainability of interventions and support the digital transformation plans of the countries. They find it useful for improved governance, monitoring and information management.

236.   Scalability of other technical areas requires further reflection in the design of the next RP. Currently, significant portions of the programmes' work, as well as many CPD outcomes, are projects-based and target a limited number of beneficiaries compared to the need. The work on policy and accountability in the current RP is a potential starting point offering an opportunity to reflect on intervention models that are at a larger scale, like the adoption of the population policy in Egypt. Positioning the UNFPA agenda with national policies, and with long-term financiers can serve to ensure that the beneficiary reach is scaled up.

237.   The next RP can enhance the sustainability prospects of its results by focusing on several key strategies. First, tapping on UNFPA's wide ranging mandate, the programme should prioritize partnerships with government ministries, entities and national structures, academia and civil society to leverage existing capacities and ensure continuous support beyond the programme duration. By fostering collaboration and joint ownership, the programme can facilitate the integration of targeted results into broader national strategies and policies, thereby embedding ownership and sustainability at the institutional level.

238.   Second, founded on the country capacity strengthening efforts initiated in the current RP, more investments in national institutional and systems capacity strengthening are essential to

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[67] UNFPA. 2024 Formative Evaluation of the Strategi Plan 2022-2025, para 75

ensure UNFPA's expertise is adapted and mainstreamed in national policies and practices, as well as follow up on their concrete operationalization through outcome reporting.

239.   A third main area that can ensure stronger sustainability of interventions is the transition from funding to funding and financing. In engaging with stakeholders, ASRO should explore innovative financing approaches that promote fiscal sustainability and reduce dependence on external funding sources. This involves engaging with local financial institutions, governments, exploring social impact investment models and promoting domestic resource mobilization to ensure continued funding for essential interventions beyond donor support (which already started and show potential). Additionally, strengthening partnerships with the private sector and leveraging CSR initiatives can further diversify funding sources and promote long-term sustainability of programme outcomes.

240.   Fourth, the transition between humanitarian action and development efforts is a critical aspect that requires careful consideration for sustainable impact in crisis-affected contexts. Humanitarian action often focuses on providing immediate life-saving assistance and addressing urgent needs during crises. However, to achieve sustainable outcomes, there must be a deliberate shift towards longer-term system building and development initiatives that strengthen resilience, institutional capacities and preparedness (where applicable). To effectively facilitate this transition, programmes should adopt a phased approach that integrates humanitarian response with longer-term development vision. This involves prioritizing activities that bridge the gap between emergency relief and development, such as investing in early recovery initiatives, building local capacities and promoting inclusive and participatory approaches that engage affected communities in shaping recovery and development strategies.

3.6.5 Next Regional Programme Reconceptualized

Related to EQ 6.6. How should the next regional programme's outputs be reconceptualized?

> ***Finding 25: The next RP should ensure better alignment of outputs with country realities and needs, clear leverage of accelerators, megatrends and strategic shifts and considering UNSDG six transitions, interlinkages between outputs, and mainstreaming of social norms and digitalization, and improved monitoring and evaluation practices.***

241.   Alignment of outputs with country realities and needs: In developing the next RP, it is crucial to minimize disparity between its design and the unique country contexts and realities and avoid setting predefined regional targets within the six outputs. Instead, strategies, priority areas, interventions, frameworks and indicators should be designed in ways that technically link and respond to country requirements and focus on actual needs, identified through consultations with COs, country analysis and regional trends. As such, the RP would offer pathways and customized solutions tailored to individual countries, or clusters of countries with relatively some commonalities, thus addressing the most pressing issues in the most relevant approach. For example, differentiating between contexts where country capacity strengthening is possible due to relatively stable governance and development environments (such as in Egypt, GCC and Morocco), versus others requiring immediate humanitarian response due to ongoing conflicts and crises (such as in Palestine and Somalia) or those in protracted crises making the humanitarian-development nexus approach appropriate to address their long-term recovery and development needs (such as in Lebanon, Syria and Libya), or recovering like Iraq.

242.   Clear leverage of accelerators, megatrends and strategic shifts: There is a confusion and unclarity among COs about the accelerators, strategic shifts and megatrends. Their considerations within the CPDs and in actual implementation of interventions have been somewhat unsystematic and unequal, despite their relevance and proven support in addressing country challenges and progressing towards the 3TRs. It is necessary that the next RP ensures that the distinctions between them are clearly defined and communicated to staff. Standardized processes should be included

within the design showing a systematic approach on how to institutionalize these concepts at both the RP and consequently reflect them in the CPDs. This will help staff understand how they relate to each other and how to integrate them effectively into their work. Involving COs in setting priorities, designing initiatives and evaluating outcomes related to accelerators, megatrends and strategic shifts will make them contextually relevant. Emphasis should be placed on increasing staff awareness and knowledge on accelerators, megatrends and strategic shifts. Comprehensive guidance, trainings, exchanges, knowledge sharing, and continuous support will help to integrate these concepts practically into programmes, monitoring and reporting on progress and impact.

243. <u>A social norm perspective to cut across other RP's thematic areas or outputs:</u> Given the contexts of Arab States, the evaluation finds that using a social norms perspective can effectively guide the integration of interlinked activities within the various regional expected outcomes to promote social change. This perspective should complement, not replace, the human rights agenda, ensuring that both social and behavioural change and human rights principles are at the forefront of UNFPA's work in the region. The RP should include an in-depth and meaningful analysis on issues that seem complex and intractable, such as violence and negative practices against women and girls. It should then offer insights that place social and behavioural change at the forefront of the work that UNFPA does in the region. Under each thematic area, considerations to facilitate mainstreamed or targeted interventions to address social norms should be defined and further supported to cascade into the CPDs. A conceptual framework should be developed for necessary elements, including partnerships, progress monitoring, communication approaches, funding, and community participation and dialogue. Throughout the course of the next RP, ASRO may consider the development of a guidance manual on addressing social norms for COs and practitioners.

244. <u>Consideration of priority UNSDG transitions for achieving the SDGs:</u> The UNSDG underscores that sustainable development progress is backsliding under the combined impacts of climate change, conflicts, economic slowdown, and lingering effects of the COVID-19 pandemic. The UN has identified key entry points that can have catalytic and multiplier effects across the SDGs. For the Arab States region, it is critical to focus on the transitions most relevant to the current challenges, including (1) jobs and social protection; (2) education; and (3) climate change, biodiversity loss, and pollution. These priorities align with the urgent needs of the region and can significantly accelerate progress towards SDG 3: Good health and well-being, SDG 5: Gender equality, SDG 10: Reduced inequality, SDG 13: Climate action, SDG 16: Peace and justice, and SDG 17: Partnerships for the goals. An analysis of how these selected pathways relate to the UNFPA identified accelerators and megatrends will be essential to streamline efforts and maximize impact.

245. <u>Enhanced interlinkages and coherence between thematic outputs and ASRO teams:</u> At the onset, the new RP should consider deepened thinking of interlinkages and recurring patterns of connectedness between the six outputs, not only at the output level, but also at the inputs, activities, indicators and reporting levels. Interlinkages can happen at different geographical and temporal scopes with different impact so that interventions directed towards one output can also contribute to some others.

246. <u>Harness the potential of digitalization:</u> Currently, innovation within ASRO predominantly focuses on addressing GBV and SRH, with limited attention given to population and development data. However, considering the potential of digitalization and innovation applications, it is advisable to explore population data as a prime area for innovation. Developing applications that offer analytics on population dynamics, demographic changes and related statistics can significantly enhance data availability and credibility in countries of the region and facilitate the tracking of the 3TRs.

247. <u>Improved MTR scope and practices:</u> The midterm review provided an opportunity to assess how the RP has progressed and facilitated the updated of some of the RP's indicators, and identified several priorities. It was observed that target-setting and update needs to be more dynamic to

capture achievements made and develop useful targets (for example, resource mobilization targets were said to be exceeded by 225%). Such achievements are to be adequately rewarded, reinvested, and scaled up in terms of target setting as well as capacities.

4. CONCLUSIONS

Conclusion 1: ASRO plays a critical role to support COs through various modalities, but COs have mixed perceptions and higher expectations in terms of the support's sufficiency, timeliness and relevance to their countries' needs.	
Based on findings 1 and 2	*Associated recommendation(s): 1, 5 and 6*

ASRO's support on humanitarian preparedness and response was highly beneficial to COs, enhancing their crisis response capacity through technical backstopping, timely coordination and resource management, particularly for Sudan, Somalia and Libya. Support on CPDs' preparation and HR processes was also appreciated and recurring, additionally, ASRO focuses on resource mobilization to meet increasing demands by advocating for innovative financing and engaging new donors. COs noted less uniform support on youth, transformative-gender, communications, population data and partnerships. COs' staff have higher expectations of ASRO in terms of technical support, particularly on transformative-gender and GBV. They also call on ASRO to offer more proactive cross-coordination, best practices and knowledge sharing activities across and among countries of the region, while aligning to the specific COs' priorities and needs. Nevertheless, ASRO's on-going resource constraints and insufficient workforce are acknowledged.

Conclusion 2: Accelerators are conceptually relevant, mutually reinforcing, and can advance ASRO's work, but their relationship with megatrends and strategic shifts is unclear and their definition and institutionalisation is insufficient, with some perceived only as guiding principles.	
Based on findings 3-9, 11	*Associated recommendation(s): 7, 8, 9 and 10*

The integration of the accelerators in CPDs lacks uniformity; some CPDs incorporate few accelerators effectively, while others barely acknowledge them. Both the SPE and the RPE established that the accelerators are embedded naturally into the COs' work according to country contexts with varying effectiveness and a lack of clarity on their application in daily operations and reporting. For example, LNOB approach is helping to enhance the inclusion of vulnerable population groups, but is sometimes side-lined by urgent humanitarian needs. 'Innovation and digital solutions' are nascent and seem promising to address GBV, population data, communications, innovative financing and knowledge sharing. Also, 'data and evidence' are advancing in COs with a recognition of their importance to inform programming, support advocacy efforts and information management systems. As an accelerator, 'data and evidence' are challenged by capacity limitations, on-going crises or government control over data in some countries.

Unlike the MTR survey results, the role of 'human rights and gender transformation' in advancing the 3TRs is less effective compared to other accelerators as they are sensitive topics in the region. To some extent, the 'partnerships' efforts by ASRO and COs might be facilitating collaboration and dialogue with donors, the private sector and governments for the purpose of the 3TRs. The contexts in the Arab States make the HDPNx both relevant but stagnant, it is even reversed in some countries where conflicts or disasters had erupted.

Conclusion 3: Addressing harmful social and gender norms remains limited due to several significant challenges, like deeply entrenched social norms, modest national capacities, and missing data.	
Based on finding 5	*Associated recommendation(s): 9*

Campaigns to promote social behavioural change against FGM and early marriage have been initiated, along with the formation of partnerships and the creation of GBV response and referral systems in several countries. These efforts show promise. However, the impact remains constrained by the deeply rooted social norms and limited institutional capacities. Furthermore, GBV and other harmful practices often remain hidden due to insufficient data collection and reporting mechanisms.

Evidence from country-specific assessments, such as those in Somalia, underscores these challenges. For instance, interviews with key stakeholders revealed that while there are efforts to combat FGM and early marriage, the societal acceptance of these practices still prevails. Despite the introduction of GBV response systems, the lack of reliable data continues to obscure the full extent of the issue.

Conclusion 4: Megatrends are more or less relevant to country contexts, but alignment to them is fragmented but progressing.

Based on finding 10	*Associated recommendation(s): 2 and 4*

There is ample room for a well-structured integration of megatrends into programming, which are currently lagging due to the lack of clear guidance for COs around their implementation, monitoring and reporting. Efforts by COs and ASRO to shift from funding to funding and financing are clear but hindered by economic downturns and gaps in staff capacities to navigate this transition at regional and country levels. Opportunities are still untapped in outreaching to IFIs, gaining interest of the private sector and introducing new financing mechanisms. Investment cases are recognized by almost all COs as powerful tools and could be a strong starting point to bolster dialogue with different potential donors and partners, including governments, supported by regional and HQ guidance.

Conclusion 5: The focus on the 3TRs is strong and useful but with limited data and some important areas of work are not captured under them

Based on finding 12	*Associated recommendation(s): 5 and 8*

Lack of data availability and accessibility on the 3 TRs hinder effective tracking of progress. The TRs are at the centre of the RP and CPDs' programming and communications (which was found useful to encapsulate UNFPA's mandate to external partners). However, some areas with varying degrees of centrality to UNFPA's mandate (like ageing and HIV/AIDS) are less conceptually integrated. For example, the 3 TRs frame UNFPA as the lead agency on sexual and reproductive health, with insufficient emphasis on population work across the life-course like ageing.

Conclusion 6: While UNFPA collaborates effectively with some UN agencies, there is a need for better synergies and cooperation at both regional and country levels.

Based on finding 13	*Associated recommendation(s): 2*

UNFPA works closely with several UN agencies, but there is room for stronger synergies in partnerships with UN agencies between the regional and country levels. For example, ASRO is in partnership with WHO EMRO through the Regional Health Alliance, but surveyed UNFPA country offices do not share or benefit from this established relationship with WHO country offices, which was documented to be useful in the transition to funding and financing and positioning UNFPA's mandate within Universal Health Coverage. On the other hand, country offices benefit from many dynamic innovations in partnership with other UN agencies, which were not reflected back in the regional level (e.g. UN Habitat).

Conclusion 7: In the Arab region, UNFPA's workforce as an enabler is challenged by recurrent vacancies, lengthy recruitment processes and high staff turnover, creating heavy workload for existing staff struggling with multiple responsibilities. Several enabling processes improved, but others require revision.

Based on findings 14 and 15	Associated recommendation(s): 2, 3, 5

Some skillsets are perceived as lagging in the organization at regional and country levels. Several processes have improved, but others remain perceived as unfit for purpose, bureaucratic, and requiring simplification or revision. Further, leaving offices understaffed for a prolonged time with gaps in critical technical areas where UNFPA have always had expertise and added value is critical, like population and demography. UNFPA's leadership is starting to diminish with other agencies beginning to fill these roles, especially at the country level.

Conclusion 8: Recent emergencies in the region have spurred an appreciated shift towards prioritizing humanitarian action in the RP and activities, including long-term planning and preparedness, with room to integrate lessons learned in the next RP.

Based on findings 16-20	Associated recommendation(s): 1, 2, 5, 6 and 10

Humanitarian support was strongly appreciated by most- if not all- relevant countries reviewed. Despite that achieving a seamless HDPNx is unlikely in most cases and halts where humanitarian needs intersect with development and peace-building goals, examples of transition exist. Nevertheless, funding and staffing constraints, as well as operational capabilities and previous lack of interest by governments impacted the region's resilience and preparedness.

UNFPA has made some advancements instituting the transition during different periods of time and variations between countries, including in Iraq, Lebanon and Somalia. Some achievements are seen in preparedness in most countries, such as implementing the MISP, readiness assessments, improvements in supply chain management and prepositioning of supplies and regular cross-regional coordination. Some COs, like Somalia and Morocco, demonstrate strong preparedness and humanitarian response, in others, like Egypt, preparedness is nascent and weaker.

Perhaps the most structured cross-border humanitarian coordination mechanism is the Regional Humanitarian Hub for Syria and the Arab States, though its alignment with ASRO could be improved. A positive practice by ASRO is the organization of regular coordination meetings which improves cross-regional coordination and sharing of information and best practices. Otherwise, cross-coordination efforts by ASRO have been modest with room for improvement through innovative approaches that can overcome staffing issues and funding constraints.

Conclusion 9: Assessing progress towards the 3TRs in the Arab States region faces challenges due to ongoing crises, limited updated data and diverse social norms. Progress is slow, with some countries regressing. There are opportunities to integrate lessons learned in the upcoming regional programme.

Based on findings 21-25	Associated recommendation(s): All

Limited data and ongoing crises hinder sufficient tracking on progress towards the 3 TRs. While the current RP is more integrated than the previous RP, there is room for more (at the planning, implementation and reporting levels). Humanitarian action and transition is a growing area of relevance for the region, and several approaches can be considered to ensure that the future RP will be able to deliver more scalable and sustainable results. Outputs have room for better alignment with country contexts and global trends, reinforce interlinkages between outputs, and mainstream social norms and digitalization, and have improved monitoring and evaluation practices. A country-focused approach that aligns outputs with unique country contexts and needs was not clearly reflected in the current RP with predefined regional targets, hence relevance and sustainability prospects may be affected. Clear distinctions between accelerators, megatrends, strategic shifts, and the six key UNSDG

transitions were not clearly communicated to staff and also comprehensive guidance and training are lacking.

Amid multiple crises, ASRO and COs focus on life-saving efforts and maintaining existing gains on the 3TRs, which have seen uneven progress, with setbacks in gender equality, SRH services, GBV and child marriage. Although some legislative and regional advancements exist, achieving concrete results on the 3TRs is complex, the slow progress, even regression in some areas, is compounded by varying social norms, demographic trends, intersectional vulnerabilities and lack of recent data.

5. RECOMMENDATIONS

This section provides recommendations that are targeted at the conceptualization and implementation of the next Regional Programme 2026-2029. Each recommendation is tied to corresponding findings and conclusions and identifies suggested action items for consideration as well as the target recipients of the recommendation.

The recommendations were finalized following a recommendation co-creation workshop with the ERG and key members of the regional office.

5.1. Strategic Recommendations

Recommendation 1: Enhance technical and operational support to COs		
Target level: UNFPA ASRO and COs	*Based on Conclusions:* 1, 6, 7	*Priority:* High

Proposed actions:

- Conduct capacity assessments and roll out well-defined country-focused support plans.
- Promote a high level of consultation and participation of country office staff members at different levels in the development of the next regional programme, including its TOC.
- Strengthen the existing system of responding to country office's requests to ensure agility and timeliness.
- Regularize two-way regional exchanges and knowledge sharing between ASRO and COs convened by ASRO teams.
- Create synergies between strategic partnerships at regional and country levels

Recommendation 2: Facilitate a more conducive environment for RM at regional and country level in all settings		
Target level: ASRO and COs	*Based on Conclusions:* 5, 6, 7	*Priority:* High

Proposed actions:

- Facilitate robust resource mobilisation and adaptive financing strategies at regional and country office levels . Track progress of the implementation of these strategies with specific timelines and measurable outcomes.
- Map and assess funding and financing (IFIs, private sector, and government financing) opportunities at the 3 TRs and outcome levels (in development and humanitarian settings)
- Co-formulate with regional teams and COs UNFPA's added value and create incentives for donors and financiers
- Engage with strategic partners and leverage their comparative advantage as entry points to facilitate the transition to funding and financing (e.g. WHO and Universal Health Coverage), including through joint programmes
- Regularly build capacities of RO and COs teams to mobilize resources, including innovative financing mechanisms.

- Facilitate regular knowledge exchange on successful and different models of funding and financing
- Advocate for innovative financing mechanisms and supporting COs with investment cases.

Recommendation 3: Strengthen the timely recruitment, utilization and retention of UNFPA's workforce

Target level: UNFPA ASRO and COs	*Based on Conclusions: 5, 7*	*Priority: High*

Proposed actions:

- Capitalize more on the use of rosters, especially for core UNFPA functions
- Locate and address the root causes of retention challenges and vacancy rates in ASRO and COs (e.g. office culture, flexible working arrangements, recognition and rewards, learning and development, career growth)
- Incorporate mentorship programs to retain talent and transfer knowledge within the organisation.
- ASRO to engage with headquarters on ways to reduce bottlenecks in recruitment process and expedite hiring.
- Develop a succession planning strategy to manage staff turnover effectively.

Recommendation 4: Sharpen UNFPA's position in relation to relevant megatrends (such as climate change and ageing) and UNSDG transitions in the development of the next regional programme.

Target level: UNFPA ASRO and COs	*Based on Conclusions: 4, 7*	*Priority: High*

Proposed actions:

- Strengthen the integration of megatrends by: (i) prioritizing the key relevant megatrends for UNFPA mandate (e.g. Climate change, ageing,...); (ii) integrating these prioritized megatrends in studies and research, programme implementation, monitoring frameworks and reporting; and (iii) develop a mechanism to share the studies' outcomes with relevant stakeholders, including through interagency collaborations.
- Consolidate and share UNFPA's key messages and position on the prioritized megatrends/UNSDG transitions with staff members, including regional consultation workshops with COs
- Invest in capacities with new expertise in these relatively new areas in the regional office
- ASRO to engage with headquarters on ways to incorporate guidance on addressing ageing and HIV/AIDS in alignment with the 3TRs to strengthen UNFPA's external positioning.

Recommendation 5: Promote systemic and integrated cross-teams' coordination, collaboration and programming.

Target level: UNFPA ASRO and COs	*Based on Conclusions: 1, 5, 7*	*Priority: Medium*

Proposed actions:

- Ensure that outputs of the next Regional Programme are more integrated, and teams work more collaboratively with more joint accountabilities.
- Introduce mechanisms to improve cross-team communications and operational coordination.

-	Generate clarity on roles and responsibilities of different technical and enabling functions to minimize fragmented processes.

Recommendation 6: Encourage regular regional exchanges and knowledge sharing between COs

Target level: UNFPA ASRO and COs	*Based on Conclusions:* 1, 6, 7	*Priority:* Medium

Proposed actions:

- Organize more proactive and innovative regional exchange and coordination activities, and training programmes tailored to the priorities and needs of COs.
- Encourage in person or virtual country exchange visits to facilitate real-time collaboration.
- Promote documentation and publication of successful case studies.

5.2. Programmatic Recommendations

Recommendation 7: **Enhance institutionalization and intelligence on accelerators with clear utilisation, guidance and monitoring frameworks**.

Target level: ASRO and COs	*Based on Conclusions:* 2, 7	*Priority:* High

Proposed actions:

- Agree on what makes an accelerator an "accelerator".[68] Clear criteria are required to be able to consider a principle an "accelerator" (e.g. demonstrated improvement of programme implementation, entry point to resource mobilization,…). Such criteria are to be discussed among regional and country office teams and to be agreed upon.
- Take stock of existing "accelerators" against the newly agreed criteria. The evaluation report provides a detailed picture of each accelerator.
- Collect consensus on the fitness for purpose of each accelerator and decide to keep, tweak or remove accelerators.
- Promote the adoption of each accelerator through clear ownership/accountability, mainstreaming in programme areas across the programme cycle (planning, implementation, reporting), and capacity building on UNFPA's stance about the value added of an accelerator and how to operationalize it/reflect it in a given programme.
- Establish a uniform and flexible M&E framework with specific indicators to track the adoption and effectiveness of each accelerator, integrating this framework into the RP and COs' CPDs.
- Provide regular training and support for COs' staff to ensure proper understanding and implementation for adaptation to local contexts. This standardization will reduce ambiguity and varied interpretations.

Recommendation 8: Institutionalize data and evidence-based programming.

Target level: UNFPA ASRO and COs	*Based on Conclusions:* 2, 7	*Priority:* High

Proposed actions:

- Complete the data portal as a one stop-shop for population data and data related to the three TRs in the region
- Encourage and incentivize data sharing by governments

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[68] An accelerator is mostly a principle that guides a UNFPA's team's work where applicable. It is an optional tool to orient a programme's direction as needed to ensure effectiveness, efficiency and equity.

- Leverage technologies and innovative methodologies to collect and analyze data, as well as to make estimations where data is lacking (e.g. small area estimation, geospatial mapping, AI and advanced data analytics), including through fostering partnerships with tech companies and NGOs.

Recommendation 9: Mainstream social norms more strongly into programming, especially in gender and youth areas.

Target level: UNFPA ASRO and COs	*Based on Conclusions: 2, 3, 7*	*Priority: High*

Proposed actions:

- Facilitate evidence generation and knowledge sharing on what works regarding mainstreaming and changing social norms based on different country successes
- Provide clear guidance and training (including on the creation of community-led interventions) for COs, national partners and practitioners on addressing social norms, and on embedding social norms in programme design and implementation, with regular M&E.
- Consider integrating and supporting COs in adopting C4D approaches as evidence-based tools for behavior change.
- Build capacities of national institutions with an expanded training program on social norms.
- Establish partnerships with local research bodies to improve the collection and analysis of social norms data.

Recommendation 10: Scale up humanitarian action with an emphasis on preparedness capacities.

Target level: UNFPA ASRO and COs	*Based on Conclusions: 2, 6, 7*	*Priority: High*

Proposed actions:

- Adopt a holistic approach that allows more comprehensive risk analyses and response plans for all country offices (in all settings) to allow progress towards UNFPA mandate.
- Invest more resources to expand the humanitarian team. Map existing staff skill sets and capacities to the humanitarian response needs, identify gaps and working towards filling them.
- Continue to step up preparedness functions within UNFPA (RO and all COs in the region) and member states (e.g. risk analyses, readiness assessments and capacity building programs focused on MISP, supply prepositioning, FTPs procurement, SURGE recruitment, and financial management).
- Enhance partnerships with governments to foster ownership and sustainability of humanitarian efforts.
- Ensure humanitarian to development transition scenarios are regularly planned and coordinated with ASRO programme teams.
- Implement flexible and adaptable monitoring indicators to ensure responsiveness to evolving priorities in humanitarian setting.
- Improve the alignment of the Regional Humanitarian Hub for Syria and the Arab States with ASRO's objectives.

6. ANNEXES

Annexes are shared separately. The annexes document is organized as follows:

- Annex 1: Terms of Reference
- Annex 2: Evaluation Approach and Methodology
- Annex 3: Evaluation Matrix
- Annex 4: Data Collection Tools
- Annex 5: Stakeholders Map
- Annex 6: Workplan
- Annex 7: Evaluability Assessment
- Annex 8: Rationale For Selection of Countries for country-studies and remote interviews
- Annex 9: List of persons interviewed
- Annex 10: Country Briefs
  - Country Brief: Egypt
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- Annex 11: Documents Consulted