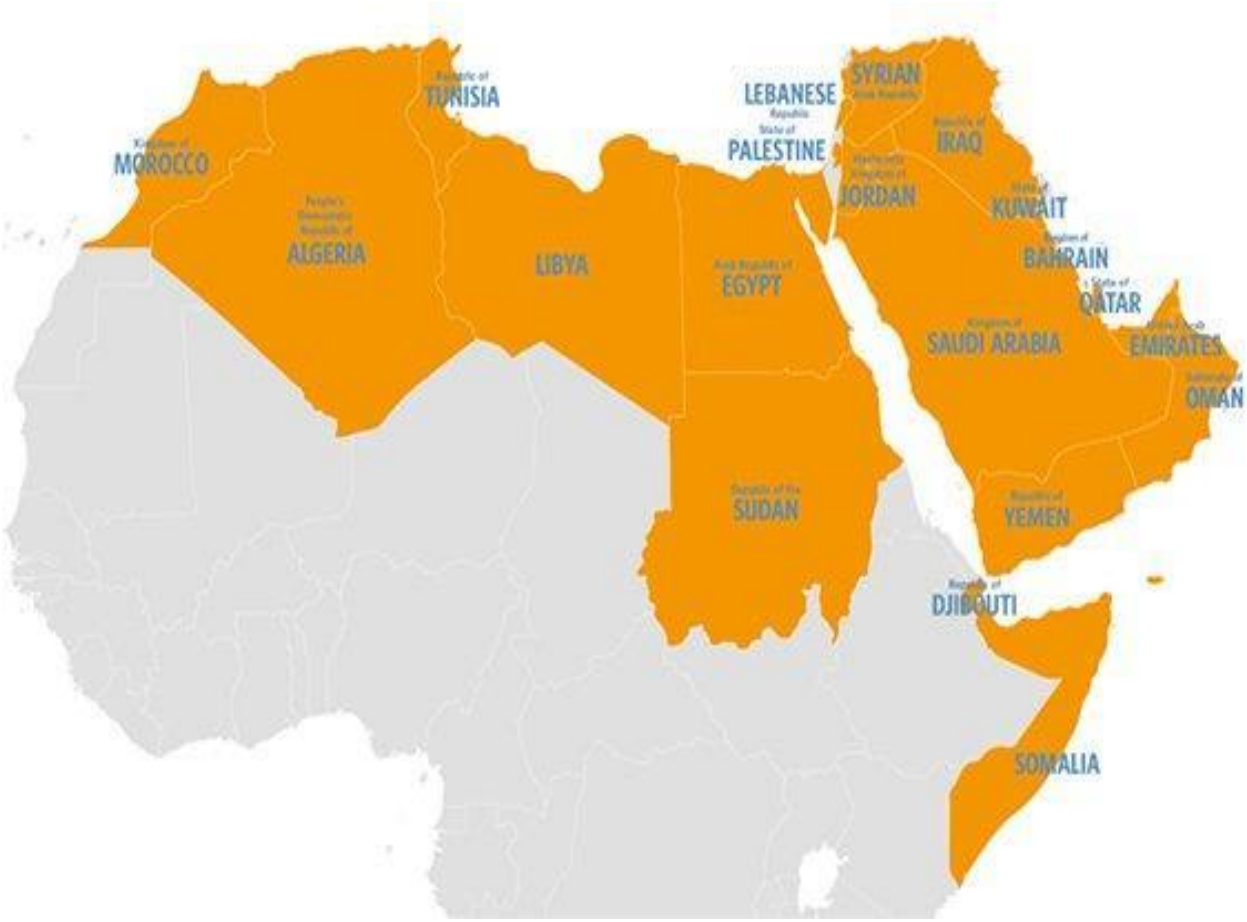
EVALUATION OF THE UNITED NATIONS POPULATION FUND REGIONAL INTERVENTIONS ACTION PLAN FOR ARAB STATES 2018 - 2021

EVALUATION REPORT

(FINAL)

December 2020

Map of the Arab States Showing UNFPA Intervention Countries



Source: UNFPA Arab States at a glance. https://arabstates.unfpa.org/en/arab-states-glance

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Abbreviations and Acronyms

ASRO	Arab States Regional Office
AY	Adolescents and Youth
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHW	Community Healthcare Workers
CSO	Civil Society Organisation
CO	Country Office
COAR	Country Office Annual Report
COAWP	Country Office Annual Work Plan
COVID-19	Coronavirus Disease 2019
CPAP	Country Programme Action Plan
CPE	Country Programme Evaluation
DAC	Development Assistance Committee
DTP	Diphtheria, Tetanus toxoids and Pertussis
ERG	Evaluation Reference Group
ESCWA	United Nations Economic and Social Commission for Western Asia
ET	Evaluation Team
ETL	Evaluation Team Leader
FDI	Foreign Direct Investment
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GE	Gender Equality
GEWE	Gender and Women's Empowerment
GPC	Global Protection Cluster
HA	Humanitarian Assistance
HDI	Human Development Index
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development

IMF	International Monetary Fund
IOM	International Organisation for Migration
IP	Implementing Partner
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MHTF	Maternal and Newborn Health Thematic Fund
MISP	Minimum Initial Service Package
NGO	Non-governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PD	Population and Development
PPM	Precede-Proceed Model
RCCE	Risk Communication and Community Engagement
RHCS	Reproductive Health Commodity Security
RIAP	Regional Interventions Action Plan
ROAR	Regional Office Annual Reports
ROAWP	Regional Office Annual Work Plan
RP	Regional Programme
RPAP	Regional Programme Action Plan
RPE	Regional Programme Evaluation
SDG	Sustainable Development Goals
SIS	Strategic Information System
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDCS	United Nations Development Cooperation Strategy
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme

UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSDG	United Nations Sustainable Development Group
UPR	Universal Periodic Review
US	United States
WHO	World Health Organisation

Executive Summary

Background

The framework of the Regional Intervention Actions Plan (RIAP) 2018-2021 is grounded on the UNFPA Strategic Plan, 2018-2021 and 2030 Agenda for Sustainable Development, and with a focus on Sustainable Development Goals 3 and 5. The implementation modalities of the RIAP 2018-2021 are based on the 2016 Quadrennial comprehensive policy review, lessons learned from the review of the RIAP 2014-2017, and the dynamic environment in the region.

Purpose and Objectives of Evaluation

The purpose of the Regional Programme Evaluation was to demonstrate accountability to stakeholders on the performance achieved; to support evidence-based decision-making; to contribute important lessons learned to the knowledge base of the organisation; and, in turn, to provide independent inputs to the next RIAP and the strategic direction of the continued role for UNFPA ASRO support to the Country Offices (COs) in the region. The audience of this evaluation was the UNFPA Arab States Regional Office, UNFPA Country Offices in the region, UNFPA HQ and the Executive Board; relevant government agencies, regional and national partners, development partners including the donors and UN agencies at regional and national levels.

The specific objectives of the RPE were to: (a) Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the regional programme, including in humanitarian settings; (b) provide an assessment of the role played by the UNFPA regional office in the coordination mechanisms of the United Nations Regional Team (UNDG) with a view to enhancing the United Nations collective contribution to international development results; and (c) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

Regional Programme

The RIAP pursued four programme outcomes in the areas of SRHR, AY, GEWE and PD. The SRHR component had two outputs namely: (Output 1): Strengthened capacities of country offices and partners to address the unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in humanitarian and development settings, and; (Output 2): Improved capacities of country offices and partners to address sexual reproductive health-related inequities and needs of the furthest behind, including persons with disabilities, refugees, internally displaced persons and migrants. The AY component has two outputs which are: (Output 1): Increased capacity of country offices and partners to implement programmes that enable adolescents and youth, particularly girls, to make informed choices regarding their sexual and reproductive health, and development and well-being in humanitarian and development settings, and; (Output 2): Increased opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security. The GEWE component has three outputs namely; (Output 1) Strengthened capacities of country offices, human rights entities and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings: (Output 2): Enhanced capacity of country offices and partners to address gender-based violence through multi-sectoral and inter-agency coordination across humanitarian and development settings: (Output 3): Strengthened capacities of country offices and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings.

The output of the PD component focuses on first, improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development- based Sustainable Development Goals into national policies and plans; and second, enhancing the capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals with a focus on the furthest behind in development and humanitarian settings.

Scope and Methodology

The Evaluation focuses on the Regional Intervention Action Plan 2018-2021. The thematic scope was to evaluate the thematic components of RIAP 2018-2021 which are SRH, AY, GEWE and PD. The evaluation criteria applied were comprised of Relevance, Effectiveness, Efficiency, Sustainability and UN Coordination. The evaluation targeted all countries where RIAP interventions are undertaken in the Arab States region. In total, the evaluation realised a sample size of 135 respondents who included regional and Country Office staff, implementing partners, and regional staff of other UN organisations. The evaluation was based on a set of 14 questions corresponding to the afore-mentioned evaluation criteria. Using a purposive sampling method, a sample of 3 case study countries comprising of Egypt, Iraq and Somalia was selected from the Arab States for in-depth understanding of the performance and contribution of the regional programme. The evaluation employed various approaches to triangulate data to optimise reliability, as well as to add depth and richness in analysis. The four methods used for data collection were:

a) Desk review of documents, financial and other pertinent programme data, including from the ASRO Strategic Information System and the Atlas System.
b) In-depth Interviews using a semi-structured, qualitative interview framework.
c) Online Country Office survey using largely Likert-type scaled responses; and
d) Focus Group discussions with implementing partners at country-level.

Key Findings:

Overall, the 2018-2021 RIAP is **relevant** and timely for the Arab States. It encompasses important elements that are of great importance to the region. It is aligned with UNFPA global strategy and business models and is an important contribution to the work of other UN agencies in the Arab States. UNFPA is a strategic partner to the governments in the Arab Region other UN agencies and leading bilateral agencies. The regional programme effectively responded to the changing environment and needs including humanitarian settings. The wide stakeholder engagement during the design of the 2018-2021 RIAP facilitated the alignment of the RIAP to the needs of the Arab Region as it outlines the political, social, and economic contexts of the region. However, the findings suggest that some large Donors were missing from the table and could be of significant value during the consultative process. Relevance is diminished for lack of specific focus and outcome on humanitarian aspects. Humanitarian interventions are mainstreamed but are not a focus per se in the design of the RIAP.

In terms of **effectiveness** the RIAP 2018-2021 has achieved the majority of its intended outcomes and expected outputs. This is commendable in light of all the challenges encountered in the implementation context, as well as changes in regional advisors and the onset of a global pandemic in the form of COVID-19. The Intervention logic in the results framework was quite robust and contributed to achievement of outcomes, including in humanitarian settings. Effectiveness of the RIAP cannot be viewed as uniform piece because the Arab Region is not a homogeneous region. Problems are not uniform across the region and capacities in knowledge, experience and wealth is also not uniform across the region. The problems of young people are not the same across the region and the power and potential of CSOs is very varied. There is a dichotomy between development and humanitarian work. Only in one or two places is there a slight focus on the nexus (Iraq and Jordan). The RP can play a more effective role in promoting movement across the two by investing in sharing of experiences, documenting of lessons learned and best practices and piloting of regional projects across countries. Data as a foundation for evidence-based programming was well articulated in the RIAP. However, the investment in data in terms of human and financial resources needs to be strengthened especially in the advent of the COVID-19 pandemic.

In what concerns **efficiency** UNFPA ASRO has a sound utilization of funds system in achieving the goals of the RIAP. ASRO also has some resource mobilization at the regional level. Donors prefer to work directly with COs in the region. The regional donors also disburse funds directly to the governments in the Arab States. ASRO delivers technical support to the COs in order to facilitate the achievement of planned results (outputs and outcomes) in all programmatic areas of the RIAP. The RIAP is effective in positioning the UNFPA in the regional system. Albeit with a relatively small staff compliment, the voice of ASRO is very strong thus maximizing the achievement of results in all programmatic areas of the RIAP.

For **sustainability,** the evaluation has found that the RIAP 2018-2021 has built capacity for regional and country structures and other partners to be able to maintain the change made by the programme interventions. But there is a lot of turnover in the inter-governmental bodies and ambassadors of change and staff. This means that capacity building has to be implemented all the time. The RIAP is sustainable in the current set-up and is integrated in many regional entities that partner with UNFPA ASRO on a long-term basis. Last but not least in what concerns UN coordination, the evaluation has found that UNFPA Regional Office a dynamic regional office. UNFPA is an important part of the UN Regional Team (UNSDG). We are very active member of the Regional Consultative Processes (RCP) in the Arab states. In addition, UNFPA ASRO is the co-chair for four (4) out of eight (8) Issue-Based Coalitions (IBC)in the region. UNFPA also chairs the task force which is responsible for the compilation of the Regional Report for the Sustainable Development Goals (SDGs) and the Regional Accountability Framework on Child Marriage in collaboration with UNICEF. It is notable that UNFPA ASRO for the past two years have been Deputy-Chair and an active member of several regional platforms. Moreover, the UNFPA has participated in several joint programmes with a number of UN agencies and regional actors.

Main Conclusions

At the **Strategic Level** UNFPA ASRO provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches, leaving no one behind, humanitarian-development-peace nexus, and south-south and triangular corporation. Integrated programming and capacity building was strong particularly at regional and national level but required further strengthening for IPs at the sub-national level. Given the extent of political unrest and crisis and emergency situations, UNFPA ASRO has greatly invested and has been key in emergency preparedness, specifically with the implementation of the MISP at the regional, CO and through national entities. However, the evaluation concludes that COVID-19 has highlighted a number of gaps in ensuring commodity procurement, human resource management, disruption in service provision and in turn increases in negative health outcomes including increases in gender-based violence. COs generally are not familiar with the RIAP but are fully aware and appreciate the role of ASRO. This is evident in the positive feedback about the technical support provided by ASRO and the guidance on capacity strengthening of local partners. The RP has made good progress on the integration of gender issues into the work of the different thematic areas. There is clear evidence of the importance afforded to gender sensitivity and mainstreaming in all activities.

The regional partnerships established by ASRO through the RIAP are very important from a policy dialogue point of view. Testimony to this assertion is that, for instance, at the regional level, ASRO is coalescing resources together to respond to critical needs at the country level, and also to collaborate with regional organisations and fora in formulating policies, supporting and implementing regional programmes to respond to challenges with regional dynamics, knowing well that the direct impact will also be at the country level. The capacity to forge regional partnerships is critical, as regional organisations are increasingly active in the entire spectrum of development. This is why UNFPA is focused on boosting regional capacity and establishing regional networks of knowledge and expertise to strengthen support to country programmes.

Further attention is needed to identify the key policy bottlenecks that are present at the regional level and develop adequate approaches and partnerships to address them to help improve the policy environment for the work of UNFPA at the regional level. In addition, UNFPA ASRO was an active member of the UNSDG and was a valued strategic partner of other key regional and national stakeholders in the Arab States.

For **programmatic level** ASRO's 2018-2019 RIAP has contributed to UNFPA's five modes of engagement, and for **SRHR** knowledge mobilisation and translation into policy and advocacy seem to be the two strongest of the RP. Collecting evidence-based findings on **SRH** equity in the Arab States and the development of numerous policy briefs are important contribution of the RP and region in its generation of evidence-based findings, integration of human-rights approaches in its intervention and design and "leaving no one behind". Further, the evaluation indicates that the SRH component of the RP has partially been able to achieve integration of gender in their activities and initiatives given that within the design and implementation of the RIAP gender is often assumed.

The **Adolescents and Youth** component of the RIAP 2018-2021 has shown flexibility in approach and implementation. Yearly review of workplans at the CO office ensured relevance and flexibility to changing contexts

and circumstances. The review of the workplan affords the AY component with the needed flexibility to adapt to changing circumstances.

The gender component has successfully achieved the outputs set out in the RP. However, some of the outputs are not finding their way to COs. For example, the support provided to LAS for the development of a convention addressing violence against women in the Arab States is not known across the COs which makes utilisation of this convention for advocacy work at the country level rather missing. It is important to point out that the convention is not yet endorsed and is still kept as a draft by LAS for political reasons. However, UNFPA is still engaging with LAS on the convention jointly with UN Women. In addition, the effectiveness of the regional programme varies depending on the mode of engagement. Technical support and capacity building for COs and governments seem to be the strongest mode of engagement. Communication and knowledge management appear weak with COs not aware of the important knowledge pieces developed or policies supported by the RO. The absence of the integration of men to reach gender equality in the GP component seems to be the weakest aspect of the intervention. RIAP GP activities within the humanitarian and development settings seem to overlook the importance of integrating men and boys in promoting gender equality as mandated by the business model, strategic plan and best practices. According to RO staff The RIAP outputs on gender are more on building capacities on SRHR reporting, coordination as well as generating evidence. These elements all do include men. The modality of work from the regional are not about awareness raising or addressing social norms directly with the communities as this is mainly done from through COs. The ET is of the opinion that clearer directives from the RO to the COs would enhance the role of men in general.

Concerning **Population Data** significant challenges to development in the Arab States in the last two decades have had profound effects on the demographic, economic and social changes in the Arab region. With one third of the region's population under 15 years of age, youth aged 15-24 years increased from 49 million in 1995 to nearly 73 million in 2020. This youth bulge is the result of high fertility rates in the region in previous decades**.** Population movement, unprecedented rates of voluntary and forced migration and displacement, including migrant labor in the Gulf region in particular, high fertility rates and accelerated demographic growth, poor human capital, particularly among the young in some countries can strain the 2030 Sustainable Development Agenda, if not adequately addressed in policies and practices. Most states in the region are yet to adequately invest in education, health, skills and opportunities accessible to young people so as to turn this burgeoning youth population from a challenge to a great opportunity.

Recommendations

At the **Strategic Level** at the **short- term** during the design and implementation of the RIAP 2022-2025, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in development and humanitarian settings in the Arab States. UNFPA should also reflect the particularity of the Arab States by ensuring that one of the outcomes of the next RIAP is clearly focusing on clear results within humanitarian settings. This would allow an integrated focus on the sub-regions affected by humanitarian crisis (on-going or protracted) and increases the overall relevance of the RP to the needs and priorities of the region. Embracing human rights approaches to programming would enable a stronger focus on rights and the clarity of adopting the concept of leaving no one behind. Specific outputs need to focus on reaching the most vulnerable those include people with disabilities, people living with HIV and the LGBTQ+ communities across Arab States. There is a need for UNFPA ASRO to continue building and strengthening partnerships with other UN Agencies in the region so that resources can be sourced and pooled together to support joint activities of the UNSDG thereby enhancing the added value of UNFPA. Partnerships with bilateral development partners should continue be strengthened. UNFPA ASRO should continue to strengthen strategic partnerships with strategic partners such as LAS, AITRS, ESCWA that have mandate to address problems of drivers of GBV and harmful practices, FGM, child marriages, ageing, and humanitarian emergencies. in 2020 high-level events with LAS was organised both in relation to GBV during the 16 Days Campaign as well as a Girl Summit addressing harmful practices.

At the medium-term strong strategic leadership, robust technical advisory capacity from ASRO and capacity building is needed to support integrated programming at regional and national levels for both COs and IPs. This is to address the capacity gaps and challenges in leadership and implementation of the RIAP at country level. In

order to strengthen equity, the human rights-based approach and leaving no one behind, the next RIAP should actively advocate for use of the differentiated service delivery model in the COs and IPs in the region to facilitate effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in the countries in the Arab States. UNFPA ASRO and its partners should ensure that the next RIAP continues to strengthen focus on data and evidence-based programming. This will increase the comparative advantage of UNFPA and further increase its credibility among multi-lateral and bilateral donors at regional and country levels.

Programmatic level: for the **short-term** ensure coherence of the **gender** component by focusing on integration between gender in development work and gender in emergencies. This paradigm shift would enable a stronger integration of gender issues beyond a focus only on **GBV**. In order to further integrate **SRH** equity and HR approaches, and address the priority of "leaving no one behind", the RIAP needs to develop innovative methods to advocate for populations that are experiencing unmet need; including unmarried women, youth, LGBTQI+ populations and women with disabilities. Increase collaboration with grass-root organisations, women machineries and other civil society organisations at regional and country levels to support advocacy and policy changes targeting women and girls. Ensure that all gender and GBV interventions integrate men as champions of gender equality. Ensure the institutionalisation and operationalisation of the **Arab Youth platform** and support young people in implementing projects that mainstream gender and human rights and focus on the importance of SRHR. Promote the continued strengthening of regional and national **data systems** and improved demographic intelligence to enable the identification and planning for those left behind or affected by crises and natural disasters in the Arab States.

In the medium-term to further promote South-South Cooperation (SSC), the RIAP should improve knowledge sharing in upstream and horizontal communication channels. This will prevent duplication of efforts, improve the efficiency of RIAP initiatives, and enhance collaboration and complementarity among agencies in the Arab States. Promote the development of national level partnerships around **adolescents and youth** that mirror partnerships established at the regional level. This would facilitate the development of adequate adolescent and youth policies at national level and ensure sustainability. The next RIAP should focus on the **DD** as this a vehicle for the realisation of the demographic dividend in the supported countries in the Arab States. In this regard, the RO should advocate for and support to increase and ensure adequate resource mobilisation for PD in supported countries across the Arab States to match the current needs.

On **the long-term** COVID-19 pandemic has presented unforeseen challenges to **SRH commodity** security and service delivery in the region. In the event of subsequent pandemics or environmental disasters, UNFPA needs to be able to ensure contraceptive commodity security, and address GBV. ASRO should consider nationalising SRH priorities in disaster preparedness efforts and strategies. Build on the role played by **young people** during the COVID-19 pandemic by strengthening existing Y-peer networks and Arab Youth forum membership by designing specialised programmes that help young people respond to crisis. This would help increase youth participation and engagement.

CHAPTER 1: Introduction

1.1 Purpose and Objectives of the Regional Programme Evaluation

The UNFPA Arab States Regional Office (ASRO) commissioned the end of cycle Regional Program Evaluation (RPE) of their 2018-2021 Regional Interventions Action Plan (RIAP) in order to inform decision-making and the next programme cycle development as per the Corporate Quadrennial Budgeted Evaluation Plan. The **target audience** of this regional programme evaluation is UNFPA ASRO, UNFPA Country Offices (COs) in the region, UNFPA headquarters (HQ) and the Executive Board. In addition to members of UN agencies, the target audience include relevant government agencies, regional and national partners, development partners including the donors and UN agencies at the regional and national levels.

The **overarching objective** of the evaluation is to provide enhanced accountability of UNFPA to its donors, partners and other stakeholders for its relevance and performance of the regional programme. In addition to accountability the evaluation aims to provide evidence-based findings, including lessons learned and tangible recommendations, for the design of the next RIAP 2022-2025.

The **specific objectives** of the RPE are to:

- Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA ASRO's support and progress towards the expected outputs and outcomes set forth in the results framework of the regional programme, in both development and humanitarian contexts.
- Provide an assessment of the role played by the UNFPA RO in the coordination mechanisms of the United Nations Regional Team (UNDG) with the aim of enhancing the United Nations collective contribution to International development results; and,
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking findings leading to strategic and actionable recommendations for the next programming cycle.

1.2 Scope of the Evaluation

1.2.1 Geographical

The evaluation covered the UNFPA ASRO RIAP from 2018 - 2021. The evaluation was forward-looking and considered the most recent strategy and UNFPA programming orientations. The evaluation targeted all countries where RIAP interventions were undertaken in the Arab States region. ASRO worked with the evaluation team (ET) to identify Country offices (COs) for country case studies based on the delivery of results in countries, prior good quality of the CPE and representation of geographical country clusters.

1.2.2 Thematic

The evaluation focuses on the RIAP's strategies, integrated technical, programmatic, and operational support provided by members of the regional office. The evaluation will also focus on regional institutions and other sources of expertise, and interventions of Trust/Thematic Funds. These include, the Female Genital Mutilation (FGM) Programme, and UNFPA Supplies Programme, among others.

1.3 Methodology and Process

1.3.1 Conceptual Framework: Theory of Change

The evaluation reconstructed and improved the Theory of Change (ToC) of the RIAP 2018-2021 in order to reflect the reality of the RIAP 2018-2021 more appropriately in the course of implementation over the years. This reconstruction of the ToC is discussed in section 3.2.2.5 and is depicted diagrammatically in Figure 4. The reconstruction of the ToC ensured that the draft and final synthesis report provides a re-assessment of the strengths and weaknesses of the ToC which drives the contribution made by the RIAP 2018-2021. The ToC presents the causal pathways and conditions as well as the interlinkages that must be in place to achieve the results. It also outlines, with evidence, the causal linkage between conditions and results, and spells out the risks and assumptions that may impede the results chain from occurring.

1.3.2 Participatory and Gender-Equality Approach

The evaluation was **participatory** in nature and involved a wide range of stakeholders from the regional and country offices. This preserved the sense of ownership and set the stage to openly address issues and challenges and propose solutions or corrective measures to be addressed in the next RIAP. The evaluation considered **gender mainstreaming** as a guiding principle in data collection, analysis, and reporting. As a result, the evaluation team not only considered the number of activities specifically targeting women but the ways in which they affect gender equality and women's empowerment.

1.3.3 Humanitarian-Development Nexus

The fourth core responsibility set out by the Agenda for Humanity adopted during the World Humanitarian Summit in 2016 specifically calls on UN agencies to bridge the humanitarian-development divide by working and delivering as one unit. The ET closely considered the work of UNFPA in the Arab States from a humanitarian-development nexus lens. The ET examined ASRO's RIAP support to countries in humanitarian settings as well as countries in development settings drawing similarities and differences amongst them. The humanitarian-development context was considered by the evaluation team in as much as it presents challenges and opportunities for effectiveness and sustainability.

1.3.4 PRECEDE-PROCEED Model

The ET utilised the PRECEDE-PROCEED model (PPM) to analyse population health data. The PPM accounts for the complex nature of population health issues and considers the socio-ecological factors impacting health and social outcomes among populations being studied. That is, it considers the person's individual knowledge, skills and behaviour as well as their environment (interpersonal & community) for potential intervention targets (Crosby and Noar, 2011). The use of this model enabled the ET to comprehensively evaluate a structured multi-component programme with regard to SRH interventions.

1.3.5 Evaluation Criteria and Evaluation Questions

The evaluation utilises four of the standard evaluation criteria, relevance, efficiency, effectiveness and sustainability, drawn from the United Nations Evaluation Group (UNEG) and the Organisation for Economic Cooperation and Development (OECD). In addition, UN coordination mechanisms within the United Nations Regional Team (UNSDG), such as the UN Delivering as One, is being evaluated as well as the coordination of the RIAP outside the UN. The evaluation also assessed the complementarity between the different thematic programmes as well as their flexibility to adapt to changing circumstances in the Arab States. Based on the evaluation criteria the ET adopted, with minor modification, a cluster of 10 key evaluation questions as shown in Table 1. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the Evaluation Matrix (see Annex 5) that guided the entire evaluation process.

Table 1: Evaluation Questions

Evaluation Questions
Relevance
EQ1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries?
EQ2: Were there critical gaps in the RP at the time of conceptualisation?
EQ3: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?
EQ4: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming, and humanitarian circumstances in the Arab States?
Effectiveness
EQ5: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)?
EQ6: Have the RP milestones/activities contributed to enhanced results at country level?
EQ7: To what extent has the human rights-based approach and gender equality been implemented in RIAP 2018-2021 supported interventions?
EQ8: What are the strengths and weaknesses of the RP 2018-2021?
Efficiency
EQ9: How well did ASRO use its human, financial and technical resources to realize its contribution?
EQ10: What could be done to ensure a more efficient use of resources in the specific regional context?

Sustainability
EQ11: Did the RIAP incorporate measures to ensure sustainability of the results over time?
EQ12: Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?
UN Coordination
EQ13: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level and outside the UN mechanisms?
EQ14: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

1.3.6 Selection of Case Study Countries, Stakeholders and Realised Sample

1.3.6.1 Stakeholders

The selection of stakeholders and sampling of evaluation participants was conducted in close collaboration with UNFPA ASRO. The evaluation exerted all possible efforts to identify all stakeholders (individuals or institutions) that have previously or currently participated in the RIAP. These include staff members from the RO and select COs, representatives from implementing and strategic partners, and staff members from agencies that contribute and/or partner with UNFPA at the regional and national levels.

1.3.6.2 Country Case Studies and Selection Criteria

The ET developed a selection criterion for the country case study in order to identify its case study countries. The criteria for selection included: 1) complexity of operation (presence of humanitarian and development interventions); 2) size of the country programme (in terms of budget); 3) presence of regional actors (to facilitate communication); 4) heterogeneity in population; 5) crisis setting and priority service focus; 6) availability of one team member to enable face to face meetings in light of COVID-19 restrictions; 7) geographic distribution; and 8) the availability of recent country-level evaluations. Using this criteria, three countries were identified to conduct an in-depth evaluation, these included Egypt, Iraq, and Somalia.

1.3.6.3 Realised Sample

The realised sample for the evaluation by category of participant are showcased in Table 2.

Table 2: Realised sample of evaluation participants (n = 135)

Population	Sample category	Number of Interviewees	Method
Regional Office Staff	All senior management and a number of technical staff at ASRO	10	Key Informant Interviews (KIIs)
ASRO Partners	ASRO strategic and implementing partners (e.g. UN Agencies, ministries, research centers)	13	KIIs
Country Case Studies	Country Representatives and Assistant Representatives, Technical staff and Implementing Partners from three COs; Egypt, Iraq and Somalia	44	KIIs
All Country Office Staff	All staff in all the 15 COs covered by ASRO	68	Online Survey

In total the Evaluation Team conducted interviews with 70 participants from the regional and country office, implementing partners and staff members at other regional UN agencies. In addition, a total of 68 respondents participated in the online survey among the Country Offices. This gives rise to a total sample size of 135 persons upon which the findings for the primary study for the evaluation are based.

1.3.7 Methods and Tools for Data Collection

1.3.7.1 Overall Guiding Principles for Data Collection

The evaluation utilised a mixed-methods approach encompassing qualitative and quantitative data collection methods, which included a desk review of relevant RIAP documents, KIIs with stakeholders at regional and country levels, an online CO survey and country case studies. The specific data sources were provided in the Evaluation Matrix. The evaluation used a participatory process actively involving UNFPA RO and CO staff and key stakeholders. The data in this evaluation was sequenced in such a manner that it could be collected simultaneously. This implied that the online key informant interviews and online survey were conducted concurrently. The data collection methods, which were used are elaborated in forthcoming sections.

1.3.7.2 Data Collection Methods

The evaluation used a range of information resources to triangulate data and to ensure validity and reliability. The data collection methods used in this evaluation are described in the forthcoming sub-sections.

1.3.7.2.1 Desk Review

The evaluation began with a comprehensive review of all documents related to the RIAP 2018-2021. The team at ASRO provided the ET with a set of key documents at the end of October 2020, including monitoring and evaluation data, an analysis of the available administrative and financial data, financial resource mobilisation and expenditures data, and implementing partners' data, among other documents. The ET reviewed all of these documents at the outset of the evaluation or as they were received and analysed the content in more detail as the assessment progressed.

1.3.7.2.2 Key Informant Interviews

During the month of November and December of 2020, the ET conducted virtual KI interviews over Zoom, individually or in small groups, using a semi-structured interview guide developed specifically for this evaluation. The interviews were conducted at both the regional and country level (for the case studies). The interviews conducted at the regional level included representatives from the management and programme team at ASRO, in addition to a number of UN agencies, UNFPA implementing partners and government officials. The ET adapted the guides based on the role of the participant's affiliation, such as being an implementing or UN agency partner or government official. The ET asked for consent at the start of the interview on whether or not to audio-record the interviews, which were conducted in either English, French, or Arabic, depending on the comfortability of the participant. In addition, the ET debriefed after each interview and later engaged in formal memoing as a first step in the analytic process.

1.3.7.2.3 Online Country Office Survey

The aim of the online surveys was to complement qualitative data collected through KIIs and to ensure the consultation of a wide range of stakeholders during the evaluation process. The rationale for using the online survey method was to compensate for the fact that available resources for the evaluation with respect to time, staff and finances would have made it impossible to visit all Country Offices supported by ASRO. In addition, the COVID-19 pandemic placed an enormous burden on the ability to travel making it difficult for the team to travel. The survey was administered electronically (online) to facilitate response and management of data. Confidentiality of responses was guaranteed as respondents were likely to be identified by country and function and not by name. The answers were recorded by respondents themselves on the online survey form before submission. Focal Points in each country did not have access to the responses. The survey was in English with an option for translation into Arabic or French, if needed.

1.3.7.2.4 Country Case Studies

The ET conducted 3 country case studies (involving online interviews) to provide an in-depth assessment and illustrate RIAP support at country level as well as determining to what extent ASRO support COs with respect to guidance as well as provision of technical, programmatic, and operational support. The country case studies were conducted in Egypt, Iraq, and Somalia.

1.3.7.3 Data Collection Tools

Following the development of the evaluation matrix and the identification of the relevant stakeholders, the evaluation team developed a set of tools. Each interview tool was directed at a category of stakeholder, that is, UNFPA RO, UNFPA COs, governments, UN, and other partners. The interview protocols/tools built on the evaluation questions and

the methods described in the preceding sections. The tools maintained consistency between the thematic programmatic areas which enabled the exposition of both general and thematic-specific data that was triangulated and analysed for different stakeholders in this evaluation report.

1.3.8 Consolidation of Data, Analysis and Reporting

1.3.8.1 Qualitative Data

We used an iterative, multi-phased approach to analyze our data.[1,2] The qualitative data obtained from primary sources, namely KIIs, were for content and themes, using both inductive and deductive techniques. This involved organising data according to themes related to the evaluation objectives, evaluation questions and select criteria. In addition, the ET considered emerging themes that were generated in the process of collecting and analysing qualitative data. Some striking quotes and human stories from participants are cited verbatim in the findings to support the thematic analysis. Story lines from participants were analysed using narrative analysis.

1.3.8.2 Quantitative Data

The quantitative data from secondary sources from RIAP 2018-2021 documents such as Strategic Programme Reports, Annual Reports, Quarterly Reports, Reports from IPs, among others, were analysed using descriptive statistical methods involving tabulations and graphing of the data. The quantitative data from the online CO survey was analysed using the SPSS programme and displayed using standard statistical tabulations and graphing techniques. The data was presented using mean scores and standard deviations to depict the various levels of agreements in the Likert scales. The Likert scales were converted using a linear transformation from a scale of 5 to a scale of 100 for ease of interpretation and presentation of findings in this evaluation report.

1.3.8.3 Contribution Analysis and Triangulation

Contribution analysis was used to assess the coherence of the results chain and intervention logic and the effectiveness of the UNFPA RIAP 2018-2021 in achieving activities and outputs and their contribution to outcome results in the component areas of SRHR, Youth, GEWE and PD. The evaluation criteria were addressed and analysed for the component areas and also with respect to the humanitarian-development nexus. In addition, triangulation analysis allowed the drawing of conclusions and recommendations from different outcomes including both planned and unexpected outcomes. The format of the UNFPA evaluation report is as specified from the UNFPA Evaluation Handbook, which allowed the ET team to organise the findings within the main body of the report and to structure the evaluation report in conformity with the template of the structure of the final report.

1.3.9 Data Quality Assurance

Throughout the field phase, the team leader ensured that all members of the team correctly understand which types of information must be collected, and how this information should be recorded and archived. Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings, by key stakeholders, enhanced the quality of data collected thus ensuring the absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. In addition, the ET together conducted the first three online KIIs to ensure consistency in the data collection process, particularly with regard to questioning, probing, and recording of data. The quality of the secondary data that was obtained from various documents provided by the RO and other stakeholders was subjected to validity assessments to ensure that it is credible and of good and usable quality. The quality of the secondary data was acceptable for use in the evaluation.

1.3.10 Ethical Considerations

The evaluation was conducted in accordance with the principles outlined in the UNEG “ethical guidelines for evaluation”. Ethical considerations included:

- Respect to people’s right to provide information in confidence and ensuring that sensitive information cannot be traced to its source.
- Informing interviewees in advance on what the interview ground rules are and obtaining their informed consent for participation; and
- Right to privacy and minimising demands on time of the people participating in evaluation.

[1]Denzin NK, Lincoln YS. (Eds.). 2011. The Sage handbook of qualitative research. Thousand Oaks, CA: Sage Publications.
[2] Elo S, Kyngäs H. 2008. The qualitative content analysis process. Journal of Advanced Nursing, 62(1):107-115.

The ethical considerations were achieved through ensuring that each member of the ET behaved in an ethical manner. An intensive brainstorming session among the ET members on ethics in evaluation studies ensured that each member of the ET was well equipped to deal with ethical issues during the conduct of the RPE.

Obtaining consent: The evaluation team obtained oral/ written consent from all respondents at the start of each interview. In addition to informed consent for proceeding with the interview, participants were asked to indicate whether the interview should be audio-recorded or not. Online country survey respondents were asked to indicate their consent on the survey before they could proceed with the completion of the electronic survey form.

Differentiation of participants: On the selection of different stakeholders, gender and vulnerable categories of people, the evaluation team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'[3] and the different target beneficiaries of the UNFPA programme in the countries supported by ASRO.

1.3.11 Evaluability Assessment, Limitations, Risks and Mitigation Measures

The anticipated main limitations during the evaluation and potential risks are provided in Table 3. The manner in which the limitations and risks were mitigated is also described in Table 3.

Table 3: Limitations, Risks and Mitigation Measures

Limitation	Risk	Mitigation Measure
Challenges related to Covid-19 restrictions	This had the potential to impact on how research studies are conducted, particularly where face-face interactions are required, e.g., in qualitative studies.	The ET was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily relies on face-to-face interactions for data collection. The ET therefore used Zoom to conduct the KIIs. All KIIs at the Regional Office were conducted by at least two of the team members with the exception of KIIs for Country Case Studies where individual consultants had to conduct them. Immediate peer debriefing and in-depth memoing was used by the ET to mitigate barriers associated with virtual interviewing.
Challenges related to timely review of deliverables.	This had the potential to delay the timely completion of evaluation deliverables.	In order to mitigate issues related to timeliness, UNFPA's Regional Office ensured that the forming of the research team was prompt and interdisciplinary to collect and analyse the data, by ensuring that each consultant had a "seat at the table" (Martineau, 2015). The strong team of expertise reviewing and developing the tools for this evaluation helped to mitigate delays of production and therefore also knowledge sharing.
Challenges in scheduling appointments with key stakeholders due to other commitments.	This had the potential of having a sample bias with regard to coverage of stakeholders	The evaluation team shared the RPE agenda with the ASRO and relevant stakeholders in good time. In addition, the requests for interview appointments were made in advance and the team made follow up calls prior to the appointments. Of those few staff who were unavailable for interviews, their colleagues were approached and requested for interviews.
Potential bias from stakeholder interviewees	In qualitative data-collection interviews, there was an inherent risk that stakeholders	The evaluation organized, facilitated, and engaged in conducting interviews with

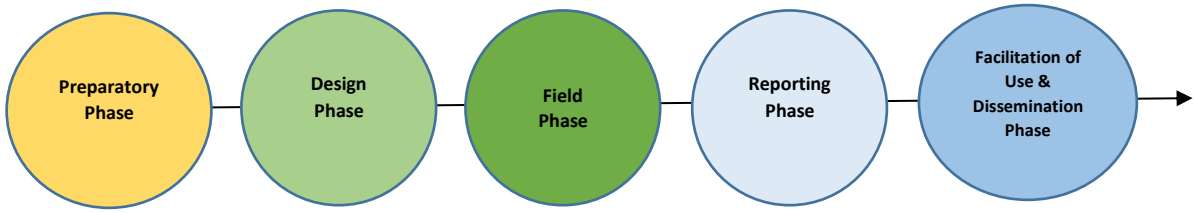
[3] https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft

	might filter information or try to present information under a specific light.	strategies to put interviewees at ease at all times.
Potential bias in selecting stakeholders to participate in interviews and group discussions	As with most evaluations, a potential bias existed in working with country offices to select key informant interview and group discussion participants.	The external and local independent evaluation consultants impartially selected stakeholders to participate in interviews and group discussions.
Potential analytical bias from the evaluation team	As with all qualitative interview exercises, humans have the tendency to be easily influenced by the factors surrounding some information.	Interviewers from the evaluation team took detailed notes that were validated with the rest of the evaluation team.
Tight time pressures have constrained opportunities for collective reflection	The evaluation timeline has been such that the process has been highly intensive for a small team, and thus the report has been developed under tight time pressure with modest time for reflection.	The team have tried to work together where possible and ensured knowledge exchange and opportunities for reflection

1.3.12 Process Overview

There were five phases of the RPE namely: 1. Preparatory phase; 2. Design phase; 3. Field phase; 4. Reporting phase; 5. Facilitation of use and dissemination phase which are shown diagrammatically in Figure 1.

Figure 1: Phases of the Evaluation



Source: Adapted from UNFPA Evaluation Handbook.

CHAPTER 2: Regional Context

2.1 Development Challenges and Regional Strategies

The Arab region[4] has been afflicted with longstanding conflicts in the region for instance the Israeli occupation of Palestine, Somalia, Sudan, and Iraq war. The eruption of the Arab spring in 2011 has led to a rapid escalation of conflict and violence in the region, with the Syrian Arab Republic and Yemen being two of the largest humanitarian crises globally and new crisis after Arab Spring in Libya, Syria, Yemen, and other countries in the region that have been affected by refugees from these crises such as Egypt, Jordan. Lebanon and Djibouti. Protracted wars in the Syrian Arab Republic and Yemen have derailed their economic and development processes, leading to extreme degradation in their living standard. Health indicators, such as life expectancy and child mortality, have deteriorated due to various factors, including direct conflict casualties, impairment of health facilities and scarcity of health providers, in addition to the indirect impact of war on health through re-emergence of morbid diseases and extreme food insecurity. Moreover, war has disrupted the education of millions of children, enfeebled the economies, and generated massive waves of displacements in search of safety. Arab countries are facing the COVID-19 pandemic threat as well. The first case was reported in the United Arab Emirates in January 2020. As of 20 December 2020, the total number of confirmed infections was 4 665 285 with 115 495 deaths.[5]

2.1.1 Sexual and Reproductive Health

Despite the positive trends in reducing the maternal mortality ratio in the region, most countries were not able to achieve Sustainable Development Goal 5. Some countries with a very high maternal mortality ratio showed positive trends in reducing maternal mortality. Such is the case of Somalia, where there was a decrease from 1,210 maternal deaths for 100,000 live births in 2000 to 829 in 2017 per 100,000 live births[6]; of Sudan, with a reduction from 667 in 2000 to 295 in 2017 deaths per 100,000 live births; and Yemen, with a reduction from 301 in 2000 to 164 in 2017 deaths per 100,000 live births. Despite these trends, the region is still home to some of the highest and lowest maternal mortality ratios. The high-income GCC countries have the least maternal mortality ratio, for instance, the maternal mortality ratio in Qatar is 9 per 100,000 live births in 2017, while middle-income Mashreq and Maghreb countries tend to have much higher maternal mortality ratio ranging from 4 to 30 folds. The maternal mortality ratio remains unacceptably high in the least developed countries[7] and such disparities between and within countries constitute a key challenge to development stakeholders. Limited access to and use of family planning, the verticality of reproductive health programs and inequities in access to sexual and reproductive health care in addition to the poor quality of services are the key contributors to the inequities and disparities in sexual and reproductive health in the region.

The prevailing crises in the region are threatening the progress achieved thus far and have exacerbated the already poor state of sexual and reproductive health care both at the service delivery and policy levels. The unmet need for family planning was estimated to reach up to 40 per cent in some countries in the region prior to 2011, with supply chains further disrupted as a result of ongoing conflicts and/or budgetary constraints in the majority of the region. According to UNFPA-led analyses of constitutions in the Arab countries, nine out of the eleven constitutions make a direct reference to the right to health, and only one constitution includes a direct reference to reproductive health.

With the launch of the Sustainable Development Goals and the commitment of UNFPA to lead global efforts toward the achievement of universal health coverage, and universal access to for sexual and reproductive health, a critical prerequisite needs to be addressed: the creation of supportive legislative and regulatory frameworks. Political, legal and regulatory environments are essential determinants of availability, accessibility and quality of sexual and reproductive health care. The Arab States regional office carried out an analysis showing that to achieve universal access to sexual and reproductive health would require the capacity to provide approximately 400 million health service encounters per year. Although several countries in the Arab States region have embarked on legislative and regulatory

[4] UNFPA ASRO covers 20 countries as follows; Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Somalia, Sudan, Syria, Tunisia, Yemen and Oman (sub-regional office that covers the Gulf Cooperation Council Countries (GCC) Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab of Emirates)

[5] WHO COVID-19 Weekly Epidemiological Update 20 December 2020.

[6] The World Bank Data Portal. [Online] Available at: https://data.worldbank.org/indicator/SH.STA.MMRT?locations=SO [Accessed 29 December 2020].

[7] UNFPA (2019). Reproductive Health Equity in Arab Region.

reforms that aim to improve coverage, more than twenty years since the adoption of the Programme of Action of the International Conference on Population and Development, the inequities and disparities remain significant and have even increased in some countries that are facing emergencies, or that have been affected by the refugee influx from countries in crisis. The increasing conservatism and current political dynamics have worsened the situation of women and girls and their ability to access sexual and reproductive health care and realize their reproductive rights.

2.1.2 Adolescents and Youth

The power of youth is recognized within development circles and is considered one of the key inputs for sustainable development. The situation of adolescents is as complex as that of young people. The Middle East and North Africa is home to 7% of the world's adolescents. Iraq and Syria are among the top five deadliest places in the world for adolescent boys and girls. Each year, over 500,000 people enter the labour market in the ESCWA region, most (90%) are youth. Arab countries have the highest regional youth unemployment rate in the world, particularly affecting young Arab women and girls. In 2018, the total unemployment rate in the Arab States registered 7.3 per cent with more than 4 million individuals seeking employment. Excluding the GCC - where large numbers of migrant workers work – the unemployment rate in the Middle East stands at 10.8 per cent, suggesting a particularly critical situation in the non-GCC countries, where political instability, active conflicts and security risks continue to undermine socio-economic development[8].

The Arab region has witnessed marked socioeconomic improvements, despite having been subject to persistent poverty, unemployment and armed conflicts. A current challenge is presented by the unprecedented 'youth bulge,' which is a term used to describe how the proportion of Arab youth (aged 15-24 years) is increasing significantly in comparison to other age groups. That increase, combined with overall Arab population pressures, has resulted in the most rapid youth population growth in the region's history. Given this trend, it is important to establish a development agenda that firmly recognizes Arab youth rights and aspirations. Doing so can advance economic growth, social inclusion, and political stability in the region.

Among the Arab countries, only nine have either developed youth policies or are in the process of formulating them. Nevertheless, the unrest in the region has presented a compelling rationale for governments to bring youth issues firmly into the focus of the national agenda. Policymakers have increasingly recognized the need to formulate national youth policies and action plans, aimed not only at fostering youth human capital development, but also at providing them with the necessary opportunities to reach their full potential in education, health, employment, and participation in public and political life. The current generation of youth in the Arab States is the largest youth cohort this region has seen in more than fifty years. Yet, despite progress made, the region is still characterized by inadequate youth-friendly health services. As a result of this inadequacy and appropriate sexual and reproductive health education, only half of the Arab youth has knowledge about sexually transmitted infections (STIs). Likewise, although HIV's prevalence is low in the region, there are concentrated population pockets in which the infection rate is increasing. Progress also remains hindered by the ineffective implementation of those policies that do exist, as well as by the overall lack of functioning accountability mechanisms, insufficient inter-sectoral coordination and synergies, and the limited meaningful engagement of youth in the formulation, implementation, monitoring and evaluation of policies and programmes directly affecting their lives.

The level of political participation and civic engagement of youth in the Arab States is one of the lowest in the world and is often justified by traditions and culture. While the interest of young people in political participation is rising, there is a lack of confidence among young people in the political process, compounded with barriers set by states, further limits their participation in elections and reinforces their marginalization. The rise in violent extremist ideology is also a cause for concern for countries in the region, and specifically for generations; a generation that is known for its peaceful mindset and progressive thinking. There is a need to empower young people and address their needs in a holistic manner. It is therefore pertinent to ensure youth are engaged in development and peacebuilding processes.

[8] ILO [Online], Available at: https://www.ilo.org/beirut/areasofwork/employment-policy/lang--en/index.htm#:~:text=Excluding%20the%20GCC%20%2D%20where%20large,to%20undermine%20socio%2Deconomic%20development.

2.1.3 Gender

The 2018 World Economic Forum Global Gender Gap Report provides critical insight into the extent of gender inequality in the Arab region. The report measures four dimensions: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment. At present, the Global Gender Gap score stands at 68%, meaning that, globally, there remains a 32% gap to close. The Middle East and North Africa face the greatest distance from gender parity, that is 40%. The Arab region has the world's lowest rate of female economic participation, that is, 26% compared to the global average of 56%. By contrast, male labour force participation rates, at 76%, are above the global average of 74%. These numbers have remained stubbornly resistant to change despite increasing levels of education amongst women. Similarly, Women in the region continue to faceless favorable labour market conditions than men. At 15.6% in 2018, the unemployment rate among women was almost three times as high as the male rate (5.7%). This means that women account for almost one-third of the unemployed in the Arab States, even though their labour market participation rate, at around 18 per cent in 2018, is almost 30 percentage points below the global average. 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, usually those related to their reproductive role. These stereotypes perpetuate the disproportionate burden of care work placed on women and limits their ability to take up or remain in paid work outside the home. Lack of care facilities and safe transport further restricts women's access to work. Besides, mismatches between skills and market demand, low wages, and a lack of attractive jobs often compound the problems women face in the world of work. The high unemployment among young women can be mainly attributed to poor school-to-work transition opportunities. Only a successful transition enables young women to engage in value-added productive activities, which result in improved skills, productive capacity and income[9]. Only 1 out of 8 young women are engaged in the labour force, which is largely sustained by labour market policies that do not mainstream gender concerns, in addition to conservative social norms affecting women's status and the overrepresentation of females in unpaid family work. Additionally, inequality of wages disproportionally affects young women: young Arab females earn much less than their male counterparts.

In addition, women in the Arab States face a plethora of other challenges from issues as diverse as technology, automation, climate change and demographics. Women also are likely to suffer disproportionately from climate change, with increased maternal mortality associated with heat stress, and gender-based violence in the aftermath of natural disasters or conflicts. If, as is common today, men in rural areas move to cities to seek paid employment when they lose their traditional livelihoods, rural women would be under pressure to take over their husbands' activities on top of their own daily activities. In the Republic of Yemen and Sudan, daily activities for women and children include the necessity of traveling increasing distances to fetch potable water (e.g., up to 4 km in the West Kordofan state in Sudan). This additional labour has forced girls in rural areas to drop out of schools.[10] Widespread discrimination including unequal wages and restrictive labour laws coupled with lack of social protection relating to unemployment, pensions, maternity, and sickness also hinder gender equality in the Arab region.

Gender-based violence remains a key concern in the region. Indeed, in the current context, child marriage among refugee communities has also seen an alarming increase. Findings from a 2017 survey conducted by UNFPA, a team from the American University of Beirut and Sawa for Development and Aid, found that one-third of Syrian refugee women between the ages of 20-24 were married before the age of 18, and 24% of girls between the ages of 15-17 were already married, in select areas in Lebanon. Similar trends are also emerging from Sudan, Somalia, Yemen, and Iraq. The 2015 UNFPA-sponsored study in Egypt, 'Economic Cost of Gender-Based Violence Survey', revealed that gender-based violence already costs the society a minimum of 303 million dollars every year. If all violent incidents were to be tracked and received an adequate response, in promotion of the human rights to which all women and youth are entitled, the actual cost would more accurately approximate 858 million dollars. In the Arab States region, female genital mutilation is an issue in at least six countries and regions: Egypt, Sudan, Somalia, Djibouti, Yemen, and the Kurdistan region of Iraq. Somalia and Djibouti have the highest prevalence of female genital mutilation in the world, in particular in Somalia reach to 99%. In part, this is the result of a lack of access to health and social workers in certain

[9] ESCWA (2016). Unemployment of Young Women in the Arab Region: Causes and Interventions. Social Policy Brief 8.
[10] UNDP (2018). Climate Change Adaptation in the Arab States Best Practices and Lessons Learned.

communities, which are further exacerbated by the vulnerable status of women in society and national laws. Furthermore, limited access to vital information on reproductive health can result in early childbearing, higher birth rates and poorer health outcomes among young women and their children.

Inequality in accessing health care is further aggravated by harmful practices that continue unabated in the Arab region. Currently, the Arab states region is highly unstable, with ongoing conflicts and large-scale humanitarian emergencies putting women and girls at an increased risk of violence and child marriage, which is now expected to be further exacerbated by the COVID-19 pandemic. In times of crisis, various factors exacerbate the risk of child marriage, with a disproportionate impact on girls. Gender inequality is a root cause of child marriage in all contexts, including in humanitarian settings. Faced with insecurity, increased risks of sexual and gender-based violence and the breakdown of rule of law, families and parents may see child marriage as a coping mechanism to deal with increased economic hardship, to protect girls from sexual violence, or to protect the honor of the family in response to the disruption of social networks and routines. Child marriage is also exacerbated among internally displaced people. In addition, forced child marriage is used as a tactic in conflict[11]. One in seven girls in the Arab region is reportedly married before her eighteenth birthday.

2.1.4 Population and Development

The population in the Arab countries has been increasing over the past decades. The Arab region is currently home to 436.4 million people, growing from 222.7 million in 1990. Today, the Arab population represents 5.6 percent of the world population with 80 percent of the region's population concentrated in eight countries: Egypt, Algeria, Sudan, Iraq, Morocco, Saudi Arabia, Yemen, and Syria. The population in the Arab Region is relatively young, with adolescents and youth aged 10 to 24 years representing a quarter of the total population. The increase in population in the past three decades is mainly due to the rapid decline in the mortality rates, improved life expectancy and the less-rapid decline in the fertility rates in the Arab region. In the last three decades, the infant mortality rate declined from 58.2 per 1000 live births to 26.4 per live births, life expectancy at birth increased from 64.3 years to 71.8 years, and fertility rates decreased from 5.2 to 3.2 births per woman between 1990 and 2018. Nonetheless, the demographic profiles of Arab countries vary widely. Many countries in the region lag in terms of life expectancy and high mortality and fertility rates. For example, while the fertility rate is less than 2 births per woman in Bahrain, Qatar and the United Arab Emirates, it exceeds 4 births per woman in Sudan, and Somalia, and are expected to bridge the gap slowly.

Many Arab countries are experiencing large population movements from rural to urban areas, with more than 59 percent of the Arab population living in urban areas and with urbanization growing at an average rate of 1 percent per year between 2015 and 2020. The population of the Gulf Cooperation Council (GCC) is the most rapidly urbanizing in the region, ranging from 84 percent in Saudi Arabia to 100 percent in Kuwait in 2018. Thanks to the progress in health care, the region's average maternal mortality ratio decreased from 250 per 100,000 live births in 2000 to 149 per 100,000 live births in 2017, compared to a world average of 211 per 100,000 live births in 2017. The regional maternal mortality ratio hides high discrepancies between the Arab countries, with maternal mortality ranging from 3 per 100,000 live births in the United Arab Emirates to 829 per 100,000 live births in Somalia in 2017.

Migration has traditionally been a distinct feature of the Arab region. The poorer countries in the Arab region have witnessed considerable outflows, sometimes illegal to Europe and to richer countries in the region, especially to the member states of the GCC. Arab expatriates, for example, amount to 1.1 million in Kuwait and make up 13 percent of the total Qatari population in 2020. In 2018, 57.1 percent of the world refugees originate from the Arab region – including the Palestinian refugees. In addition, 37.8 percent of the world refugees reside in the Arab region. The spread and amplification of Syria's armed conflict, in particular, have led to a humanitarian crisis with 11.7 million people in need of humanitarian assistance inside Syria, in addition to nearly 5.6 million refugees throughout Turkey, Lebanon, Jordan, Iraq, and Egypt, as of November 2019. The UNFPA RIAP 2018-2021 notes that the capacity of most countries in the Arab region to integrate population changes into their respective planning frameworks remains limited. The region faces dire challenges that include unavailability, inaccessibility, and poor quality of population data. It is further projected that the demand for census support, civil registration and vital statistics will be increasing as countries are gearing towards the next round of censuses in the region. Political sensitivities, weak population registries, and limited access

[11] UNFPA [Online] Available at: https://arabstates.unfpa.org/en/topics/child-marriage-5#:~:text=Faced%20with%20insecurity%2C%20increased%20risks,family%20in%20response%20to%20the [Accessed 29 December 2020].

to vast areas of the region due to ongoing conflicts and security risks are the notable factors that compound this critical undertaking.

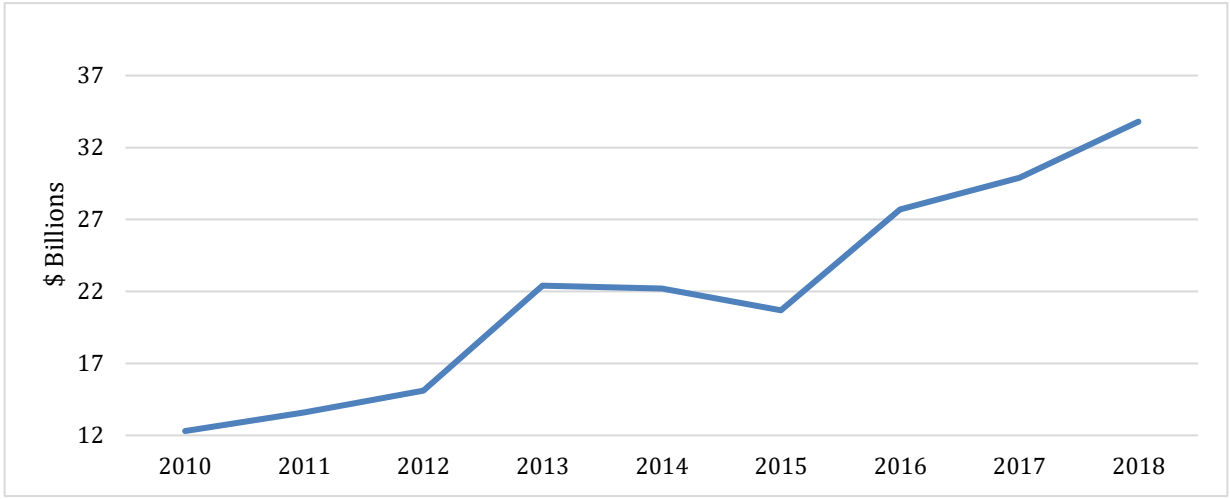
Against this background, the demand for reliable data is expected to increase significantly due to the need to monitor and report on indicators and targets of the Sustainable Development Goals related to the Programme of Action for the International Conference on Population and Development. It is further notable that while the situation varies among countries, all countries in the region share a systemic weakness in managing data and utilising it for policymaking and the monitoring of impact.

2.2 The Role of External Assistance

The Middle East and North Africa (MENA) is a diverse region that has been in turmoil since the Arab spring, with Syria, Libya, Yemen and other countries experiencing ongoing civil war, and Jordan, Lebanon among others amid the biggest refugee crisis since World War II.[12] The unstable condition and geopolitical tension have led to the influx of humanitarian aid in several MENA countries. In 2016, countries in MENA received over a third of total OECD DAC's humanitarian flows[13], and specifically for health, an annual average of $1602.3 million from 2015 to 2017. Meanwhile, the region holds a significant share of the world's energy resources and also some of the most substantial aid contributors. Saudi Arabia, Kuwait and the United Arab Emirates have been among the most substantial donors in the world relative to the national economy.[14] Previous estimates of Arab official development assistance suggested that these countries provided an exceptionally large amount of aid relative to their gross national income in the last century (ranging from 8.5 to 12% in the 1970s). Since 2002, development assistance has increased both in level and as a share of gross national income as oil prices have risen and post-conflict reconstruction needs have expanded. These three countries (Saudi Arabia, Kuwait and the United Arab Emirates) also have established a number of specialized financial institutions to provide development aid for Arab countries and other developing countries[15], and gradually expanded their aid focus from infrastructure to other social sectors. According to OECD 2015 estimates, Saudi Arabia and the United Arab Emirates are among the top ten providers of net official development assistance.

The level of official development assistance in the Arab World has increased over time from 12.3 billion USD in 2010 to 33.8 billion USD in 2017 as per Figure 2 Although total official development assistance has increased since 2016 and reached its peak in 2018, much of this has been due to increased spending on refugees within donor countries.

Figure 2: Official Development Assistance in Arab World Trends



Source: The World Bank Data Bank: https://data.worldbank.org/indicator/DT.ODA.ALLD.CD?end=2018&locations=ZQ&start=2010

[12] World Bank. Middle East and North Africa. World Bank. Available from: https://www.worldbank.org/en/region/mena

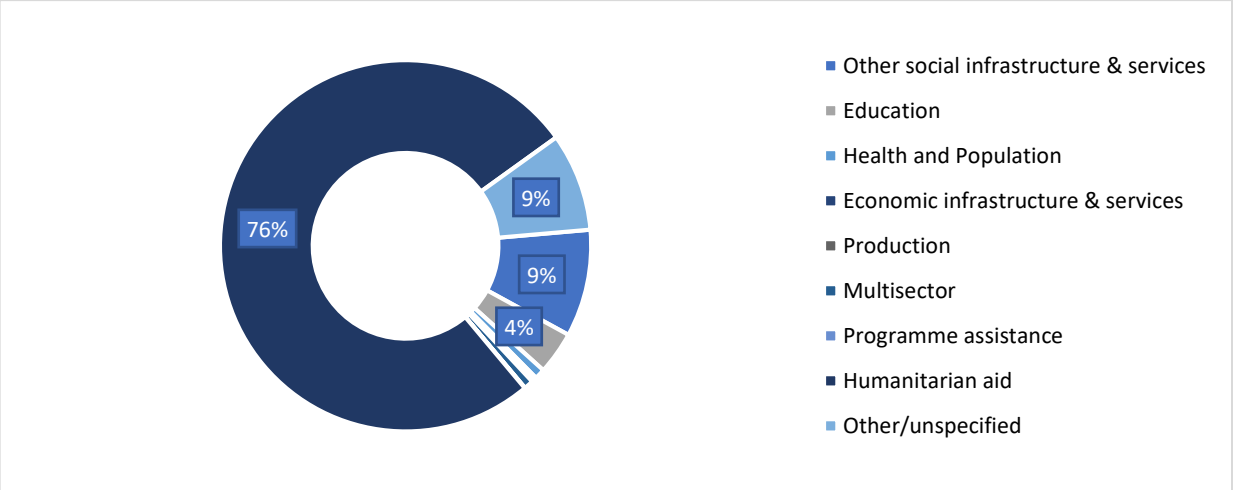
[13] Development Co-operation Report 2018 - Joining Forces to Leave No One Behind - OECD. Available from: https://www.oecd-ilibrary.org/development/development-co-operation-report-2018_dcr-2018-en

[14]

[15] GPPi. Saudi Arabia as a Humanitarian Donor. 2011 Available from: https://www.gppi.net/2011/03/09/saudi-arabia-as-a-humanitarian-donor-high-potential-little-institutionalization

Among the Arab countries, Syrian Arab Republic, Iraq and Jordan are among the top ten recipients of gross ODA between 2017 and 2018 with an average of 2,549, 2,172 and 1,831 USD million respectively.[16] In Syria for instance, a large proportion of official development assistance received in 2018 was in the humanitarian aid sector as presented in Figure 3 It is worth noting that Turkey, Germany, USA, EU Institutions and the UK were the top five donors for Syria in 2018.

Figure 3: Syrian Arab Republic ODA per Sector in 2018 in USD Million



Source: OECD-DAC:
https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?%3Aembed=y&%3Adisplay_count=yes&%3AshowTabs=y&%3Atoolbar=no%3F&%3AshowVizHome=no

[16] Source: OECD-DAC:
https://public.tableau.com/views/AidAtAGlance/DACmembers?%3Aembed=y&%3Adisplay_count=no%3F&%3AshowVizHome=no#1

CHAPTER 3: United Nations/UNFPA Response and Programme Strategies

3.1 UNFPA Strategic Response

UNFPA's 2018-2021 strategic plan reaffirms the relevance of the current strategic direction of UNFPA, with the goal of achieving universal access to sexual and reproductive health and rights, with a specific focus on women, adolescents and youth. In accordance with the strategic direction of UNFPA and in line with General Assembly resolution 70/1 on the 2030 Agenda for Sustainable Development, the strategic plan will seek to ensure that no one will be left behind and that the furthest behind will be reached first.

The 2018-2021 strategic plan is the first of three UNFPA strategic plans leading to 2030. It describes the transformative results that will contribute to the achievement of the Sustainable Development Goals, and, in particular, to good health and well-being, the advancement of gender equality, and the empowerment of women and adolescent girls, with a focus on eradicating poverty. The strategies introduced in the strategic plan are evidence-based and consider the lessons learned from previous plan cycles. They are designed to further enhance organizational effectiveness and efficiency and United Nations system-wide coherence, as well as strengthen the UNFPA integrated results and resources framework and the UNFPA business model.

3.2 UNFPA Response through the Regional Programme

3.2.1 Brief Description of UNFPA Previous Cycle Strategy, Goals and Achievements

The previous strategic plan had been designed for 2014-2017 and it was aligned with the UNFPA global strategy. The overall goal of the previous cycle was achieving universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the ICPD agenda. Four outcomes were set to achieve this goal as follows; a) increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that meet human rights standards for quality of care and equity in access, b) increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health, c) advance gender equality, women's and girls' empowerment and reproductive rights through advocacy, implementation of laws, policy, tools and promoting services for the most vulnerable and marginalized women and girls, and d) strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

3.2.2 Current UNFPA Regional Programme

Within the framework of the Sustainable Development Goals based on the International Conference on Population and Development, the regional interventions, 2018-2021, focuses on the Sustainable Development Goals 3 and 5. The Arab States regional interventions action plan, 2018-2021, is fully aligned to the UNFPA strategic plan, 2018-2021, and complements country programmes in the Arab States. The regional interventions action plan, 2018-2021 focused on policy dialogue and advocacy, building capacities and enhancing knowledge management to achieve resilient systems and an enabling environment for ensuring access to comprehensive sexual and reproductive health care, ending gender-based violence and harmful practices, providing opportunities for youth, and improving population-related data systems and policy-related demographic intelligence in development and humanitarian settings. The Arab States regional office supports ideation, prototyping and piloting of innovative approaches throughout each of the four thematic areas as described in table 4 to serve as an incubator for country-level interventions. The established Innovation Platform will serve as a forum for sharing new ideas, developing proposals, and piloting initiatives for the scale-up throughout the region. The regional office promotes knowledge-sharing through South-South cooperation, interregional and intraregional exchange of experiences and the documentation and dissemination of good practices. Through the strengthened coordination and cooperation with strategic partners and regional institutions, the regional office maximizes its comparative advantage and ensures sustainability. The Arab States RIAP, 2018-2021 is treating resilience as an underlying principle, utilizing the regional resilience strategy developed in 2016, to ensure that UNFPA contributes to regional disaster risk reduction and emergency preparedness efforts with a particular focus on advocating for the inclusion of the mandate of UNFPA into broader frameworks, plans, and strategies.

Table 4 below presents the RIAP 2018-2021 outcomes and outputs for each of the four thematic areas (Sexual Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Women's Empowerment and Population and Development).

Table 4: RIAP 2018-2021 Outcomes and Outputs

Programmatic Areas	Outcomes Current Cycle	Operational Outputs of Current Cycle
SRHR	**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	**Output 1.1:** Strengthened capacities of country offices and partners to address the unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in humanitarian and development settings **Output 1.2:** Improved capacities of country offices and partners to address sexual reproductive health-related inequities and needs of the furthest behind, including persons with disabilities, refugees, internally displaced persons and migrants
Adolescents and Youth	**Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	**Output 2.1:** Increased capacity of country offices and partners to implement programmes that enable adolescents and youth, particularly girls, to make informed choices regarding their sexual and reproductive health, and development and well-being in humanitarian and development settings. **Output 2.2:** Increased opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security
Gender and Women's Empowerment	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	**Output 3.1:** Strengthened capacities of country offices, human rights entities and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings **Output 3.2:** Enhanced capacity of

		country offices and partners to address gender-based violence through multi-sectoral and inter-agency coordination across humanitarian and development settings **Output 3.3:** Strengthened capacities of country offices and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings
Population and Development	**Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	**Output 4.1:** Improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development- based Sustainable Development Goals into national policies and plans. **Output 4.2:** Enhanced capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals with a focus on the furthest behind in development and humanitarian settings.

3.2.2.1 Outcome 1: Sexual and Reproductive Health

In order to respond to the existing gaps in access to sexual and reproductive health and rights services, five focus areas relevant for strengthening cooperation and complementarity among development, humanitarian action and sustaining peace were identified as priorities for the regional office:

i. Integration of the sexual and reproductive health package.
ii. Family planning.
iii. Inequities in sexual and reproductive health.
iv. Human resources (midwifery); and,
v. Quality of healthcare.

While the integration of the sexual and reproductive health care package and family planning, and inequities have two dedicated outputs in the UNFPA strategic plan 2018-2021, the other priorities will be mainstreamed and integrated throughout.

The intervention logic builds on two overarching goals:

i. Strengthening capacities of country offices and partners to address unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in both humanitarian and development settings. Specific attention will be paid to workforce issues, improving quality of care, strengthening data collection and information systems (e.g., civil registration and vital

statistics, maternal death surveillance and response) and accountability to enable addressing disparities, adoption of evidence-based planning and execution approaches that "leave no one behind".

ii. Improving capacities of country offices and partners to address sexual reproductive health-related inequities and needs of the furthest behind, including persons with disabilities, refugees, internally displaced persons, and migrants. Health inequities, both within and between countries, are among the most persistent development issues in the Arab States.

3.2.2.2 Outcome 2: Adolescents and Youth

In connection to the positioning and strategic engagement of UNFPA, the regional office leads an evidence-based strategic response to address key priority needs of youth in the Arab States to support achievement of the Sustainable Development Goals. To attain this, and with reference to its mandate and comparative advantage, the regional office will invest in:

i. Providing quality and timely support to need- and opportunity-based country specific interventions led by country offices.
ii. Identifying and leading key regional initiatives such as Youth, Peace and Security, including the establishment of a regional youth network; and
iii. Continuing to co-lead the United Nations Inter-Agency Technical Task Team on Young People and implement the joint strategic actions as per the interagency regional framework on youth.

The intervention also built on contributions from other outcomes of the RIAP as follows:

The intervention logic builds on two overarching goals:

i. Increasing capacity of country offices and partners to implement programmes that enable adolescents and youth, particularly girls, to make informed choices regarding their sexual and reproductive health, and development and wellbeing in humanitarian and development settings.
ii. Increasing opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security.

3.2.2.4 Outcome 3: Gender and Women's Empowerment

With the aim of enabling women and girls to enjoy their sexual and reproductive health and rights, the regional action plan identified four main focus areas including in humanitarian and fragile situations, namely:

i. Creating a critical mass of human rights actors effectively contributing to international human rights reporting mechanisms and advocating for the advancement and fulfilment of sexual and reproductive health and rights in a timely fashion.
ii. Advocating for a coordinated set of essential and quality multi-sectoral services available to all women and adolescent girls who have experienced gender-based violence.
iii. Enhancing capacities of country offices in positioning UNFPA as a leader in inter-agency coordination in the area of gender-based violence, as established by the Inter-Agency Standing Committee mechanisms, capitalizing on the comparative advantage of UNFPA; and,
iv. Enhancing multi-sectoral coordination on elimination of harmful traditional practices, particularly female genital mutilation, and child, early and forced marriage.

The intervention logic builds on three overarching goals:

i. Strengthening capacities of country offices, human rights entities, and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings.
ii. Enhancing capacity of country offices and partners to address gender-based violence through multi-sectoral and inter-agency coordination across humanitarian and development settings.
iii. Strengthening capacities of country offices and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings.

3.2.2.4 Outcome 4: Population and Development

The four focus areas of regional interventions that will aim to ensure national policies and strategies that consider changing population structures, migration, young people and other determinants, are:

i. Implementation and tracking of Sustainable Development Goals based on the Programme of Action of the International Conference on Population and Development.
ii. Advocating and advancing regional and country initiatives related to the demographic dividend.
iii. Generating demographic intelligence and evidence through research and analysis; and,
iv. Strengthening population-related data systems to enable quality data collection and analysis on sexual and reproductive health, youth and gender issues.

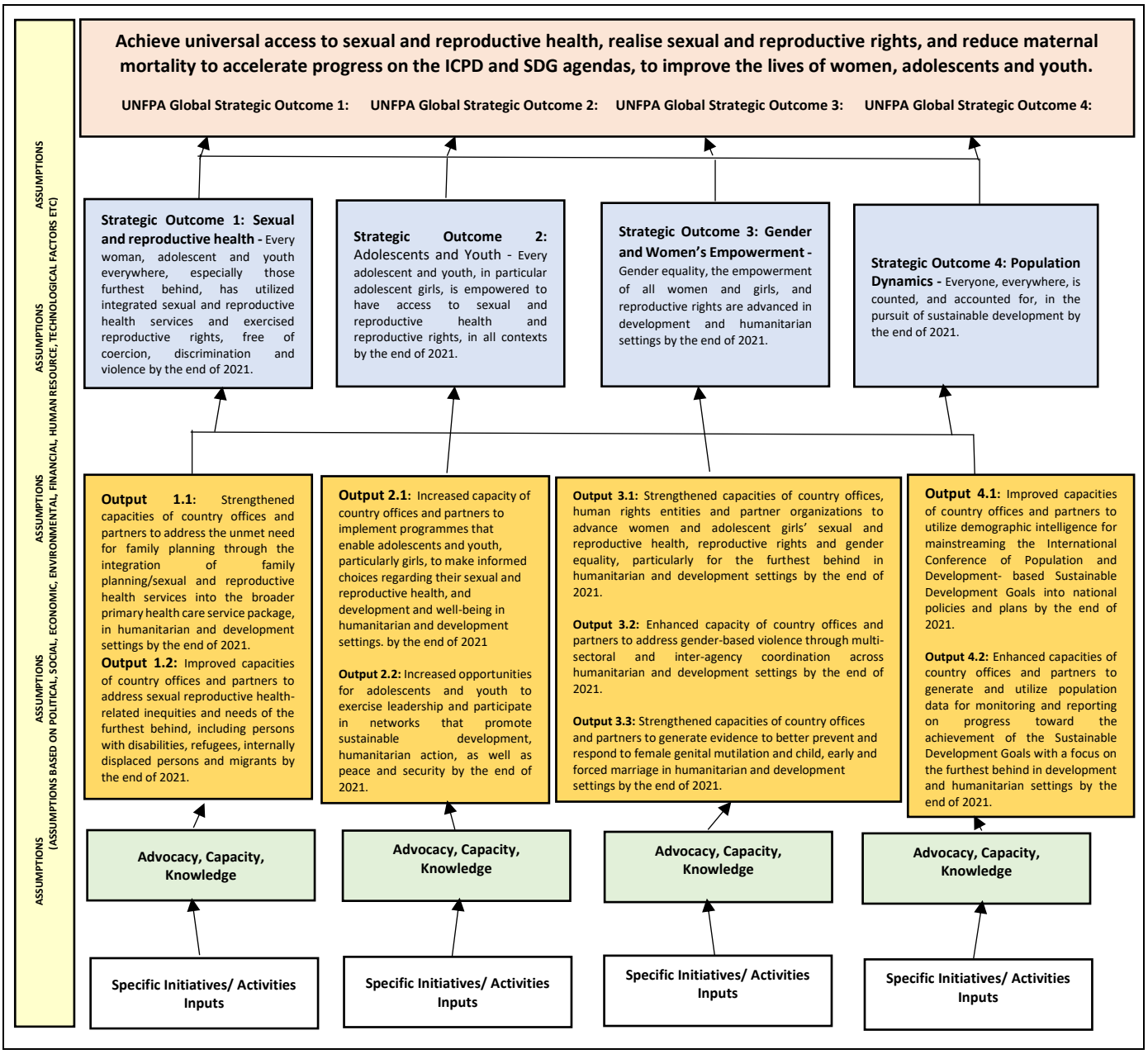
The intervention logic builds on two interlinking factors as follows:

i. Improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development-based Sustainable Development Goals into national policies and plans.
ii. Enhanced capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals with a focus on the furthest behind in development and humanitarian settings.

3.2.2.5 Theory of Change and Programmatic Focus

The RIAP 2018 -2021 focused on the afore-mentioned four outcomes and nine outputs covering SRH, AY, GEWE and PD and there were various key advocacy, capacity and knowledge initiatives linked to each output. The Theory of Change was reconstructed by the Evaluation Team and the diagrammatic representation is shown in Figure 4.

Figure 4: Theory of Change for RIAP 2018-2021 (Reconstructed)



Detailed descriptions of the linkages between results (outcome and output indicators) and interventions are found under Effectiveness (EQ5 and 6), where an evaluation of the Results and Intervention logic for the different strategic outcome areas have been made for the four programmatic areas.

The Evaluation Team consulted various documents namely the UNFPA ASRO Regional Interventions Action Plan for Arab States (2018-2021); UNFPA Strategic Plan, Annex 1 - Integrated Results and Resources Framework. (2018-2021); UNFPA Strategic Plan, Annex 2 - Theory of Change (2018-2021); UNFPA Strategic Plan, Annex 4 - Business Model (2018-2021); UNFPA Strategic Plan, Annex 6 - Global and Regional Interventions (2018-2021) and the UNFPA Framework for Strategic Partnerships 2018-2021, among others. In addition, the Evaluation Team held consultations with the UNFPA ASRO Regional Advisers on their programmatic thematic areas. The major change made was to include an end point for all outputs and strategic outcome statements for RIAP 2018-2021, that is end of 2021, so that they are time bound.

3.2.3 The Financial Structure of the Programme

3.2.3.1 Allocation of Budget, 2018-2021

UNFPA initially committed US $18.8 million over the four years of its Regional Intervention Action Plan 2018-2021 with 13 million dollars in regular resources, and 5 million dollars in other resources. For this cycle, 2018-2021, the regional office, for the first time, embarked into planned resource mobilisation in comparison with previous cycles wherein funds were raised to finance humanitarian interventions, out of necessity, without pre-planning. In addition, previous regional interventions action plans did not include targets for resource mobilisation. As a response to the needed paradigm shift to answer to the requirements of the new aid environment and austerity measures witnessed by UNFPA, the organisation has had to adapt its funding modalities and mechanisms, particularly for the 2018-2021 plan. In this regard, a proportion of the other resources is derived from global trust funds and the majority is mobilised directly by the regional office.

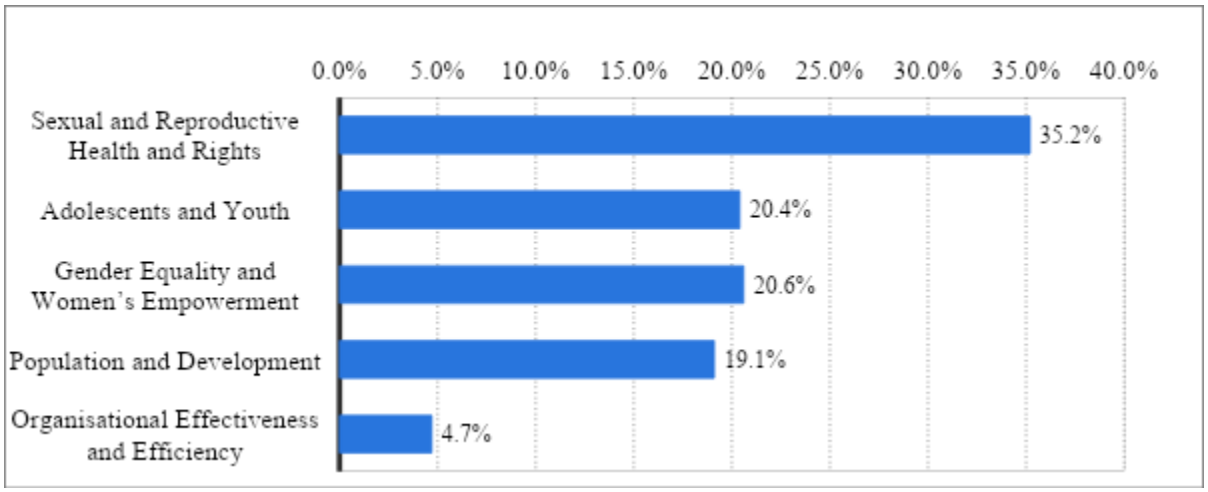
The 4-year breakdown of funding for the RIAP 2018-2021 is provided in Table 5 and is as follows: (a) utilised integrated sexual and reproductive health services (US$8.4 million); (b) empowered adolescent and youth to access to sexual and reproductive health (US$4.9 million); (c) advanced gender equality, the empowerment of all women and girls, and reproductive rights (US$4.9 million), and population and development (US$ 4.6 million). In addition, an amount of US$1.1 million was allocated for organisational effectiveness and efficiency.

Table 5: Proposed Allocation of Budget 2018-2021 (US$)

Strategic Plan Outcome Area		Type of Funding			Funding Source Allocation		Total as % of Total Budget
		Regular Resources	Other Resources	Total	Regular	Other	
1	Sexual and Reproductive Health	5,997,854	2,400,000	8,397,854	71.4%	28.6%	35.2%
2	Adolescents and Youth	2,078,257	2,800,000	4,878,257	42.6%	57.4%	20.4%
3	Gender Equality and Women's Empowerment	1,719,245	3,200,000	4,919,245	34.9%	65.1%	20.6%
4	Population and Development	2,967,152	1,600,000	4,567,152	65.0%	35.0%	19.1%
Organisational Effectiveness and Efficiency		1,110,392	-	1,110,392	100%	0.0%	4.7%
Total		**13,872,900**	**10,000,000**	**23,872,900**	**58.1%**	**41.9%**	**100.0%**

The SRHR component accounted for the highest allocation (35 percent) of which a significant part, 71 percent was financed by regular resources and 29 percent by other resources. The GEWE component followed with 21 percent of the budget allocation, with 35 percent financed by regular funds. The AY component's allocation was slightly lower than that for GEWE, that is, 20 percent, of which 43 percent was to be financed through regular funds. The PD component was allocated 19 percent of the budget but with a significant part (65 percent) to be financed by regular funds. Finally, organisational effectiveness and efficiency was allocated 5 percent of the budget with all of this allocation coming from regular funding. The respective allocations, with regard to total allocation as a percentage of the total budget, for all the 4 components including organisational effectiveness and efficiency, are provided in Figure 5.

Figure 5: Allocation as Percentage of Total Budget, RIAP 2018-2021



Source: UNFPA Regional Interventions Action Plan for Arab States 2018-2021.

CHAPTER 4: Evaluation Findings

4.1 Sexual and Reproductive Health

The interviews and focus group discussions identified a number of structural, technical, and policy successes of the 2018-2021 RIAP, and its relevance to the priority SRHR needs in the Arab States Region (ASR). Stakeholders who participated in our interviews and FGDs cited a number of gaps in the 2018-2021 or offered suggestions for how the following RIAP could be improved, which will be outlined in the conclusion and recommendation Chapters. The evaluation study findings for SRH will be divided according to the evaluations sub-sections agreed upon by the Evaluation Team members and members from the Regional Office.

4.1.1 Relevance

EQ1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries?

Finding 1: The 2018-2021 RIAP design included a consultative process with key stakeholders, which allowed for better understanding of the landscape and scope of SRHR in the region, and thus allowing further tailoring of the RIAP and enhancing its relevance

Stakeholders at the regional level highlighted the extensive consultative process invested into the design of the 2018-2021 RIAP. This consultation process, which included— discussions with academic institutions, key partners (i.e.: the Arab League and International Development Research Centre) and implementing partners (IPs), and regional leadership meetings with technical and managerial staff from COs— allowed the RO to have a better understanding of the SRHR landscape within the region. Having a better understanding of the SRHR landscape in the region has enabled the RO to make sure there is alignment between UNFPA's Strategic Plan and the SRHR priorities within the region. Further, regional stakeholders noted that during this consultation, the RO was able to better understand the scope of SRHR programming and implementation currently being conducted by different key actors in the region. As a result, this enabled the regional team to avoid duplicative efforts in the design of the RIAP. As explained by a regional stakeholder, "During the consultation with the other partners such as UNHCR, academic institutions and so on, we found that there are different activities that are already being done. In the UN system we have a certain mandate/portfolio, but we are also not the only ones working in this area. So, we are duplicating, and we are not cost efficient. So, during this consultation it was important to understand what the others are doing for the SRH part, to avoid duplication."

Consistent with the findings from the desk review, many stakeholders at the regional and country level discussed the difficulty for the RO to adequately tailor the RIAP to the needs of all countries in the Arab State due to the diversity in the SRH needs of each country. As stated by a key informant, "Even if the SRH program had extensive consultation during the development of our program, and we managed to identify certain priority areas. It is difficult to discuss the priorities within the region because there are different sub-regions. For instance, the SRH needs in Gulf Cooperation Council (GCC) countries are different from those in the horn of Africa and so on and so forth." This was echoed by participants at the country levels who explained that given the diversity within the Arab States, the RO strategically has to identify countries with whom to conduct regional activities that have similar priority issues in which certain activities can be relevant.

EQ2: Were there critical gaps in the RP at the time of conceptualisation?

Finding 2: The rights component of SRHR has not been adequately addressed in the implementation despite its presence in the RIAP design.

Overall, all KI and FGD participants were in consensus that there continues to be significant SRH inequities across the Arab state countries. Although UNFPA is fully committed to the three zeros of the Strategic Plan, COs and IPs are limited in their ability to advocate for the 'rights' component of SRHR due to sociocultural and political barriers. Many stakeholders at the country level mentioned that the wording of certain initiatives, especially those that include a rights component to SRHR initiatives are often perceived as too taboo leading to hesitative collaboration among national entities. As stated by a CO staff member, "I know for me to address the unmet need for contraception, we need to implement comprehensive SRHR education, but if I go to the Ministry of Education and bring up the 'sexual' part of

reproductive health, they will say no." Our results suggest that UNFPA ASRO has navigated the balance between maintaining strong relationships with key stakeholders (i.e.: Ministries and the Arab League) and meeting the mandate of UNFPA regarding SRHR.

In partnership with the American University of Cairo, ASRO has been able to identify and analyze the SRHR inequities within the region and produce a number of policy briefs. ASRO/SRH had also strategically contributed to regional forums and conventions that address priority issues for UNFPA in the region including launching the Pink Tank campaign in partnership with LAS on breast cancer, engagement in the regional forum on cervical cancer in UAE, engagement, and sponsorship of the regional Women's Health conference in partnership with the Arab Administrative Development Organization, and Women Deliver conference during which ASRO organized a side event on SRH in times of crisis in the region. In another endeavor, and in support of reaching the Zero preventable maternal mortalities, ASRO convened the regional Maternal Deaths Surveillance &Response meeting for ministries of health, UNFPA COs, WHO and in partnership with University Mohamed 6th for Health Sciences that built on the earlier 5 countries MDSR assessment that ASRO conducted.

EQ3: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

Finding 3: The SRHR component of the RP is aligned with the Strategic Plan and Business model of UNFPA
Overall, all KI interviews with regional and country level representatives were in consensus that the 2018-2021 RIAP aligned with UNFPA's Strategic Plan and Business Model. However, CO staff members expressed that the 2018-2021 RIAP document provided little programmatic guidance for the COs. As noted by a CO staff member, "The 2018-2021 RIAP document absolutely aligns with the Strategic Plan, but this document has little value for the COs as we can't use this document to guide us with our work".

Countries in the Arab State Region (ASR) have and continue to face humanitarian crises and political unrest— these extenuating circumstances have placed significant strain on already weak health care infrastructures and have challenged the field of health and SRH programming and service delivery regionally. A number of stakeholders at both the regional and country level noted that there are a number of challenges that arise when attempting to identify the priorities within the region, as priorities vary significantly between and within countries, and across the region. As noted by a stakeholder at the regional office, "Even though the SRH program had extensive consultation during the development of its program, and we managed to identify certain priority areas, it was difficult to discuss the priorities within the region because there are different sub-regions. For instance, the SRH needs in Gulf Cooperation Council (GCC) countries are different from those in the horn of Africa and that of the Middle East." Despite these varying priorities across the region, five priorities had been identified: 1) Integration of services; 2) The quality and accountability; 3) Leave no one behind, including in humanitarian settings; 4) Human resources with midwifery; and 5) Family planning and reproductive health commodity security.

EQ4: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

Finding 4: Challenges with ensuring procurement of commodities and SRH service provision during disasters were highlighted in the era of COVID-19. Advocating for countries in the Arab region that are not part of the humanitarian context to invest in disaster risk reduction[17] efforts seem warranted
Findings from the desk review suggest that ASRO was able to leverage its co-leadership and membership in the regional issue-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, and SRHR service provision for women and girls. Findings from ASRO's COVID-19 report indicates that UNFPA is already noticing that the current public health emergency has amplified the burden on often already weak health systems of the region, affecting the provision of SRH services. Findings in the latest COVID-19 reports found that in a number of countries in the region, health professionals have been asked to support the COVID-19

[17] Disaster risk reduction is defined as the concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reducing exposure to hazards, lessening the vulnerability of people and property, the wise management of land and the environment, improved preparedness for adverse circumstances and the promotion of community resilience to anticipated disasters (such as future pandemics)

response, instead of providing SRH services such as antenatal care and other maternal health services. These disruptions in the health system are compounded with interruptions of the procurement of SRH commodities due to border restrictions.

COVID-19 highlighted the crucial need for health systems to invest in emergency preparedness to avoid disruption in service provision and in turn lead to worsened health and SRH outcomes. Countries that have invested in humanitarian interventions due to emergency and humanitarian contexts are inherently better equipped for disaster risk reduction. The findings from our evaluation suggest that ASRO should advocate with countries within the region that haven't navigated humanitarian contexts to invest in critical social infrastructure—including explicitly articulated disaster reduction plans—as these should be a priority for managing future pandemics and natural disasters. Pandemic and disaster risk reduction planning should include the adoption of a whole-of-society approach to disaster risk reduction to save lives and resources. There is recognition of the social gradient of risk, which emerges from the interaction between social determinants of health, risk of exposure, and adverse impacts from a pandemic and other disasters. Only one stakeholder at the regional level noted the importance of investing in disaster preparedness efforts to minimize the disruption of SRH service provisions, UNFPA should look more into investing in these efforts.

Findings from the desk review indicated the importance of national governments to invest in disaster preparedness and strengthening of the health systems to make them more resilient and responsive to ensure a continuum of services, including SRH, in such circumstances. The integration of emergency preparedness into the SRH programme merits assessment. Further, UNFPA should reflect on its positioning and responsibility to advocate and integrate emergency preparedness into overarching Strategy.

Finally, ASRO was successful in providing knowledge as they, and a position paper on the impact of COVID-19 on sexual and reproductive health and reproductive rights in the Arab region. Experience with other public health emergencies showed that sexual and reproductive health and reproductive rights are often overlooked in the response, leading to severe adverse effects on the health and well-being of women and girls.

4.1.2 Effectiveness

EQ5: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)?

Finding 5: According to the RP reports and stakeholders, the expected outputs and outcomes of the SRH programme have been accomplished or are on track for completion

The findings in Table 6 showcases that the RP has been able to meet and even surpass its planned targets during the 2018-2020 period. There is no doubt that this achievement has been facilitated by the dedication and commitment of the SRH, Youth, and humanitarian teams and their connections to other agencies which have contributed to the breadth of the work at the country levels that have been accomplished to date.

Table 6: SRHR Programme: Indicators and Targets Met 2018-2020

Output	Indicator		2018	2019	2020	2021 Planned
Output 1.1: Strengthened capacities of country offices and partners to address the unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in humanitarian and development settings	Indicator 1.1.1. Number of policy, programme and advocacy documents and tools on family planning/sexual and reproductive health produced	**Target**	10	11	13[18]	16[19]
		Reported	10	11	13	
	Indicator 1.1.2. Number of country offices and partners with capacity for improved forecasting, procurement and delivery of reproductive health supplies including emergency reproductive health kits	**Target**	0	5	15[20]	15
		Reported	13	13	15	
	Indicator 1.1.3. Number of regional resolutions/declarations and outcome documents that include specific commitments on sexual and reproductive health	**Target**	5	6	8[21]	9[22]
		Reported	5	6	8	
	Indicator 1.1.4. Number of documented good practices developed in support of sexual and reproductive health programming in the region	**Target**	4	4	8	10
		Reported	4	4	9	
Output 1.2: Improved capacities of country offices and partners to address sexual reproductive health-related	Indicator 1.2.1. Number of advocacy tools to address sexual and reproductive health inequities developed	**Target**	2	2	4[23]	5[24]
		Reported	2	3	4	
	Indicator 1.2.2. Number of country offices and	**Target**	9	9	15	15

[18] Target for 2020 has been revised and increased from 12 to 13.
[19] Target planned for 2021 has been revised and increased from 12 to 16.
[20] Target for 2020 has been revised and increased from 10 to 15.
[21] Target for 2020 has been revised and increased from 7 to 8.
[22] Target planned for 2021 has been revised and increased from 8 to 9.
[23] Target for 2020 has been revised and increased from 3 to 4.
[24] Target planned for 2021 has been revised and increased from 4 to 5.

inequities and needs of the furthest behind, including persons with disabilities, refugees, internally displaced persons and migrants	partners supported to integrate sexual and reproductive health into emergency preparedness planning	**Reported**	8	12	15	
	Indicator 1.2.3. Percent of new inter-agency Humanitarian Response Plans launched in the region with UNFPA mandate included	**Target**	0	100	100	1
		Reported	100	100	100	
	Indicator 1.2.4. Number of joint programs and/or initiatives on sexual and reproductive health in the region supported by the regional office	**Target**	2	2	4[25]	5[26]
		Reported	2	3	4	

Moreover, UNFPA is extremely well-known at national, regional and international level for its decades of work in support of women. This has also contributed to the high standing of the ASRO within the region, and in terms of forming partnerships with other UN agencies and regional entities working on gender.

EQ6: Have the RP activities contributed to enhanced results at country level?

Finding 6: ASRO's flexibility, technical support and promptness were highly appreciated by CO staff and regional partners.

Overall, interview participants from COs and Regional Partners praised the technical assistance and flexibility provided by ASRO's thematic advisors. A key informant described the SRH advisor at the regional office as "a mind of knowledge". Further, our findings indicate that the SRH team at ASRO are cooperative, timely in their responses, and provide open and flexible lines of communication to COs. As explained by a KI, "The mode of engagement with ASRO is mainly around technical support. I also share my side of the work and share important results with ASRO. We brainstorm together, and if I have an idea about a regional exercise, they are open and flexible about it."

Other stakeholders noted given that ASRO is a decentralized entity, CO are still able to maintain their independence. However, our evaluation findings indicate that not all COs in the Arab State region are actively engaged with the RO. Efforts to increase collaboration with these COs seems warranted, especially given the added value provided to the COs that have continuous engagement with the RO.

EQ7: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

Finding 7: Socio-cultural and capacity limitations constrain the integration of human rights-based approaches at the country level

Overall, our evaluation findings suggest that despite clear integration of a human rights approach in the design of the RIAP, COs and IPs have found it difficult to implement these at the country level, especially in development settings. Country level stakeholders explained that due to socio-cultural and political barriers, bridging human rights into national institutions has proven to be extremely difficult. As noted by a programme officer, "At the Global level, talking about LGBTQ+ issues and abortion is okay, it is clear. But if we bring up these issues to our government partners, they will

[25] Target for 2020 has been revised and increased from 3 to 4.

[26] Target planned for 2021 has been revised and increased from 4 to 5.

no longer want to work with us." A number of regional partners also expressed that the human rights approaches need to be more nuanced, and with SRH addressing its prevalent inequities should be considered. As a result, ASRO has been leading in analyzing such inequities, and in 2019, ASRO/SRH managed - through its partnership with AUC-SRC - to finalize the regional report on SRH inequities, produce a policy brief on the same issue and publish a chapter using the results of the analysis.

Regional stakeholders echoed the concerns of country level stakeholders in their ability to advocate for human rights approaches into national institutions. Building the capacity of COs to effectively use evidence-based findings in their advocacy efforts at the national level is crucial for both programmatic success and sustainability of results. As explained by a regional stakeholder, "I think the regional programme did well in terms of knowledge management and policy advocacy. Especially in terms of the surrounding our work in SRHR, we have translated [our knowledge and study findings] into policy brief that are 4-5 pages that can be used for advocacy. During the last assessment that I did, I found that even if we produced a lot of knowledge products including policy briefs, they were not used by the COs."

EQ8: What are the strengths and weaknesses of the RP 2018-2021?

Finding 8: There is a need for a formation of a regional network for SRH Programmes, to enable a stronger coordination between CO's SRH Programs and SRH Implementing Partners working in similar areas of SRH with the Regional Program.

Discussions with Regional advisors suggested that conducting research studies, enhancing its knowledge management, and ensuring its transferability for policy changes were made priority by the ASRO office. The findings from our desk review, KII and FGDs, outline a number of cutting-edge research had been conducted in the region, including Reproductive Health Equity in the Arab Region study which was conducted in collaboration with the AUC, SRH service provision among girls and women with disabilities, a new census, Readiness Analysis to Meet Sexual and Reproductive Health-related Sustainable Development Goals in Selected Arab Countries, and Addressing Unintended Pregnancy in the Arab Region; these last two research studies were conducted with collaboration with MENA HPF and situational analysis report for exploring the comprehensive sexuality education in the Arab Region; Between 3IEB and Marriage. There is a great opportunity for ASRO to amalgamate the best practices, evidence-based findings and create manuals and tools to be disseminated across the region.

Notably, ASRO has proven its success in knowledge management and policy advocacy. However, there seems to be a discordance between knowledge management at the regional level and its dissemination at the country level; indicating ongoing vertical knowledge distribution. As a result, COs are unaware of successful innovative programming, or tools that have proven to be valid and reliable and are having to continuously reinvent the wheel. Given that the RO is dedicated to reducing the duplicity of its work, enhancing horizontal knowledge sharing would be highly recommended. In enhancing the communication between COs, improved resource and knowledge mobilization will occur. As stated by a CO staff member, "We want to be engaged more with the COs in the region. Having a meeting twice a year where COs can share lessons learned, tools, and challenges can help us from having to do work that has already been done. Say, if I am having to now work on child marriage, I want to be able to talk to another CO that has been working on child marriage and share what has worked and what has not worked." This aligns with main concern raised by stakeholders related to the siloed approach through which COs, RPs and UN systems function in general.

Indeed, in both of our interviews with key informants and FGDs, participants expressed the need for knowledge sharing between COs and SRH implementing partners working on similar areas in SRH in the region. Stakeholders at the country level repeatedly mentioned that interactions with other countries within the Region is minimal and/or non-existent. The findings from the CO survey echo this, and further indicate that staff members at the COs believe there is a gap in knowledge sharing, specifically surrounding lessons learned and engagement with other COs. As explained by a CO representative, "We do not know what the other countries in the region are doing… we don't share good practices and lessons learned. Now that we are all remote, we should invite COs that have similar contexts, or issues, to webinars where we can identify these lessons learned and how to initiatives are in practice…I might not know the definition on how to understand different terminology, but another Program Analyst in a different CO might."

Regional stakeholders provided an example of a successful South-South collaboration by highlighting the Syria Regional Response Hub modes of engagement among countries that were impacted by the Syrian crisis. The RO

should consider emulating the model used for mode of engagements among countries in the Syria Regional Response Hub, Emulating the model used for modes of engagement for the Syria-Hub, among COs working on a similar thematic area would address the knowledge and resource gaps mentioned by our key informants.

4.1.3 Efficiency

EQ9: How well did ASRO use its human, financial and technical resources to realize its contribution?

Finding 9: The RP SRH Programme has successfully leveraged resources of partner organizations to expand the scope and reach of its work.
The findings from the evaluation indicate that ASRO and UNFPA COs selection of strong regional and national partners, as well as regional recognised institutions such as the League of Arab States, UNICEF, WHO and UN Women, has enabled the SRH Programme to leverage regional SRH interventions. Several stakeholders reported that through working with WHO on areas of strategic importance, where WHO was able to influence the outcome (the adoption of the Regional Action Plan on SRH, for example).

Finding 10: The RO and SRH Programme is limited in their ability to mobilize resources and funding streams at the regional level, nonetheless, ASRO has directed their efforts in providing support to COs in mobilizing resources, funding and donor engagement.
A number of regional stakeholders noted that the RO has not been particularly strong in securing funding streams in this last programmatic cycle at the regional level. Indeed, several regional stakeholders explained that securing funding for their programmatic interventions mainly occurs at country level. Regional stakeholders further explained that Donors approach the RO with specific programs (i.e.: addressing FGM or child marriage), instead of funding programmatic areas. As one KI succinctly explained, “At the regional level if donors approach us and say that they are interested in supporting our work. They specify our work for example on FGM or addressing child marriage. We do not have much of a say”. Irrespective of ASRO’s ability to raise external funding at the regional level for its thematic areas, stakeholders at the country levels expressed great gratitude towards the RO in supporting staff members in proposal writing and partnership management.

Overall, strong collaborations between RO and COs seems to be directly correlated with the support COs receive in fundraising activities. Although it is evident that members of ASRO provide imminent technical support to CO staff, there is a need for RO to continue building its relationships with other country offices to ensure the optimization of fundraising efforts across the region.

EQ10: What could be done to ensure a more efficient use of resources in the specific regional context?

Finding 11: Collaboration between the SRH Programme and other RP components has not been optimised.
Overall, our findings indicate that the SRH Programme has attempted to increase its collaborative work with other programmes in the RO, including that between gender and youth. However, due to time constraints and staff capacity, many stakeholders at all levels perceived a lack of cohesion and partnering between the SRH Programme and the other thematic areas and felt that more involvement of SRH was needed. As a key informant explained, “We need to prioritize and we need to collaborate with other colleagues and this is missing; how we can collaborate with the youth unit, and other units to join efforts and resources. For instance, I can launch a study in specific countries and other colleagues launch a study in the same countries but with another thematic area, but we do not talk to each other to combine our efforts. This complementary can give us a better picture of the issue and needs of the populations we work with. Adolescent pregnancy issue for example, it needs to be addressed from different thematic areas. We need data, we need to address this in humanitarian settings and from a youth perspective, GBV and SRH perspective. We need to join efforts, but we do not plan together, and this part needs to be improved.”

Overall, these examples suggest a lack of communication between programmes as to what can be reasonably expected, and what is currently being undertaken. It also raises the issue of human resource capacity and, given limited staffing, how much all-programme staff – not solely SRH programme staff - are able to contribute to other programmes for joint or complementary activities.

Finding 12: ASRO is taking active steps in mobilizing resources through new programming approaches.
To ensure a more efficient use of resources, the regional office has invested in. The existing SRH online training (available in both English and Russian) is extremely comprehensive and very well developed. Moving from face-to-face training to internet- based courses will contribute to efficiency. The RO will continue to budget for staff time in monitoring the use of the training, troubleshooting and updating content on a regular basis, according to changes in international standards and best practice.

4.1.4 Sustainability

EQ11: Did the RIAP incorporate measures to ensure sustainability of the results over time?

Finding 13: The SRH Programme has taken steps to ensure sustainability through fostering national ownership over different policies and procedures despite political unrest in the region
Findings from the evaluation suggests that ASRO has been successful in partnering with national government agencies and national entities at the country level. This intrinsically allows for national ownership over different policies and enables sustainability of results over time. Indeed, interviews with participants at COs, and findings from the FGDs suggest that UNFPA's priority to create buy-in among government agencies is fundamental in the success of its programming and the sustainability of the results overtime.

Other stakeholders mentioned that factors related to increased humanitarian crises and political instability within the region have made it more difficult for UNFPA and ASRO to ensure national ownership over health policies. As noted by a KI, "You can only expect so much from an agency when the countries you work in do not have a government, literally do not have a government. Or if a country changes government a number of times within the same year. There is only so much one can do." Or if a country changes government a number of times within the same year. There is only so much one can do." How COs are supposed to mitigate these challenges remains unclear and merits assessment.

EQ12: Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

Findings 14: The achievements of the RIAP could be considered as groundwork that could be used for further programming. Sustainability will depend on increased capacity building at the country level and how the products of this RIAP feed into new programmes in the next cycle.
RIAP 2018-2021 focused on improving the knowledge production in the area of SRHR. ASRO was especially successful in leveraging its knowledge production by conducting studies to establish evidence-based findings and translating those findings into policy briefs. These policy briefs were then shared with COs; however, our findings suggest that gaps in capacity among project staff prohibited the adequate use of these policy briefs. As a result, advocacy efforts cannot be sustained over time without the in-house capacity of staff in COs to advocate for policy changes. As explained by a KI at the regional level, "I think there is a gap in terms of capacity building. We keep saying that the capacity building is the role of the CO but if the CO does not have the capacity itself, they cannot raise the capacity of the national institutions." This was echoed by IP participants, who specifically highlighted the need for capacity of project management staff surrounding financial training, reporting skills, fundraising, supervision and strategic management to improve implementation of their activities.

Finding 15: Overall, the withdrawal of donor support in the region has threatened national ownership and the sustainability of existing SRH programmes, and inter-agency cooperation
These trends merit further understanding but raise important questions about sustainability of the ICPD agenda in the region, and in particular, whether governments are moving quickly enough to pick up costs of basic sexual and reproductive health and maternal health commodities, as UNFPA and other donors reduce or withdraw funding. Strategies such as the Regional Strategy on Reproductive, Maternal, Newborn, Child and Adolescent Health and ongoing advocacy on nationalizing SRHR efforts of the RP are critical.

Both KIs and FGD participants repeatedly mentioned the increased competition over funding streams and visibility among the different UN agencies and implementing partners. This competitive atmosphere is impacting the willingness of agencies to collaborate with one another. Indeed, a number of participants across all levels raised concerns

surrounding UN agencies "fighting" over increasingly limited funding and space in the last few years. As a result, this has affected the predictability and optimum use of resources, and sustainability of programs and projects.

A number of regional partners and IP representatives expressed concern surrounding different UN agencies' rigidity in working outside of their mandate in fear that they will infringe on the mandate of other agencies. This concern was echoed in KIIs with regional partners who emphasized the need for agencies to overcome this hurdle and to work together. As noted by a regional stakeholder, "There is a sense that people feel that we are all fighting for this small space, and it has caused competition among agencies. But as far as health and SRH is considered, there is plenty of space for all of us to work together…For example, if we are working on a similar issue, I can provide the technical input, while you provide the services…". These concerns highlight the need to address interagency cooperation, and resource mobilization. Further, efforts to rethink and restructure funding mechanisms seems warranted.

4.1.5 UN Coordination

EQ13: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level and outside the UN mechanisms?

Finding 16: Despite concerns over the competitiveness of agencies over funding streams, ASRO is perceived to be highly cooperative with other UN agencies and regional partners

ASRO's engagement in UN Coordination is generally recognised and valued by other UN agencies, although positioning is at times competitive, and sensitivities about potential encroachments on scope are not uncommon. Overall, there was a general consensus among regional partners that UN Coordination will take considerable time and energy, but that ASRO is a fundamental actor. As noted by a KI at the regional level, "We are very active members of the RCP and we are the co-chairs of four out of eight issue-based coalitions (IBCs). We also chair the task force which makes the regional report for the SDG…We are an active member, and we have joint programmes with many UN agencies and regional actors. We are a very dynamic regional office."

Other stakeholders noted that the coordination and collaboration at the regional level between UN agencies is not necessarily reflected at the country level. Further, stakeholders repeatedly mentioned that coordination and collaboration efforts are rarely communicated in a downstream manner. As noted by a KI, "Headquarters (HQ) coordinates with HQ, they bring them all together. And what usually happens is the RO will coordinate with RO. Sometimes it is challenging, but they do not coordinate together [with us] at the country level."

EQ14: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

Finding 17: High engagement of the SRHR program with UN sister agencies and strategic partners

Our findings indicate that ASRO has indeed shown dedication in seeking synergies and undertaking joint initiatives with other UN sister organizations. Indeed, ASRO is involved in WHO regional crisis management group and sub-working groups (RCCE; Humanitarian settings and displaced populations; and Supplies). UNFPA uses its co-leadership and membership in the regional issue-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, focusing on women and girls.

Finally, interviews with regional stakeholders suggest that UNFPA, as a member of the UN Reform, has shown great willingness in joining forces and ensuring programme complementarity. Findings from this evaluation suggests that programmatically, these current coordination efforts help avoid duplication, and provides the opportunity for different agencies to join forces through thematic areas and not by agency. Further, our study findings indicate that very little focus has been placed on normative programme collaboration, resulting in many missed opportunities for joint programming.

4.2 Adolescents and Youth

4.2.1 Relevance

EQ1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries?

Finding 1: ASRO's A&Y Programme priorities in strengthening youth participation and supporting COs' youth activities is relevant to the needs and priorities of the COs and young people in the region.
The RP leads youth activities using evidence-based strategic response to address key priority needs of youth in the Arab States to support achievement of the Sustainable Development Goals. To attain this, and with reference to its mandate and comparative advantage, the regional office focused on investing in: (a) providing quality and timely support to need- and opportunity-based country specific interventions led by country offices; (b) identifying and leading key regional initiatives such as Youth, Peace and Security, including the establishment of a regional youth network; and (c) continuing to co-lead the United Nations Inter-Agency Technical Task Team on Young People and implement the joint strategic actions as per the interagency regional framework on youth.

The AY programme consists of different pillars addressing the priorities of young people. These include youth participation and civic engagement, health and wellbeing, employability and entrepreneurship, and finally youth peace and security. All of which are in sync with the adolescent youth Strategic Plan of UNFPA. These four areas reflect the five key human rights and freedoms for young people.

The AY component of the RP consists of two expected outputs. The first focuses on increasing the capacity of COs and their partners to implement programmes that enable adolescents and youth in both humanitarian and development settings to make informed choices regarding their sexual and reproductive health. This is a relevant output for the Arab States. As reported by one CO partner, health Ministries rarely develop programmes with a specific focus on the AY health needs. As a stakeholder explained, "There are no programmes in the ministry of health for youth and adolescent's health. The UNFPA supported programme focuses specifically on the health of young people and adolescents. None was available before. In the schools and the community or the family no one addresses the needs of adolescents and the changes that happen to them. The supported programme enabled health care providers as well as the youth themselves which makes it truly relevant to our country where 20% of the population are adolescents and youth".

The second output of the AY component of the RP is focused on increasing the opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security. Increasing youth participation and leadership is particularly important to the Arab States. Youth are almost entirely excluded from participation within parliaments in more than half of the Arab countries, reaching a low of 7%.[27] This in contrast to the fact that the Middle East and North Africa is home to 7% of the world's adolescents[28] shows the relevance and timeliness of activities focusing on youth leadership and participation. It is also noteworthy that the level of political participation and civic engagement of youth in the Arab States is one of the lowest in the world and is often justified by traditions and culture.

EQ2: Were there critical gaps in the RP at the time of conceptualisation?

Finding 2: Vulnerable young people such as those with disabilities and those living with HIV/AIDS have not been prioritized in the design of the RIAP 2018-2021 however, they are included in the implementation of the RP.
Young people across the Arab states are not uniform in terms of socio-economic background, education, and context where they live. The language of the RIAP 2018-2021 does not reflect the vast disparities between young people. The findings from this evaluation indicate that although there are a number of activities supported by the RP that aim to include vulnerable groups such as young people with disabilities. However, there is still room for strengthening activities

[27] League of Arab States, Arab Youth Issues No.3, Arab Youth Participation: Challenges and Opportunities, 2007.
[28] UNICEF Violence against Children and Adolescents in MENA.pdf.

and that focus on vulnerable youth populations. Meaning specifically designing activities and approaches to include marginalized to better meet their health, well-being and SRH needs.

According to regional partners, young people with disabilities were not sufficiently prioritized by UNFPA. However, one of the regional partners who worked with ASRO, expressed the need to prioritize these issues in their activities. As explained by a representative from the League of Arab States, a regional partner, "UNFPA was not working much around people with disabilities . As the technical secretariat of the League of Arab States, people with disabilities and vulnerable people are a priority. When we started to plan our interventions with UNFPA, we inserted this priority and we added this to our original plan".

Despite the absence of vulnerable youth populations in the Arab States in the initial design of the RIAP, the RP has evolved to include this population into its implemented activities. ASRO has further attempted to address this gap in design through coordination and collaboration with other regional partners.

EQ3: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

Finding 3: AY component of the RP is aligned with the strategic plan and business model of UNFPA
ASRO gradually moved the focus from SRHR for youth and adolescents to equally important issues of concern and relevance to youth and adolescents in the Arab region while still maintaining focus on SRH for adolescents and youth. The RIAP 2018-2021 was a shift due to its synchrony with the global strategy in terms of thematic focus and expected outputs. The strategic plan of UNFPA when it comes to youth and adolescents has three outputs focusing on more than just SRHR. Hence the RIAP 2018-2021 mirrored the shift in focus and aligned itself with the global strategy. This shift is relevant to the region, as succinctly noted by a key stakeholder, "young people need more than just reproductive health".

RIAP 2018-2021 paid special attention to youth peace and security. This is an emerging topic where other UN agencies are leading such as UNESCO and UNDP. Nonetheless, ASRO aimed to position itself as a key active player in the agenda on peace, youth and security. Hence RIAP 2018-2021 aimed to develop a regional strategy and a regional coalition on youth peace and security which was not without its challenges as other UN agencies resisted the expanded role that UNFPA is playing in this area.

ASRO's regional and CO partners reported that the YPS agenda is very important and relevant to the Arab States. They maintained that with many countries in the conflict or post-conflict situation the integration of youth in peace and security is essential to reduce tension and increase social cohesion of returnees and within host communities in refugee-hosting countries.

According to regional and country partners engaged with AY activities the design of the programme has evolved over the years to ensure increased relevance to the needs of young people in the region whether in stable, conflict affected or post-conflict countries. One of the CO implementing partners' reports "There is change in the approach of UNFPA. Previously we only focused on training and celebrations but this year (2019-2020) we witnessed new engagement with youth and engagement with the government. The youth are engaged with the government as we peace build. These new approaches have improved the situation of youth and focuses on their needs and what they want and is tailored to their needs."

EQ4: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

Finding 4: The AY component of the RIAP 2018-2021 has shown flexibility and resilience in addressing challenges and adapting to changing circumstances
AY annual work plans across the 15 country offices are developed and reviewed annually. This enables a high level of flexibility to the COs and adjustments to the RP as deemed necessary. This annual review increases relevance of the RP AY component and gives it flexibility based on developing needs.

For example, some countries were not in conflict situations at the beginning of 2016/2017 when the RP was developed and have since then become plagued with a conflict context as such, the review of the work plan affords the AY component with the needed flexibility to adapt to changing circumstances.

RO AY partners have also confirmed the flexibility of the RP AY component and ability to adjust to changing conditions and circumstances. For example, because of the COVID-19 situation many of the planned activities with regional partners have been shifted to online platforms. "In terms of COVID-19 we have transformed all our work and validation meetings online. They were smooth and successful, and these were supposed to be face to face. We are following some data gaps with the COs and everyone is cooperative" explained one of the RP AY component regional partners.

In terms of priorities and change regional partners typically engaged with ASRO on development work have started to engage in conversation about how best to collaborate with UNFPA on AY in humanitarian settings as well. "We have not worked with UNFAP RO as partners in the humanitarian area except in that part on the SPRINT manual. Today we were discussing potential new collaboration on Jordan, Palestine and Lebanon for refugee youth maybe that would be the next thing we work" explained one regional partner.

Furthermore, and in direct response to COVID-19 which caused a triple shock for young people, including disruption of education and training, job loss and increased obstacles to finding work. UNFPA, jointly with The Arab Coalition for Adolescent Health and Medicine (ACAHM), has initiated a qualitative study on the impact of the COVID-19 Pandemic on Adolescents in the region.

4.2.2 Effectiveness

EQ5: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)?

Finding 5: According to RP reports and stakeholders, the expected outputs, and outcomes of the AY component have been completed or are on track for completion.

Table 7 indicates that the AY is on track for achieving its expected results or has already achieved its expected results during the period of the RP. There is no doubt that this achievement has been facilitated by the dedication and commitment of the AY teams and their connections to other agencies which has contributed to the breadth of the work. This is a noteworthy achievement for the AY component, in view of a limit budget, its small human resources allocation, and the outbreak of the global COVID-19 pandemic in 2020.

Table 7: Adolescents and Youth Programme: Indicators and Targets Met 2018-2020

Output	Indicator		2018	2019	2020	2021 Planned
Output 2.1: Increased capacity of country offices and partners to implement programmes that enable adolescents and youth, particularly girls, to make informed choices regarding their sexual and reproductive health, and development and well-being in humanitarian and development settings.	Indicator 2.1.1. Number of country offices with increased capacity to support the development of national strategic frameworks/ plans that particularly address young people's sexual and reproductive health and rights	**Target**	9	11	13	15
		Reported	9	11	13	
	Indicator 2.1.2. Number of specific key interventions addressing sexual and reproductive health and rights and well-being of young	**Target**	3	3	5[29]	4

[29] Target for 2020 has been revised and increased from 4 to 5.

	people in the new United Nations Inter-Agency Technical Task Force on Young People Regional Framework of Action	**Reported**	4	3	5	
	Indicator 2.1.3. Number of tools/guidelines developed to support programming on key priority youth issues in the region	**Target**	3	3	4	4
		Reported	3	3	4	
	Indicator 2.1.4. Number of evidence based documented good practices in support of youth development in the region	**Target**	1	2	3	3
		Reported	1	2	3	
Output 2.2: Increased opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security.	Indicator 2.2.1. Number of country offices and partners with capacity to develop and implement strategies and programmes on Youth, Peace and Security	**Target**	4	6	9[30]	10
		Reported	7	6	9	
	Indicator 2.2.2. Regional Arab Youth Network in place and functional	**Target**	No	Yes	Yes	Yes
		Reported	N/A	Yes	Yes	
	Indicator 2.2.3. Number of regional resolutions/declarations/ strategy documents that include specific commitments on youth development including adolescent sexual and reproductive health	**Target**	4	5	6	7
		Reported	5	5	6	

Evidence from reports and discussions with different stakeholders indicate that the AY component of the RP has made steady progress on the generation of important data on young people in the region as well as implemented activities supporting increased participation of young people in different domains.

The RP worked with the LAS on a specialized youth survey in Tunisia which will be "the first survey in the region focusing on youth" noted a LAS representative from the regional level. "We tried to do an expert meeting and align the survey with the needs of the Tunisian government and to align it with 2030 especially on combatting extremism thoughts that lead to terrorism" continued the informant.

The evaluation findings suggest that the AY component of the RP has also contributed to the development and revision of key guiding documents related to youth in the Arab region. This includes the ongoing participatory review and revision of the YPEER and other Youth capacity building manuals as well as the finalization of the life-skills and adolescent health manual with Qatar. The AY component has invested in ensuring that these manuals are nationally owned through collaboration with COs.

The RP has supported the engagement of young people through the positioning of the recently founded Youth Forum in the Arab Region as the lead youth forum of reference in the region and an impartial platform providing youth the space for open dialogue and debate and to enable tracking the development and implementation of a dynamic youth agenda in the Arab region.

[30] Target for 2020 has been revised and increased from 8 to 9.

In addition, ASRO supported an additional number of its country Offices to lead YPS programmes making six COs doing so as planned. Moreover, UNFPA and LAS have jointly developed and launched a key Regional Strategy on Reproductive, Maternal Health, Newborn, Children and Adolescent Health.

EQ6: Have the RP activities contributed to enhanced results at country level?

Finding 6: The AY component has systematically gone through different reviews and revisions by ASRO which enables a better focus and systematic adjustment of intervention thus positively contributing to the overall effectiveness of the RP.

In February 2020, ASRO conducted an overview of the different CO annual work plans (AWP) to investigate alignment of the AWP across the 15 offices of UNFPA across the Arab States using standard indicators. The findings revealed the 2020 COs' AWPs Youth Interventions are: very highly aligned with the 2 regional priority areas of Life Skills\CSE (13/15 that is 87% of COs' AWPs) as well as Adolescent Health\ASRH (12/15 that is 80%) and well aligned with 4 additional regional priority areas being the Youth Policies & Strategies, Youth Participation & Civic Engagement, YPS, and Leadership\Engagement in UN Theme Groups.

The analysis also revealed that fewer COs included interventions related to Youth Data and Research, Youth Friendly Services\Spaces, Adolescent Girls and Youth in Humanitarian settings. The analysis further highlighted that in terms of individual CO AWP's alignment with the Regional Youth Priority Areas, COs of the region can be classified into the following three categories: two COs with almost perfect score of alignment (Jordan and Palestine), six COs with good score alignment (Iraq, Egypt, Tunisia, Morocco, Lebanon and Somalia); and the remaining seven COs with less than average alignment score.

The analysis also focused on identifying the key challenges in the implementation contexts that reduce effectiveness. These include high turnover in governmental counterparts, limited funding and\or fragmentation of donors' initiatives, limited dedicated staff capacity, weak national capacities and inter-governmental coordination on youth issues, difficulties in reaching young people in remote areas and the most vulnerable.

The analysis also pointed out to some entrenched social norms and trends of conservatism that impact AY issues and priorities a challenge in some Arab states in addition to the absence of meaningful engagement of young people in decision making. It was also pointed out that retention of volunteers and interns is problematic for many COs and the absence of an independent positioning of the Youth Program within Country Program affects the effectiveness of the AY component in general.

Last but not least, the evaluation findings indicate that risk of security concerns and severe economic and financial crisis that makes engaging young people in civic and other activities challenging. This is due to the preoccupation of young people and focus on securing employment and hence they are unable or unwilling to commit to other activities. Furthermore, decreased funding for AY component across the region make it difficult for COs to support young people's aspirations across the humanitarian and development realms. A challenge is due to their justified preoccupation on employment and the inability of CO to meet development/humanitarian priorities with decreased funding.

The RP implemented sound initiatives such as the analysis on youth policy frameworks in each country in the region focusing on different youth issues including young people with disabilities. This has allowed the generation of rich information from all country offices from the region which will help ASRO review existing programmes and identify gaps that need further support and attention.

Stakeholders at the CO noted that the analysis along with the review of youth policies frameworks will enable them to increase their effectiveness as the solutions and technical assistance could be provided individually to each of the COs depending on need. This contextualization is considered positive by COs who believe that the RP could play a more active role in supporting COs efforts in the area of AY.

Other stakeholders at the country level noted that ASRO's work on indicators on young people and adolescent girls and the preparation of country profiles on youth and adolescent girls, health status, disability and work, education will be useful especially if transformed to infographics to see the big picture.

EQ7: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

Finding 7: Regional Partners have positively observed a strong focus of the products of the RP AY component on gender and human rights.
Key informants at the regional and country level have specifically commented on the attention given by AY component of the RP to gender and human rights issues. Partners explained that they understand the importance of gender but the focus on human rights was relatively new to them. "I have noticed this focus during our first collaboration on SRHR regional review. During the validation meeting we invited the Human Rights Institute in Beirut and the discussion on the report was focusing on how to improve and how much is it considering RBA" explained one of the RP regional partners, "We had the report framed around rights and the framing of the work was based on human rights and this was something that I consider new approach, and UNFPA was pushing for it to be framed as such. Previous work used to be framed around ICPD or SDGs but this time human rights was the strong focus," continue the key informant.

A second regional partner explained that the Y-Peer manual for example strongly reflects gender issues. "There are sections about nursing mothers and SRH for women and there is a fair coverage of gender specific issues. It is reflected quiet well" explained one of the WFP representatives interviewed. And in testimony to the recognition of UN agencies of the technical capacity of UNFPA when it comes to gender, one key informant explained "our gender unit have high confidence in the capacity of UNFPA to reflect gender issues, so if a product is cleared by UNFPA it is cleared by our gender unit for gender-sensitivity."

The importance afforded to gender and human rights at the regional level is also visible at the activity level at CO level. It was pointed out by CO partners that gender and human rights are critical for the work of UNFPA at the CO level and they receive guidance on how to ensure gender equality in all activities. "The core issue is focusing on gender and adolescent girl. We also must provide gender disaggregated data. Gender is important and UNFPA focuses on this in every meeting and insists on it in the reporting as well" explained an AY CO implementing partner. A second CO AY implementing partner stated: "UNFPA at the CO level provided support to ensure that we are also addressing men and boys. They asked men to participate in the center and have social workers who are men. They showed us how to find different ways, so we integrated men in our team to be able to work with men."

EQ8: What are the strengths and weaknesses of the RP 2018-2021?

Finding 8: Despite the obvious alignment with the priorities of AY in the region (life skills, employment, participation, and empowerment); the "core business" i.e., ASRH continues to be a challenge in Arab States.
Many regional partners and country offices partners have explained during this evaluation that the needs of young people are varied and urgent. It is noted that when asked to list some of these priorities, stakeholders fail to mention SRHR. It comes as no surprise to the evaluation team that addressing SRHR in the Arab States is a difficult endeavor and practically is a taboo when it comes to unmarried young people (whether boys or girls).

According to key informants at the country level, there is a gap in SRH that some COs are unable to address due to the sensitivity and conservatism of Arab society vis a vis the sexuality of young people. "Age-appropriate RH education for young people is required in the region" explained one of the CO staff interviewed. "We need a lot of support in producing resources in Arabic that can be used in this region" continue a key informant.

It was also highlighted that within conservative communities, addressing SRH is a difficult process. "We use life skills education for civic education and not for SRH as is traditionally the approach of UNFPA at a global level" explained a key informant. "SRH is camouflaged, and we cannot speak about this issue here. The government is not interested, and the ministry of youth is not interested" continued the informant. It was further highlighted that even with the presence of a helpline or services about puberty, mental and physical and sexual health young people are not comfortable accessing these services. Country offices explained that they need support from ASRO and the presence of experts and consultants who could guide them on best approaches to promote existing services in a culturally sensitive manner and to enable behavioral changes within communities.

4.2.3 Efficiency

EQ9: How well did ASRO use its human, financial and technical resources to realize its contribution?

Finding 9: The AY component of the RP is efficient considering the limited human and financial resources available to the programme.

According to ASRO AY team, in 2016 the programme included one advisor, 50% of the time of a programme associate and USD 200,000. The AY component was successful in mobilising resources from donors and other UN agencies. In addition, human resources available to the programme have increased over time allowing for the achievement of results. The programme is still limited in terms of human resources with 50% of the time of a programme specialist and 50% of the time of one programme associate. "We are working very limited human resources and we always work on an extended model with the CO and other agencies. This is why it is important to build the capacities of the youth themselves" explained ASRO AY team.

Furthermore, the programme has always thought to integrate key thematic areas in its work. The Arab Youth Forum considered gender issues in 2019 and previously in 2018, the AY team worked with the SRH team and developed a regional health strategy with League of Arab States "Regional Strategy on Reproductive, Maternal Health, Newborn, Children and Adolescent Health."

Available resources, funds and interest in HIV has been dwindling over the last few years making it difficult for the AY to ensure adequate attention to this critical issue. According to ASRO AY team "UNFPA co-lead with WHO and UNICEF around HIV prevention among young people. However, the progression of investment of HIV not just for UNFPA but all agencies in the region has decreased drastically. Prior to 2016, available funds for HIV prevention amongst young people was close to 1 million USD. Now it is almost nothing."

The AY component has succeeded in convening two sessions of the Arab Youth Forum which produced clear outcomes for the establishment of an online platform for youth. The Arab Youth Forum generated a lot of enthusiasm, but more focus is needed to ensure delivery on those delayed results/outcomes.

EQ10: What could be done to ensure a more efficient use of resources in the specific regional context?

Finding 10: The RP is valued at the CO level for its guidance and support, but knowledge management, south-south cooperation and communication could be enhanced

COs believe that the RP brings an added dimension of the work of UNFPA. COs explained that they find communication between them and the RO efficient and useful. It was pointed out that the RO plays an important role in linking COs to the global level and in ensuring support in understanding and implementation of global directives.

Nonetheless, it was also pointed out that the efficiency of ASRO can be enhanced through the development of adequate and age-appropriate communication materials that can be used for the promotion of SRHR for adolescents and young people. In addition, COs believe that the RO can play an active role in facilitating exchange, lessons learned and best practices amongst countries in the region. "The RP is a hub of knowledge and information. If I am unable to visit Tunisia where the best models of youth engagement are taking place, then the RP can provide this information and help me replicate successful approaches" explained one of the key informants from a CO.

4.2.4 Sustainability

EQ11: Did the RIAP incorporate measures to ensure sustainability of the results over time?

Finding 11: AY component has laid the groundwork for the promotion of youth-led activities in the Arab region. Sustainability will depend on the ability to institutionalize this work and continue resource mobilization efforts for self-sustaining activities.

The review of policies related to youth in the Arab states, the development of a new Y-Peer manual and the establishment and running of two youth fora in 2018 and 2019, the work on youth peace and security are some of the examples of the groundwork that the RP has initiated for the development of a strong focus on adolescents and youth in the Arab states.

It is recognized that these interventions and especially the Arab Youth Forum would require continued partnership and engagement with other UN agencies such as UNICEF, UNDP, UNESCO and others to ensure adequate

institutionalization of these structures and the ability of youth to self-sustain. It is difficult to assess the potential for sustainability for the outcomes of the Arab Youth Forums in light of the lockdown and restricted ability to implement activities during 2020 as a result of COVID-19 pandemic. However, it is evident that there is interest by different UN partners to see the success of the outcomes of the Arab Youth Forum. For example, WFP has invested and provided funding for the conveying of the second Arab Youth Forum and provided funding for the establishment of the online youth platform which was an outcome of the Forum itself.

EQ12: Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

Finding 12: Collaboration with regional actors is well established and guided by clear partnership parameters. More effort can be developed with CSOs and other relevant stakeholders
Sustainability of the different interventions at the regional level would be determined by the ability of ASRO to keep the discourse and attention to youth issues as well as their ability to continue to mobilize the necessary resources for youth-led activities as well as for the institutionalization of the Arab Youth Forum. The policy reviews conducted through the RP should pave the way for changes in laws and policies and this

One of the issues raised by COs that has a direct effect on sustainability is the absence of laws and strategies focusing on young people in the Arab States. "Laws and policies are a gap that we need to work on. We need to support governments in developing adequate policies on young people and adolescents" explained a key informant during the evaluation. "The RP can help COs in this by providing capacity building and guidance to the COs on how best to approach and engage with governments on these sensitive topics" continued the informant. The development and implementation of youth and adolescent specific policies and strategies would evidently help ensure the sustainability of interventions.

Regional partners engaged with ASRO have explained that there is always sustainability in their interventions with the regional office. ASRO pursues and builds on previous work. "We always think and build on what has been achieved. Sometimes we do not have the necessary funds, but we think how to pursue the work. This has happened between last year and this year" explained one regional partner.

4.2.5 UN Coordination

EQ13: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level and outside the UN mechanisms?

Finding 13: ASRO maintains the lead on adolescent girls' health including SRH.
UNFPA leadership on adolescent' girls' health and wellbeing are recognized by all stakeholders engaged in the implementation of the RP. ASRO has successfully led the UN coordination around the adolescent girl project as a priority for the region which included the regional adolescent girls' situation analysis which involved 10 UN agencies in analysis and reporting.

Another key collaborative engagement has risen during the outbreak of COVID-19. Risk communication and community engagement (RCCE) is an essential tool for governments and development partners to ensure that people are aware of the dangers posed by COVID-19. According to UNFPA Sitreps, at country level, UNFPA engages in RCCE, including through working with youth-led networks and initiatives to increase communication platforms such as podcasts, hotlines, and media to reach as many people as possible; through joint awareness-raising, education, and activism with a wide range of partners, including communities; and participation in country-level RCCE working groups.

EQ14: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

Finding 14: There is room for increased collaboration and synergies with other UN agencies related to the wider youth agenda in the Arab Region.
Regional partners such as WFP have also identified during the evaluation further opportunities where ASRO could collaborate "We have plenty of opportunities at the CO where UNFPA has offices where we can both engage with

young people. These include social cohesion work in Lebanon and summer camps for Syrians and Lebanese" explained WFP representatives during the evaluation.

4.3 Gender

4.3.1 Relevance

EQ1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries?

Finding 1: The needs and expectations of the COs are based on global and regional priorities – which vary between countries and sub-regions – and the Gender Programme (GP) is tailored to these needs, albeit with different dimensions. Hence the GP is working on human rights reporting and VAW, GBV, and harmful practices (child marriage and FGM) – topics that are very appropriate at the national, regional and international level.

Arab states are not uniform when it comes to gender equality and women empowerment, they are weak in general but the ability of countries to address gender equality and violence against women varies between countries. The RO developed its regional gender programme (GP) in consultation with country offices and ensured the participation of key regional actors to reflect the needs and priorities of most countries regarding gender. Furthermore, a specific GBV strategy (2018-2021) was developed in collaboration with country offices.

The GP has three expected outcomes. The first focuses on strengthening the reporting capacities of COs and partners in terms of reporting on UPR as well as creating regional support through advocacy on ending harmful practices. In this regard the RP has provided support to increasing the capacities of COs and national human rights institutions in Somalia, Lebanon, Djibouti, Jordan, Sudan, Iraq, Palestine, Tunisia, Egypt, and Libya for improved human rights reporting especially as they relate to the UPR. In addition, through advocacy and partnership, ASRO has supported the development of regional declarations and government commitments to gender and GBV programming through the EVAW Youth Call for Action; Cairo Call for Action (AU Declaration for the elimination of CM and FGM in Africa) and FBOs Commitments in the Arab States Region to end harmful practices.

The second outcome is dedicated to advancing work on GBV and increasing CO capacities to improve coordination and support to the interagency working group on GBV. ASRO has provided support to COs as part of the roll out of the GBV prevention and response; the Regional Strategy to implement the inter-agency coordination on GBV includes Jordan, Djibouti, Egypt, Iraq, Palestine, Sudan, and Tunisia. Under the same outcome the capacities of national partners have been enhanced these included the National Council for Women in Egypt, ABAAD/Lebanon, the ministry of Women in Tunisia and the Jordanian National Women Committee.

The third outcome of the RIAP for the Arab States focuses on increasing the evidence base to better respond and prevent harmful practices of FGM and child marriage in development and humanitarian setting. In this regard the RP partnered with the Women Refugee Commission (WRC) and other regional partners to produce several knowledge products that could be used for further advancement of work focusing on eliminating harmful practices. The RP has provided research on Child Marriage Costing; FGM and Human Rights Background Paper; Gender Justice Regional Report in the Arab Region; CEDAW plus 40; Child Marriage in humanitarian settings.

EQ2: Were there critical gaps in the RP at the time of conceptualization?

Finding 2 A: The objectives of the GP within the RIAP adopts a one-size fits all approach which does not consider the different levels of achievements or weaknesses across the Arab States concerning gender issues as well as the variation between development and humanitarian settings.

One of the challenges encountered by ASRO and reported in the SIS is the absence of interest on the regional level in addressing human rights issues particularly when it comes to SRHR. According to SIS 2019 "With current dynamics in the region human rights are not been seen as a priority particularly SRHRs**."** This lack of interest or commitment cannot be said to be uniform across Arab States' governments, CSOs, and other actors. Accordingly, while working on these issues maybe difficult in some contexts it cannot be said to be the same across all countries

and all contexts in the region. Moreover, although it is a challenge, UNFPA continues to tackle it. For example, the training of NHRI, COs, government counterparts, and CSOs have taken place. RO team recognizes that discussing some of the issues related to SRHR are still a challenge such as safe abortion, comprehensive sexuality education or SRH services for unmarried girls, especially with duty bearers.

Surprisingly, addressing gender and GBV issues in emergencies is more pronounced than in development settings due to international organizations ability to address the needs of the displaced populations through a well-established a decentralized governance and coordination mechanism with clear guidelines and procedures which over the years has ensured particular and systematic attention is provided to gender. GBV, and SGBV concerns through clear case management systems and referral pathways with or without the support from the hosting state in the case of refugees and/or IDPs. Whereas the development context does not possess this level of coordination and collaboration amongst partners and national entities yet, or not in all countries at the very least.

Key informants at the regional level indicated that ASRO RIAP GP objectives adopts a one-size fits all approach i.e., working on the same objectives and activities for all countries in the region or the same priorities across the region, while the region is unconducive for that model. According to regional partners, the relevance of the RP would be enhanced by having sub-groups of countries in the region. "The RO looks at the whole region and we rely on products that are one size fits all and can cater for the whole region. The work in the next phase should be specific to specific sub-groups and within that you will have humanitarian and development contexts and the nexus between them" explained one regional partner interviewed.

The design of the gender component of the RIAP is broad and tackles many issues that are relevant to several countries. Yet, this broadness seems to lack a strategic vision on the expected results of the programme in general. Also, the coherence between the three expected outputs is logical but seems to lack a level of coherence. As will be discussed in the efficiency section of this report, the design of the logical framework is focused on number of activities and events without a clear linkage between these activities or sessions and the overarching goals of the programme. In the words of a UNFPA regional staff member "One event on human rights will not advance human rights." The gender component is structured as series of trainings, events, research that does not fully focus on strategic targets that are contextualised.

One of the responses to the evaluation survey states, "more collaboration [is needed] between RO and CO [so] that Gender equality interventions take into consideration Countries' specificities" a second response also highlighted the need for "more regional consultations and further understanding to the unique Country context." The above statements made by CO staff and regional partners and UNFPA team at ASRO indicate that the one-size fits all approach requires nuancing and synthesizing to increase relevance.

Finding 2 B: Efforts have been made to increase collaboration within the humanitarian and development spheres and the nexus. This collaboration could be further enhanced.

"When we deal with the humanitarian aspect, we work with the humanitarian advisor and the CRM roving teams. When our work is purely development we work with human rights and gender unit in ASRO; they kind of work in silos" explained one of the respondents of the evaluation.

The design of the RIAP considers the humanitarian and development contexts in the region but does not necessarily focus its activities on this important distinction between the two realms. This distinction provides implementation challenges, but it also poses opportunities that could be harnessed. For example, addressing women's SRHRRs in humanitarian settings is more structured because of the work of the IASC and approaches developed in coordination. In many instances, this also applies to the work on GBV and VAW. However, the design of the RIAP does not harness these opportunities and potentials to advance the agenda on gender equality and SRHRRs.

ASRO team recognized that there is an overall need for improved coordination between the development and humanitarian components. Efforts have been ongoing to increase coordination and collaboration. According to ASRO's team the GHRC advisor / team covers all 15 programme countries with their work related to gender / HR / culture including all the humanitarian countries. Since May 2020 ASRO has a roving GBV in emergencies programme officer with a focus on countries in crisis but with her arrival there has been better coordination with the GHRC team - e.g. joint webinar / support during the 16 days campaign in November 2020 highlighting the (1) GBV

ESP (essential service package) which focuses mainly on stable countries where the government is able to assume its responsibility as a duty bearer and (2) inter-agency GBV minimum standards - for humanitarian settings where the ESP cannot easily be put in place. In November 2020, a Regional Working Group on Gender in Humanitarian Action (WG/GiHA) Arab States/MENA was established under OCHA, UN Women, and CARE International Leadership. ASRO is represented by both the GHCRC advisor and the humanitarian advisor.

According to ASRO's team, Covid-19 also blurred the lines between humanitarian and development work in 2020 especially with the gendered impact of the pandemic and the increase in GBV across all countries in the region. This led to the creation of a somewhat informal GBV working group under the regional IBC on Gender, Justice and Equality (very much development focused) which discussed the impact of Covid-19 on GBV/IPV.

EQ3: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

Finding 3: The gender component of the RIAP 2018-2021 is somewhat aligned with the Business model and Strategic Gender Plan of UNFPA

The business model of UNFPA 2018-2021 sets up some guiding principle which include "(a) Alignment with Agenda 2030: including leaving no one behind, reaching the furthest behind first, including in humanitarian settings; addressing multidimensional poverty and inequality and embracing universality; (b) Alignment with QCPR 2016: using a differentiated rather than one-size-fits-all approach; adjusting to national development contexts, priorities and specificities; and recognizing challenges and opportunities of the changing development financing landscape; (c) Enabling the achievement of transformative results: maintaining the fundamental focus on adolescents girls, women and young people; and strengthening collaboration and integration with other United Nations agencies through joint planning and programming; (d) Consistency, continuity, efficiency and transparency: building on lessons learned and evaluative evidence; preserving gains and sustaining progress made over the current strategic planning cycle; making adjustments, where necessary; and increasing organizational efficiency, accountability, transparency, and results-based management."[31]

There is nothing specific in the RIAP 2018-2021 that focuses on the marginalized communities such as women with disability or women living with HIV or the LGBTQ+ communities which indicate that the principle of leaving-no one-behind is not fully integrated in the RP. The gender component of the RP is not sufficiently contextualized to take in consideration the different development contexts, priorities and specificities. This reduces the adherence to the guiding principles of the business model. Nonetheless, the RP is focused on some transformative results and is also focused on ensuring the consistency and continuity of service delivery and the sue of evidence-base for programme development.

ASRO's RIAP 2018-2021 responds to some of the outputs of UNFPA global SP on gender equality. These include "Output 9: Strengthened policy, legal and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and to be protected from violence and harmful practices."[32] This is achieved through the attention afforded to improved reporting (output 1).

Output 11: Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination.[33] This is achieved through the focus on ensuring the operationalization and functioning of GBV coordination mechanisms especially in humanitarian settings (output 2).

Output 12: Strengthened response to eliminate harmful practices, including child, early and forced marriage, female genital mutilation and son preference.[34] This is achieved by a specific output in the RIAP that is focusing on ending harmful practices of FGM and child marriage (output 3).

[31] UNFPA strategic plan, 2018-2021, Annex 4 Business Model
[32] UNFPA Gender Equality Strategy 2018-2021.
[33] ibid
[34] ibid

One of the key outputs of the SP Output 10: Strengthened civil society and community mobilization to eliminate discriminatory gender and sociocultural norms affecting women and girls[35], requires a stronger focus.

EQ4: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

The RP has proven to be flexible and resilient in light of the altering contexts and circumstances within the region. According to stakeholders, ASRO has shown flexibility and support in providing guidance in resource mobilization and in other aspects in the context of emergencies. As explained by a KI, "They supported us in submitting two emergency fund requests and they were supportive in developing the proposals and it is very collaborative". COs also reported on the important collaboration with ASRO for the development of the Essential Service Package (ESP) which was an initiative with UNFPA HQ.

4.3.2 Effectiveness

EQ5: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)?

Finding 5: According to RP reports and stakeholders, the expected outputs and outcomes of the gender component have been completed.

Table 8 indicates that the RP has had no problem in meeting or surpassing its planned targets during the period of RP. There is no doubt that this achievement has been facilitated by the dedication and commitment of the gender and humanitarian teams and their connections to other agencies which has contributed to the breadth of the work.

Moreover, UNFPA is extremely well-known at national, regional and international level for its decades of work in support of women. This has also contributed to the high standing of the ASRO within the region, in terms of forming partnerships with other UN agencies and regional entities working on gender.

Table 8: Gender Equality and Women Empowerment Programme: Indicators and Targets Met 2018-2020

Output	Indicator		2018	2019	2020	2021 Planned
Output 3.1: Strengthened capacities of country offices, human rights entities and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings.	Indicator 3.1.1. Number of country offices with capacity to contribute to international human rights reporting mechanisms (Universal Periodic Review, Treaty Bodies, Special Procedures) on sexual and reproductive health and reproductive rights, including gender equality and gender-based violence.	Target	10	12	14	15
		Reported	10	12	15	
	Indicator 3.1.2. Number of partners with capacity to monitor human rights instruments and report to international human rights mechanisms (Universal Periodic Review, Treaty Bodies, Special Procedures) on sexual and reproductive health and reproductive rights, including gender equality and gender-based violence.	Target	3	8	12	15
		Reported	3	8	12	

[35] Ibid

	Indicator 3.1.3. Number of regional resolutions/declarations that include specific commitments on Gender programming and/or gender-based violence.	Target	7	8	9	10[36]
		Reported	7	8	9	
	Indicator 3.1.4. Number of evidence based, tools guidelines produced on sexual and reproductive health and reproductive rights.[37]	Target	N/A	N/A	2	3
		Reported			2	
Output 3.2: Enhanced capacity of country offices and partners to address gender-based violence through multi-sectoral and inter-agency coordination across humanitarian and development settings.	3.2.1 Percent of country offices in humanitarian settings with updated capacities to lead gender-based violence sub-clusters in line with current guidelines.	Target	85	90[38]	95	100
		Reported	85	88	100	
	3.2.1 Percentage of countries in humanitarian contexts where UNFPA ensures fully functioning GBV coordination.[39]	Target	N/A	60	NA	
		Reported	N/A	100	NA	
	3.2.2 Number of countries having a functioning multisectoral (health, justice, police, social sector) coordination mechanism to respond to GBV.[40]	Target	N/A	6	8	
		Reported	N/A	6	8	
	3.2.3. Percentage of countries in humanitarian contexts where UNFPA ensures fully functioning GBV coordination.[41]	Target	N/A	80	90	
		Reported	N/A	100	100	
	3.2.2. Number of Partners in development contexts with capacity to implement the interagency coordination on gender-based violence.[42]	Reported	N/A	8	10	
		Target	N/A	8	10	
	Indicator 3.2.2. Number of country offices in development contexts with capacity to implement the interagency coordination on gender-based violence.	Target	7	8[43]	7	11
		Reported	7	7	7	
Output 3.3: Strengthened capacities of country offices	Indicator 3.3.1. Number of evidence-based documents on	Target	9	12	14	16

[36] The planned target for 2021 has been revised and increased from 4 to 10, *it was a typo mistake in SIS.*

[37] This is a new indicator was added to capture knowledge products that is why there are no targets identified in 2018 and 2019.

[38] Target written in SIS 2019 Annual Report is 85%.

[39]This indicator does not exist in the Results Framework; it is included in the 2019 SIS annual report. Also, it is not included in 2020 Annual Report.

[40] This indicator does not exist in the Results Framework; it is included in the 2019 SIS annual report.

[41] This indicator does not exist in the Results Framework; it is included in the 2019 SIS annual report.

[42] This indicator does not exist in the Results Framework; it is included in the 2019 SIS annual report.

[43] In the SIS 2019 annual report the target is 7.

and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings.	female genital mutilation and child marriage produced.					
		Reported	8	13	15	
	Indicator 3.3.2. Number of regional initiatives addressing female genital mutilation and child marriage.	Target	4	5	6	7
		Reported	4	8	10	
	Indicator 3.3.3. Number of tools/guidelines developed to support programming for gender-based violence including female genital mutilation and child marriage in the region.	Target	3	4[44]	5[45]	6[46]
		Reported	3	8	10	

The first two outcomes focused on capacity building of COs and partners in relation to gender and GBV. Recognizing the sensitivities of SRHR in Arab States, ASRO packaged discussions about SRHR within the importance of improving country reports on the UPR. According to ASRO M&E documents, the trainings of NHRIs and CO staff have resulted in improved and strengthened capacities to protect and fulfill the SRHRRs in the Arab Region. Besides, to position UNFPA as a lead agency on SRHRRs. ASRO has produced the SRHRS Monitoring Tools and disseminated among COs and National Human Rights institutions across the region. The main objective is to enable UNFPA COs to position SRHRs in the UPR done by both the UNCT and the national governments. Besides, these tools will enable NHRIs to monitor, trach and report on SRHRs and other areas of UNFPA mandate. Once UNFPA areas of mandate are included in the UPR and these reports are discussed in Geneva by the Human Rights Council it is expected that many recommendations that are related to SRHRS to be shared with national governments. Therefore, working on the UPR is one of the very strategic venue to improve such rights in any given country.

The second capacity building focus was related to GBV coordination mechanisms. These activities were geared towards increased capacities of COs with a humanitarian response plan (HRP) to ensure the adequate management and process of the GBV inter-agency sub-cluster. To this effect, the coordination and leadership of GBV sub-clusters have been strengthened in Sudan, Libya (through Tunisia), Iraq, and Jordan (Whole of Syria / Regional Syria Response). Remote support was provided for Yemen. In addition, UNFPA leads GBV sub-clusters in Libya, Sudan, Somalia, Iraq, Whole of Syria, Yemen, and Palestine. In Jordan, UNFPA co-chairs with UNHCR, the SGBV WG for refugees. The WoS GBV coordination is supported through a full-time coordinator sitting with the Regional Syria Response Hub in Amman. All the countries with IASC GBV sub-clusters in the region are supported through a Regional GBV in emergencies coordinator (REGA) who is hosted by UNFPA ASRO. Since August 2020 the REGA is also supported by the regional GBV information management officer (GBVIMO) also hosted by UNFPA ASRO.

The third output focuses on ending harmful practices across the region in particular child marriage and female genital mutilation. The RP along with partners and stakeholders supported the development of many knowledge products and research to shed light on these practices. Two of the indicators for this output focus on the production of knowledge while only one indicator is focused on actual initiatives to combat harmful practices. The severity of the harmful practices may require a re-focus to ensure that adequate efforts are placed towards ending these practices or decreasing incidences and not only on the production of knowledge despite the importance of the later. Despite the presence of only one indicator focusing on initiatives, RO team reported that work has taken place in relation to development of communication for behavioral change programmes for ending child marriage and FGM as well as engaging FBO leaders in the region against FGM.

Under the umbrella of the African Union ASRO in partnership with UNICEF is running the continent-wide Child

[44] Target in SIS 2019 annual report is 7 not 4

[45] The target for 2020 has been revised and increased from 4 to 5.

[46] The planned target for 2021 has been revised and increased from 5 to 6.

Marriage Campaign which includes: National Campaign in the African countries covered by ASRO and regional advocacy efforts targeting; policy makers, media, and religious and traditional leaders. In addition, strengthening evidence-based interventions ASRO has prioritized research addressing child marriage in humanitarian settings; in partnership with ESCWA as well as an ongoing research with John Hopkins university and Women Refugees Commission. This was led by the Gender / Human Rights / Culture team in collaboration with the humanitarian team which is one of the examples of jointly coordinated efforts between development and humanitarian teams.

EQ6: Have the RP activities contributed to enhanced results at country level?

Finding 6 A: The effectiveness of the different modes of engagement proved to be varied depending on the need of the CO. ASRO's technical Support to COs is acknowledged as the biggest contribution of ASRO. Capacity building was also cited as a strong contribution by ASRO while knowledge management was reported as a gap.

Findings from the key informant interviews and survey results indicate that the technical assistance provided by ASRO's thematic advisors was its biggest strengths. Participants noted that the gender team and gender advisors at ASRO are knowledgeable and provide sound guidance and support when requested by the CO. It was pointed out that ASRO does not force an agenda on the CO, which was seen as a favorable approach to ensure local ownership of programmes and interventions. However, KI's discussed the need for guidance on policies and approaches, especially surrounding regional collaboration and sharing of best practices.

Almost all stakeholders at the country level noted that interactions with other COs in the region remains minimal. Some examples of South-South collaboration were discussed in the context of engagement within the Syria-Hub for countries affected by the Syrian refugee crisis. However, it was pointed that sharing of experiences between and across thematic areas is lacking. This goes to the main concern raised by stakeholders related to the silo approach through which the RP functions.

Capacity building appears to be a strong contribution of ASRO to the COs. This includes technical capacity building for M&E officers for example as well as capacity building of governments' employees on clinical management of rape in countries transiting from humanitarian to development (e.g., Iraq). Key informants provided positive feedback on the CMR activities, and believed they improved the knowledge and practices around this issue.

The RP also supported the production of knowledge through different research and policy reviews across the region. Indeed, the research on child marriage is viewed as revolutionary study in the region. However, communication about these knowledge products and their development into info graphs and communication materials seem to be a gap of the RP at the time of drafting this evaluation report. RO team explained that the report was finalized in December 2020 and the dissemination is taking place in 2021 and the learnings from the study are being incorporated into the work plan of 2021. The findings of the study have additionally led to the development of a best practice guide on how to conduct child marriage research in humanitarian settings as well as led to programmatic shifts of the global programme on child marriage (e.g., a guide note has been developed and will be launched in 2021).

Stakeholders at the country level engaged in the child marriage research, explained that they collaborate heavily with the RO due their involvement in research studies. "Knowledge management is the one that we work most closely on it because of the CM research, and this is the one we interact the most, the second is the capacity development because of the CMR and work with local entities in Iraq" explained a respondent from Iraq. It was also pointed out that if it weren't for the CM research, limited or no collaboration on knowledge management would have taken place.

When it comes to advocacy and policy making, COs do not request this support from ASRO hence the preference for working on advocacy and policy issues at a local level with the support from local actors including other UN agencies, INGOs and NGOs. Yet, COs have also explained that experiences from the region can help them in their advocacy and policy work with national governments which seem to be missing in some way.

Lastly, with service provisions the guidelines are not ASRO specific, but they are the IASC guidelines on GBV and

other services. ASRO provides technical support to rolling-out these guidelines / training on the contents.
Some respondents from COs interviewed explained that they do not interact much with ASRO in relation to service delivery (no specific definition of service delivery was mentioned). Nonetheless, the roving CMR/SRH specialist throughout 2020 provided technical assistance to various countries specific to development of CMR protocols / SOPs; ToT for CMR roll-out in various countries in the region (Jordan, Iraq, Lebanon, Palestine, Somalia, Libya). Furthermore, according to RO team on the development side, ASRO has engaged with COs through an Essential Service Package stakeholder meeting as well as webinar during COVID19 identified some of the promising practices in providing services to women and girls during the pandemic.

Finding 6 B: Despite the concerns with the design of the gender component, ASRO's activities at the regional level are applauded by all stakeholders especially concerning technical assistance and capacity building.
UNFPA staff at regional and country levels are highly regarded and appreciated by all stakeholders interviewed. Regional partners expressed great satisfaction with the collaboration with ASRO's teams and which enabled the achievement of results. It was pointed out that perhaps additional technical support especially to some regional partners maybe necessary to strengthen their approaches and policies. Yet in general, regional partners believe that the support they receive from ASRO has been important and valuable. The findings from the evaluation found that there are gaps in technical support within the gender component of the RIAP. This gap could be attributed to turn-over of gender regional advisors over the last two years and the gap in activities at some points of the life of the RIAP.

Regional partners also highlighted the importance of aligning UNFPA SRHR work with the general human rights approaches and modalities. It was noted by regional partners that while UNFPA globally addresses SRHR, the sexual and reproductive rights cannot be addressed in a vacuum away from women's rights in general. This particular issue was discussed with the gender regional advisor who acknowledged that synergies are an important area for improvement in the future. She continued to explain that at present the approach adopted by UNFPA is classical and adopts a narrow view in light of the sensitivities surrounding SRHR, however, there is room for improvement by engaging CSOs and national partners.

EQ7: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

Finding 7: There seems to be a strong variation between the work within the humanitarian context compared to the support in the development context with limited coordination between the two and an absence of a strong rights-based approach in some instances.
As previously explained under finding 3, there is a disconnection between the effectiveness of the humanitarian interventions compared to the work on the development axe. Each has been effective in responding to the needs of the target populations.

UNFPA has successfully leveraged its comparative advantage as the co-chair of the sub-cluster of GBV in humanitarian settings to continue to push the agenda for GBV. For example, in Iraq, the CO is trying to find ways to use the data from GBVims (without violations of survivors' privacy) to advocate for anti-domestic violence law with the government as well as advocacy within UN agencies related to sexual violence. However, this initiative is not driven by the RP as explained by the CO team. This is an individual country initiative to create linkages between the humanitarian and development spheres to strengthen the effectiveness of the programme.

It is not very clear to the evaluation team how the activities conducted on the development front have facilitated or supported the work on the humanitarian side. For example, it isn't clear how the regional declarations such as Cairo Call for Action (AU Declaration for the elimination of CM and FGM in Africa) and FBOs Commitments in the Arab States Region to end harmful practices which were supported through RIAP have contributed to country offices activities and subsequent results. Furthermore, some of the interviewed CO teams were not aware of the presence of these declarations and/or commitments to enable them to leverage them in their country-level work.

EQ8: What are the strengths and weaknesses of the RP 2018-2021?

Finding 8: South-South cooperation, focus on local context and absence of men seem to be the weakest aspects of the RIAP work on gender.
According to stakeholders, the weakness of ASRO RP is that the sharing of information and communication isn't systematic and institutionalized. Requests for information from RO to CO is regular and often unplanned which adds on pressure on COs. Furthermore, COs commented that they do not have adequate access to the amount of resources available to ASRO such as publications by other country offices or toolkits.

South-south cooperation between the countries of the region seem to be minimal. Many of the KIs explained that there isn't regular exchanges of experiences and knowledge across the region in areas of common interest. It was pointed out that support from ASRO vis a vis CPE is very good, but it isn't enough to amount to south-south cooperation, which is directly related to communication. The findings from this evaluation suggests that there are no systematic channels of communication between the CO and the RP. Rather, communication between RO and CO is based on need and is not a systematic exchange of experiences, best practices and lessons learned.

Another gap seems to be in contextualizing the RP to the different country contexts. Whereas it is recognized that the RP is supposed to cover the whole Arab States, yet these are not uniform and perhaps a development of sub-regional agendas and priorities for gender would strengthen both the relevance and effectiveness of the RP.

Finally, several COs pointed to the absence of the integration of men in GBV work and advancing women's rights. Several respondents from COs have explained that it is important for UNFPA to move beyond a gender sensitive approach to a more gender transformative agenda that encompasses human rights in its entirety. It was also pointed out that when it comes to GBV in humanitarian settings, it is critical to work on prevention as well as response which entails addressing men in combatting GBV. "Working on response only will not solve the problem of GBV we saw how incidences have increased during COVID-19" explained one of the respondents to the evaluation. Another participant noted, "Women counselling centers provide temporary solutions and do not solve their problems and you just put a band aid and not stich the wound. Without working with men, we cannot progress the gender agenda"

4.3.3 Efficiency

EQ9: How well did ASRO use its human, financial and technical resources to realize its contribution?

Finding 9: The RP human and financial resources have been stretched to the maximum and any further reductions could affect the efficiency of GBV interventions.
Since 2018, the programme has seen a change of three regional advisors for gender, human rights and culture. This has affected the RO capacities and abilities to systematically provide support and guidance to regional partners. As reported by regional stakeholders, support to the gender component of the work has seen differences and disparities over the last few years with interest and commitment varying depending on the file and the person in charge.

According to SIS 2019, UNFPA assured GBV AoR leadership in all countries with an HRP in 2019 (Libya, Sudan, Somalia, Palestine, Syria, Iraq, Yemen). However, assuring continuity and institutionalizing GBV coordination positions at commensurate staff level positions remains a challenge due to funding constraints. E.g., Libya was entirely dependent on EF funding for a GBV coordinator post managed under NRC as SBP and Sudan has also had a GBV coordinator on NRC contract for a long time. The RP was instrumental in maintaining UNFPA leadership in the cluster system by providing a budget for a GBVims coordinator.

ASRO did not have a GBV specialist/ advisor. A number of respondents to the evaluation perceived the support for GBV in emergencies witnesses a gap during implementation. "They have not had a GBV specialist for the last few years is a weakness in their ability to focus and be able to know what needs to be done. They do not have the human resources to work on the issues. But the way in which and having a holistic approach and thinking through a gender perspective is a strength that they consider humanitarian and development work" explained one respondent. In other words, ASRO has pulled in all available resources to work on different thematic areas within the gender component but not having a specialist in GBV has been a weakness. This issue was discussed with ASRO team who maintained that not having a GBViE programme specialist within ASRO is indeed a weakness however, since April 2020 ASRO has

been hosting a roving GBViE programme specialist which provided support to countries in the region including with the GBVIMS. It was also explained to the evaluation team that the lack of a GBViE programme officer function also reflects a wider weakness with UNFPA overall - also identified in UNFPA humanitarian evaluations; with the focus on the GBV inter-agency coordination role (GBV AoR) UNFPA has not been able to provide adequate technical support to GBViE programme implementation; even at humanitarian office (HO) level the position has been vacant for years and is only now in 2021 going to be filled; these posts are not included in the office organigram funded under institutional budget but need to be entirely sourced from mobilized non-core resources.

Many participants at the country level expressed gratitude for the RP, as they have been supportive and is flexible and responsive for programmatic and technical requests. According to the survey results of the evaluation CO respondents were between undecided and agree on the fact that ASRO uses its human resources in an excellent way in the implementation of the gender component of the RIAP. (mean 3.63= undecided and 4= agree).

EQ10: What could be done to ensure a more efficient use of resources in the specific regional context?

Finding 10: Further coherence between the different components of the GP especially in what concerns humanitarian GBV work and development gender work would strengthen efficiency.
The Arab States seem to be experiencing different models of interventions in humanitarian, development and the humanitarian-development nexus. This requires increased knowledge management and sharing of best practices and lessons learned to develop a regional model that moves between one and the other and builds on the achievement of one sphere to the other. Efficiency could also be strengthened through a multi-dimensional programming that encompasses both humanitarian and development work. The gender agenda in Arab states is challenging and requires multi-sectoral support to advance its intended results. Lastly, the selection of indicators and outputs could be revised to reflect the required results and outcomes as currently the indicators remain at an output level which does not help capture the actual results achieved or support a results-based approach in planning and implementation.

4.3.4 Sustainability

EQ11: Did the RIAP incorporate measures to ensure sustainability of the results over time?

Finding 11: The achievements of the RIAP could be considered as groundwork that could be used for further programming. Sustainability will depend on how the products of this RIAP feed into new programmes in the next cycle.
RIAP 2018-2021 focused on improving capacities and knowledge production in the area of gender. This includes the ability to bring national institutions that are sensitive to SRHR and CSOs who are active with UNFPA COs to attend the same trainings on UPR reporting. They were able to discuss in a reasonable manner and clarity about roles and responsibilities. The outcomes of these training sessions should be used to identify the needs in the Arab region which should then feed into priorities that can be sustainable.

How the products of the CM research and others as well as how the policy/advocacy pieces will be used by ASRO and the CO will determine the potential for sustainability. It is important to point out that several of these documents and products were completed at the beginning of 2020. Therefore, advancement of these products in the midst of the COVID-19 pandemic has been a challenge and makes determining the potential for sustainability rather limited. Nonetheless, ASRO has continued to implement its activities with a vision towards sustainability in 2020 using remote means and approaches to continue the conversation on ending harmful practices for example.

EQ12: Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

Finding 12: Every aspect of the GP's work involves collaboration, cooperation and partnership with at least two or more partners, be they UN agencies, NGOs, IPs or others.
ASRO's approach to the implementation of the RIAP has been in strengthening partnerships across the region with regional partners. Stakeholders at the regional level have maintained that their working relationship with ASRO goes beyond a specific programme or project to a partnership engagement that goes beyond funding cycles. It is based on the synergies in priorities and visions between ASRO and its regional partners.

Some of these partnerships such as the ones with UNICEF go beyond a regional spectrum to a global level where the joint programme on CM and FGM is driven at the global level and is likely to continue at the regional level as well. Likewise, the leadership position of UNFPA vis a vis GBV in emergencies is also likely to continue.

4.3.5 UN Coordination

EQ13: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level and outside the UN mechanisms?

Finding 13: There is clear and evident synergies between UNFPA and other UN organizations. However, this synergy might not be very evident at the country level.
ASRO alongside UNICEF has maintained leadership around ending FGM and CM in the region. This is an example of how a joint programme can deliver across the region. The other thing that is an achievement is the regional accountability framework on CM which came out of the global programme and also based on studies conducted in 2017-2018 on how ASRO and UNICEF can support learning and exchange for work being done beyond the two agencies.

The accountability framework is not tied to donors and accountability as part of any specific funding source or programme but a need and desire to co-lead this together and this is a great example of how the two can work together beyond a proposal or a deliverable to a donor.

Stakeholders have pointed out visible coordination amongst UN agencies at a regional level. Regional partners engaged with more than one UN agency have explained that UNFPA and UN Women collaborate and coordinate on many aspects as well as UNFPA and UNICEF.

The coordination and collaboration at the regional level between UN agencies might not always filter down to the country office levels. This could be attributed to the different work modalities and dynamics within country offices across the different agencies. In addition, dynamical issues with the model of downstream organizational changes may also be a contributor to the absence of collaboration at country level.

Concerning UNFPA work on GBV, UNFPA is the lead agency for GBV as well as the GBVims task force and case management. In humanitarian settings, UNFPA COs lead most of the GBV related coordination and having UNFPA leading these components is very important and helps place it on the agenda and it is coordination amongst the different actors and to see how to adopt the programming. Yet, as previously discussed how this leadership is being used by the RP for advocacy and policy development is not clear.

EQ14: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

Finding 14: COVID-19 created a crisis on-top of existing crisis in the region which prompted UNFPA to increase collaboration and integration of services to ensure adequate support to women and girls both in conflict and development contexts.

ASRO participates in the WHO regional crisis management group and sub-working groups (RCCE; Humanitarian settings and displaced populations; and Supplies). UNFPA co-chairs the regional inter-agency gender theme group and its GBV COVID-19 sub-working group ensuring integration of GBV within health. UNFPA and country offices support governments and work with UN agencies and partners to minimize disruption to life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services, provide personal protective equipment (PPE) and support safety of patients and health workers through infection prevention and control (IPC). UNFPA uses its co-leadership and membership in the regional issue-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, focusing on women and girls.

4.4 Population and Development

4.4.1 Relevance

EQ1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries?

Finding 1: The PD component of the RIAP is a reflection of the context of Arab States region, and are relevant to the priority needs of the region and provide unique and valued contributions to the RIAP
UNFPA is addressing highly relevant population dynamics (PD) issues in the Arab States and indeed, in some countries is driving new ways of thinking about PD. Population dynamics is concurrently a focus programme and provider of support, and has been an enabler in the policy-development processes. Including policies surrounding SRH, young people, and GBV. In order to support this observation, one participant stated: "In the end, we cannot put policy unless you have evidence to generate these policies, so evidence does not come from a vacuum, it has to be data-driven and PD provides the data". Overall, PD is relevant in addressing the priority needs in the region as it enables different teams in the regional programme to formulate their programmes and activities through the provision of relevant data and by enabling the processes for the development of policies.

The PD component of the RIAP reflects the current context of the Arab States region. In this regard, the PD component is responding to the priority needs in the region through the support of COs and through strong strategic partnerships. In addition, the relevance of the PD component is facilitated by collaborations between regional partners that further support ASRO's mandate. In this regard, part of the work of PD involves supporting the COs in the region and also ensuring that UNFPA is a visible part within the UN system which is important for the regional programme. In sum, the interventions of PD in the RIAP are aligned to the context of the region and in this manner UNPFA is visible and becomes accountable to its various stakeholders.

Key informant interviews with government representatives in Somalia highlighted UNFPA's focus on the young population. Key informant interviews at all levels applauded UNFPA's focus on ageing of populations and the demographic dividend as critical contributions to regional population policy development. Notably, in Algeria, the Directorate of Population was able to conduct a rapid assessment of the continuity of SRH and family planning services with the technical support from UNFPA. Evidently, the RIAP's work on gender disaggregation of data, as well as support for censuses and improving systems for vital registration are also understood as essential to the quality of public policy and planning in the region. The findings from the desk review indicate that, although not optimal, progress has been made in data-collection and improved data systems across the region. For example, in Somalia, a Health and Demographic Survey was successfully conducted by internal in-country stakeholders with support from UNFPA ASRO and Somalia CO. The survey has since been validated by a team of international and professional survey experts and been cited as best practice. In Morocco, UNFPA introduced innovative approaches around self-care, health digitisation, community engagement and mass and local communication with the MoH and non-governmental organizations (NGOs) partners. An assessment of the impact of the COVID-19 pandemic on access to family planning services was finalised and a web application was produced to strengthen maternal death surveillance and response (MDSR).

EQ2: Were there critical gaps in the RP at the time of conceptualisation?

Finding 2: There are challenges that the PD component of the RIAP have encountered, particularly during the COVID-19 situation. There are, albeit also challenges with the data component before the advent of the COVID-19 pandemic.
Unforeseen global challenges have arisen due to COVID-19, and understandably these were not taken into consideration at the time of the conceptualisation of the RIAP. However, existing challenges surrounding availability and quality data were pervasive. These challenges are not at full fault of the RIAP or RP, but rather the ongoing barriers to access data in low-and-middle income countries. It was highlighted that one can always see that COVID-19 was a challenge but an opportunity because of the elevated support to COs and governments in the region that is implemented through regional partners at ASRO. There are two levels of support, one being the support to the COs from the RO as well as support to governments through the regional partners. The PD component has, during COVID-19, arranged online discussions forums and webinars in support for the COs. These communication channels provided the opportunity to discuss their amended plans, CPDs and to provide guidance on various issues regarding data.

EQ3: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

Finding 3: The PD component of the RIAP is aligned to the Strategic Plan and Business Model direction which has further sharpened the focus of UNFPA ASRO.
The alignment of the PD component of the RIAP to the Strategic Plan and Business Model ensures that UNFPA ASRO's institutional approach and resource mobilisation and allocation is strengthened. This effort should include country programmes in the region, and in turn UNFPA will become a more responsive, effective and efficient organisation in supporting the development aspirations of countries in the region and the achievement of the International Conference on Population and Development (ICPD) Programme of Action, the 2030 Agenda for Sustainable Development, and the Sustainable Development Goals (SDGs)

EQ4: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

Finding 4: The PD component has been flexible in responding to the development and humanitarian contexts in the region.
The PD component has responded effectively to the changing circumstances in the region, with respect to developmental, humanitarian and most recently, the global pandemic. UNFPA Lebanon continues to combat misinformation regarding COVID-19 mainly through understanding the current pandemic situation in Lebanon, identifying challenges and brainstorming on the short- and medium-term intervention to respond to the rise in number of COVID cases. Following the Beirut port blast, the RCCE Task Force has also scaled up interventions and accountability to affected populations in Lebanon with regard to COVID-19. UNFPA has been taking the lead in mapping and identifying post-blast community led initiatives active in the Beirut including youth groups, women groups, faith-based groups, and targeted door-to-door campaigns.

Finding 5: Migration is an important component of the ICPD. PD does not have sufficient data on migrants in different countries in the regions due to its highly politicized nature.
Migration is a very important component of the ICPD. The lack of sufficient data on migration is due to the perception and views on migration flows and patterns across the region as 'highly political'. The PD component in ASRO best approach filling the gap on data on migration has been to partner with different organisations on efforts to collect data and instituting research on migrants in the region. A number of the key stakeholders, including IPs and government representatives in Somalia, indicated that UNFPA's continued active engagement in this thematic area would add significant value to the RIAP.

Finding 6: Adaptations in response to the COVID-19 pandemic across countries and regions.
From the onset of the COVID-19 pandemic, UNFPA ASRO has made significant changes to its programmes to ensure the health and well-being and barriers to access to services for women and girls are being addressed. UNFPA COs throughout the Arab states have continued to focus on innovations and alternative solutions that guarantee the continuity of services to those in need maintaining safe access to health facilities that provide sexual and reproductive health services while tailoring programmes to allow for continued support to survivors of gender-based violence. Within the Arab States, many of these approaches have been successful and further proves ASRO and UNFPA's ability adapt to different contexts. In an attempt to facilitate horizontal knowledge sharing and experiences from humanitarian settings in the region, UNFPA published a report titled COVID-19: UNFPA Best Practices and Lessons Learned in Humanitarian Operations in the Arab Region, which captures the fundamental lessons learned arisen due to the crisis and offers a blueprint for responses and initiatives that can be replicated within other programmes.

Finding 7: Upcoming censuses are being threatened by the advent of COVID-19 including in the Arab States. UNFPA is being challenged to find innovative ways involving new country-based approaches to population and housing census enumeration
Ongoing humanitarian crisis and political instability in the region coupled by the advent of COVID-19 has introduced added barriers and challenges in conducting censuses. Participants highlighted these challenges and barriers as a major blow to the plans that UNFPA was putting in place to improve on censuses. As the world grapples with the spread of COVID-19, UNFPA is seeking ways to address the implications of the outbreak on preparations and implementation of the 2020 census round. With 150 countries (including 85 UNFPA programme countries) scheduled to conduct census enumeration in 2020 and 2021, the potential disruption of the 2020 census round could be significant. The COVID-19 pandemic threatens the successful conduct of censuses in many countries through delays, interruptions that

compromise quality, or complete cancellation of census projects. Domestic and donor financing for census may be diverted to address COVID-19 leaving census without crucial funds. Several countries have already taken decisions to postpone the census, with many others yet to announce the way forward.

4.4.2 Effectiveness

EQ5: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)?

Finding 8: Expected outputs in PD have been consistently achieved or surpassed.

Table 9 shows that the RIAP's interventions in PD have been implemented and output targets largely reached or surpassed. Where targeted output indicators were not achieved, revisions or omissions have been justified.

Table 9: Population Dynamics Programme: Indicators and Targets Met 2018-2020

Output	Indicator		2018	2019	2020	2021 Planned
Output 4.1: Improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development-based Sustainable Development Goals into national policies and plans.	Indicator 4.1.1. Number of country offices and partners with capacity to utilize demographic intelligence to mainstream the International Conference on Population and Development- based Sustainable Development Goals in policies and plans.	Target	5	8	20[47]	25[48]
		Reported	7	12	20	
	Indicator 4.1.2. Number of knowledge management products developed to support utilization of demographic intelligence to mainstream the International Conference on Population and Development- based Sustainable Development Goals in policies and plans.	Target	1	3	2	5
		Reported	1	3	4	
	Indicator 4.1.3. Number of regional resolutions/declarations that include specific commitments on the use of demographic dividends for national planning.	Target	0	1	2	2
		Reported	0	1	3	
Output 4.2: Enhanced capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals with a focus on the furthest	Indicator 4.2.1. Number of tools and guidance notes developed to strengthen the capacity of UNFPA to collect, analyze and disseminate data in humanitarian and fragile contexts.	Target	1	0	1	2
		Reported	1	1	5	

[47] The target for 2020 has been revised and increased from 10 to 20.
[48] The planned target for 2021 has been revised and increased from 15 to 25.

behind in development and humanitarian settings.	Indicator 4.2.2. No of country offices that have utilized the humanitarian data collection tools and guidance notes developed by the regional office.	Target	1	1	3[49]	4
		Reported	1	2	4	
	Indicator 4.2.3. Percentage of country offices that received technical assistance from the regional office on utilization of the 39 priority International Conference on Population and Development- based Sustainable Development Goals indicators for monitoring implementation of Sustainable Development Goals.	Target	20%	20%	60%[50]	80%
		Reported	15%	40%	60%	

Notably, the PD component has evolved considerably since the definition of indicators, emphasising new concepts and approaches to the analysis of population dynamics, with a focus on the economic implications of ageing, youth and, to a lesser extent, migration and unemployment. In particular, the PD component has introduced concepts and methodologies related to the demographic dividend and national transfer accounts in order to better inform national policies, particularly in contexts where fertility is low and populations are rapidly ageing.

In addition, the PD component has contributed to improvements in quality of census data and other regular surveys in the Arab States. Of note is the health and demographic survey that was successfully conducted by national stakeholders with support from UNFPA ASRO in Somalia. In addition, important examples exist of advocacy products (particularly policy briefs) that have utilised improved PD methodologies and approaches.

EQ6: Have the RP activities contributed to enhanced results at country level?

Finding 9: The PD component has brought together high level, well-placed partners who provide expert assistance and political leverage, and bring significant visibility to UNFPA's PD work.
Overall, the implementing partners selected by ASRO are widely recognised as leaders in the area of PD. The Arab Institute for Training and Research in Statistics (AITRS) is considered a highly strategic partner given its important convening role in the Arb States region in building capacities of the Arab Statistical Organisations. The AITRS compliments the PD work of the UNFPA by conducting short courses to train and update Arab Statisticians on up-to-date knowledge and practices in statistics. It is notable that all Arab Statistical Organisations and Bureaus are members of AITRS.

The collaboration of the PD component of the RIAP with the International Development Research Centre (IDRC) has led to IDRC becoming a strategic partner for UNFPA in the region. This collaboration has fostered IDRC's work, in for instance, gender-transformative research thereby promoting women's empowerment, including shared control of resources and decision-making. This collaboration has further contributed to fostering IDRC's initiatives in unpacking social inequalities and inequities. These initiatives included providing space for women, men, and non-binary genders to learn, and engage with people across the socio-economic spectrum in an attempt to change the norms that enable these inequalities and inequities.

The collaboration of the PD component of the RIAP with HelpAge fits in well with PD's thrust towards ageing concerns for the population. This work helps to support HelpAge's work in supporting older people to have secure incomes by advocating for pensions and providing livelihoods support. This support to the elderly population ensures that they have access to the health services they need. The collaboration further helps to motivate for older people's needs and rights.

[49] The target for 2020 has been revised and increased from 1 to 3.
[50] The target for 2020 has been revised and increased from 20% to 60%.

The strategic partnerships with the League of Arab States (LAS), the United Nations Economic and Social Commission for Western Asia (ESCWA), and the United Nations Economic Commission for Africa (ECA) have helped the PD component of the UNFPA to contribute to chart the Arab population and development agenda in an effort to provide solutions to the population and development issues in the Arab region.

The region is experiencing a rapid increase in the number of people aged 60 years and older. Governments in the region must therefore ensure that older people can live healthy, productive lives that make full use of their skills and abilities. At the same time, the region is undergoing a youth bulge. The burgeoning youth population is the Arab region's challenge and yet greatest opportunity with regard to the opportunities associated with the demographic dividend. Fully engaged, educated, healthy and productive adolescents and youth can help break the cycle of poverty and strengthen their families, communities and nations.

Finding 10: Data and evidence generation: 2020 Impact Assessment of the UNFPA Multi-Country Response to the Syria Crisis.
Despite challenges having arisen due to COVID-19, UNFPA was able to conduct an impact assessment of its multi-country response to the Syria crisis looking at programmes in Iraq, Jordan, Syria, Turkey, and Turkey Cross-Border. Over 2 000 client feedback forms were collected across 63 facilities (RH, WGSS and youth centers), and 153 key informant interviews were held with UNFPA, partners and service providers in order to identify challenges and lessons learned for improving delivery modalities in the future. The following were the notable observations from that initiative:

Domestic violence is increasing across all countries in the region.
Throughout the pandemic, Women and Girls Safe Spaces have proven critical for the well-being of women and girls.
Youth are able to access online activities but are also severely impacted by increased unemployment and reduced income-generating activities.
Modalities that UNFPA and partners adopted due to COVID-19, such as hotlines and online counselling, may be useful to continue after the pandemic to complement the more traditional face-to-face modalities of engagement with people affected by humanitarian crises.

On 20 October 2020, UNFPA at the regional level, also observed World Statistics Day through a communication campaign about the importance of statistics and the collection of data to win the fight against COVID-19 and to reach UNFPA's vision of the three zeros (zero preventable maternal death; zero rates of gender-based violence and harmful practices; zero unmet need for family planning).

Finding 11: Strengthening demographic and epidemiologic intelligence through strategic data dissemination.
UNFPA ASRO continued its efforts to disseminate COVID-19-related demographic and epidemiologic data and information utilising different platforms throughout the region. These initiatives help to strengthen demographic and epidemiologic intelligence through strategic data sharing. The messages targeted women, girls, men, boys, persons with disabilities, and older persons. October 2020 was also breast cancer awareness month providing an opportunity to integrate COVID-19 messages within testing and monitoring messages about breast cancer. Marking World Mental Health Day, UNFPA ASRO delivered tailored messages around informative and uplifting content to promote good mental health and peer support.

EQ7: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

Finding 12: Promoting human rights and gender equality in diverse regional, national and local contexts is integrated in PD programming.
The PD programming encompasses a human-rights-based approach, is culturally sensitive and gender aware, and is inclusive and participatory. Creating an enabling environment for people to engage in a participatory process, make their own informed choice, exert their freedoms, expand their capabilities, and ensure that they 'own' the process and develop a sense of entitlement. This will also guarantee that programmatic decisions take into account

people own specific contexts and situations, needs and interests. A participatory approach also helps to establish a broader understanding and acceptance of international human rights, including involving communities in the development process, which is particularly important for marginalised groups as stressed in the ICPD. The indicators for older people address men and women while those for adolescents' address boys and girls. GBV in humanitarian settings is also seen as purely a gender issue. In addition, there is focus on the generation of data and policies for GBV support in different settings including GBV survivors. There are demographic profiles for boys and girls and there is also an indicator of FGM and child marriage, adolescent pregnancy included in those profiles which in essence are gender issues. As stated by a key stakeholder, "Gender is something that we cannot ignore or get aside of it but we work for gender issues and SRH issues, so this is where PD is an enabler to the UNFPA's mandate".

EQ8: What are the strengths and weaknesses of the RIAP 2018-2021?

The major strength of the regional programme is that it is staffed with competitive and skilled personnel. There is strong leadership in ASRO at the senior management level as well as at regional adviser levels. The RIAP is based on the priorities in the region, and it consults widely with all stakeholders in the region. However, the evaluation identified a number of gaps in the RIAP of 2018-2021. As explained by a regional stakeholder, "Once they are recruited, we feel that we got all the knowledge we do not invest enough there". Further, gaps in capacity at the CO level has proven to have a rippling effect on the capacity of the IPs, given that the CO are not fully equipped to train their partners. Having a robust training programme that cascades from global to the regional level and from the regional to the CO level, and from the CO to the IPs would be a major boost in strengthening the UNFPA programmes.

4.4.3 Efficiency

EQ9: How well did ASRO use its human, financial and technical resources to realize its contribution?

Finding 13: Through its IPs, PD has effectively leveraged resources for the RIAP.

Through strategic partnerships with well-placed IPs, the PD component of the RIAP makes very efficient use of limited resources. Engagements with the LAS, ESCWA, AITRS, ECA and IDRC are examples of the RIAP leveraging significant and highly valued technical assistance for the benefit of countries. For instance, ESCWA uses its own resources to support countries in the region in ways that are generally highly complementary to the RIAP's PD agenda.

EQ10: What could be done to ensure a more efficient use of resources in the specific regional context?

Close relationships with the major regional technical institutions mean that key actors are seeing issues from the same perspectives and approach work in very complementary and synergistic ways. Partnerships with these regional institutions have strategic importance for both parties. For the partner institutions and their donors with an interest in expanding their footprint and influence in the region, UNFPA offers access to country governments and potential for direct policy engagement which are of significant value to them.

4.4.4 Sustainability

EQ11: Did the RIAP incorporate measures to ensure sustainability of the results over time?

Finding 14: Active involvement of Cos and in all processes of PD component.

Sustainability runs parallel with the activities of the PD component in the region. For example, when the PD programme hosts capacity-building events targeting government statistical offices, they ensure that Country Office and regional partners are part of the training initiatives. This ensures that the Regional Office does not implement activities away from the COs. A participant expressed, "It was better before COVID-19 since we used to invite COs to physically attend the capacity building initiatives and they would come. However, during COVID-19 they have a lot of other things to do. So, it is voluntary, and if for example, they have any other things they do not attend; it depends on their schedule in their office".

EQ12: Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

Finding 15: While the PD training interventions are considered to be of very high quality, exchange visits for experience-sharing purposes at country levels has been under-emphasised to date.
The COs would want ASRO to promote inter-country exchange visits among CO staff in the region. This enables counterparts to exchange skills in a parallel manner that is mutually beneficial to all parties.

4.4.5 UN Coordination

EQ13: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level and outside the UN mechanisms?

Finding 16: High engagement of the PD programme with strategic and other partners.
The PD component is highly engaged with regional UN bodies such as ESCWA and coordinates with other strategic partners such as AITRS, IDRS, LAS, and Arab Parliaments. Specifically, PD worked on coordination around civil registration and vital statistics activities with WHO, ESCWA, UN Statistical Division and UNICEF. The UNFPA is currently working with these UN agencies and other agencies in the preparation of the forthcoming 2020 census round (2015-2024) in the region.

EQ14: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

Finding 17: Celebrating the United Nations' 75th anniversary.
In the spirit of one UN, Country offices in the region took part in celebrating the United Nations' 75th anniversary by participating with their respective national coordinators and other UN agencies and also being selected for the UN75 photo exhibit.

4.4.6 Lessons learnt

The following are the key lessons learnt for the PD component of the RIAP:

- UNFPA should continue working on data, as this enables tracking of vital events such as migration, fertility, mortality, and population change and dynamics and even more recently the spread and control of the COVID-19 pandemic.
- New methodologies should continue to be initiated and deployed in especially humanitarian settings which is an important situation prevalent in the Arab region.
- Partnerships with different organisations, for example, migration is a particularly important component of the ICPD. This can promote data availability on migration and fill the gap of the highly politicised nature of migration. Best approach for data collection and implementing interventions with migrants is to partner with other organisations who are currently leading the research on migration.
- Priority age groups such as young people, adolescent girls, older people should be critical focus points in the PD programme. Focusing on young people ensures that the full benefits of the demographic dividend are realised. Focusing on adolescent girls ensures that their livelihoods are secured and that they remain. The situation regarding COVID-19 has already shown that some adolescent girls were getting out of school.
- Partnerships are important in UNFPA programmes. Partnership with for instance, the League of Arab States is very important for UNFPA's programmes. It is acknowledged that many of the population policies that contain sensitive components would not have been implemented without the UNFPA having the League of Arab States as a supporting partner.
- UNFPA ASRO should intensify work with the Arab Parliamentarian for Population and Development (FAPPD) across all the countries in the region. They are critical as they will provide legal support to population policies being promulgated by the UNFPA and its partners. They will also support budget initiatives towards population issues in parliament. For instance, it is realised that all FGM and child marriage activities are funded projects, implying that they do not come from national budgets. It would be a positive development if these initiatives would also receive government support from national budgets to ensure sustainability.

4.5 Cross-cutting Themes

4.5.1 Resource Mobilization and Partnerships

The current context in the Arab States is complex and spans a range of challenging humanitarian and development realities. There are acute humanitarian challenges and crises that the Regional Office must respond to, including a large refugee crisis, internal displacement, and increased gender-based violence. This is coupled with the on-going development needs that require specific attention including addressing the policy and legislative environment; enhancing institutional capacity building; strengthening health systems and access to Sexual and Reproductive Health (SRH) services and Reproductive Rights (RR); gender equality; civic engagement and empowerment of young people, and Gender based violence including harmful practices such as early/Child marriage and female genital mutilation (FGM).

The humanitarian situation in the Arab Region is has been increasingly protracted in nature. Emergencies and conflicts in Palestine, Somalia, Sudan, Iraq and Yemen have persisted for decades and the conflict in Syria has passed its six-year mark. Libya went through an acute emergency in 2011-12, and since 2014 the situation has deteriorated significantly.

UNFPA has developed its Regional Programme for Arab States 2018-2021 to address key developmental and humanitarian challenges, with a focus on advocacy, policy dialogue, capacity development, and knowledge management. UNFPA humanitarian and resilience-based intervention in the RIAP 2018-21include strengthening capacities for provision of reproductive health and GBV services.

The **total financial requirement of the regional programme** is USD 18.8 million over four years with USD 13 million in regular resources (RR), and 5 million in Other Resources (OR). UNFPA-ASRO has embarked for the first time during the RIAP 2018-221 into planned resource mobilisation for its new RP; compared with prior cycles. In the prior cycles resources were raised to finance the humanitarian hub out of necessity, without pre-planning. The action plans of the RP did not include targets for RM. This has been in accordance with the needed paradigm shift to answer to the requirements of the new aid environment and austerity measures witnessed by the organization. A percentage of the OR is derived from global Trust Funds; the majority however has had to be mobilised directly by the regional office.

The resource mobilisation Plan in ASRO considers how the regional office is able to deliver the expected funding and other requirements by strengthening networking with external partners, delivered through improved internal capacity, and a dedicated team where RMP becomes 'everybody's business'. The overall approach the regional office has followed for resource mobilisation towards its regional programme is based on its strategic approach, namely, the 3 D approach: Deepen, Diversify and Develop. With regard to 'deepen', the first strategic objective is to maintain and strengthen relationships with the traditional donors, who have and will be expected to continue to provide the majority UNFPA's funding. Economic and political constraints continue to tighten on the Traditional Donors and UNFPA (and ASRO) are required to improve the quality of support offered to these partners. With respect to 'diversity' UNFPA ASRO has actively engaged with new, innovative and complementary sources of funding /donors in a context of increased austerity. While this did not replace the reliance on Traditional Donors to provide the majority of UNFPA's funding, it will progressively decrease their share. New and emerging donors, Foundations, private sector, new net contributors have been targeted within the framework of expanding outreach for RM. With regard to 'develop', resource mobilisation is dependent on UNFPA's ability to improve internal organisation and capacity toward resource mobilisation, including at the regional level. This capacity has to be backed by the appropriate level of commitment by RO team, considering RM as everyone's business. Some of the required improvements are linked to better management and coordination: through improved internal communication and alignment with the results and targets of the Regional Programme.

4.5.2 Communications

The objective of 2018-2021 communications strategy is to step up UNFPA's visibility as the UN agency for reproductive health with authority on issues related to reproductive health and rights, family planning and gender-based violence, so that it becomes the go-to reference for policy makers and the media for these issues, and to contribute to concrete normative change through policy dialogue and advocacy.

In the 2018-2021 programme cycle, UNFPA seeks to reduce 3 well defined life-threatening trends: ***unmet need for family planning, maternal mortality and gender-based violence*** with an ambitious aim to bring them to zero by 2030. The new Strategic Plan (SP) explicitly defines these 3 transformative results which span beyond the current SP on the basis of human rights, thus stepping up the human rights-basis of UNFPA's mandate and uses more explicit human rights references and terminology.

UNFPA's objective is to help governments adopt population policies that are in line with their commitments under the ICPD PoA and relevant SDGs. These population policies must rest on the right of every woman and man to decide whether and how many children to have while:

1. Having the information needed to make a choice about timing and spacing of pregnancy and access the means (contraception).
2. Enabling women specifically to decide about their pregnancies and spacing while eliminating sources of violence against them (such as early marriage/early pregnancy and harmful practices such as FGM).
3. Making reproductive health services available for all those who need it.
4. Enabling young women and men, through education and awareness, to assess the financial investment they can make on children if they want to make sure that their family lives decently.

The 4-year strategy has a strong policy advocacy component that helps UNFPA make concrete recommendations with the aim of influencing the adoption of policies that lead towards the 3 zeros. In that sense, working on policy briefs (especially from the regional office) is very helpful but must be taken up at the national level, with ownership from COs and follow up until policies are adopted.
The communication and advocacy strategy include the following results:

- **Advocacy-related results**

At the country level: concrete legislative and/or policy changes as a result of sustained and evidenced policy dialogue directly with concerned entities in government, and group advocacy/lobbying (example a new law against GBV, or punitive measures from doctors' syndicates against doctors who practice FGM, or adoption of legislation on minimum age of marriage at 18).

At the regional level: UNFPA is a convener of experts from the Arab region who, together work together, exchange concrete best practices that can lead to national policies in line with the ICPD. As such, regional programmes and events should be designed to support efforts at the country-level, and all findings and recommendations from regional programmes/events must be followed up at the country level. UNFPA uses various intergovernmental platforms such as LAS, AU, ESCWA to advocate and promote policy changes in the framework of inter-governmental processes, with further follow-up at the country level to translate them into tangible policy level results (laws, costed and funded strategies, etc).

- **Visibility related results**

<u>At the country level</u>: Stepped up visibility and public appearances of UNFPA's work through visuals (photos/videos) and messages that promote the impact of our work on people's lives. Each CO will use a combination of events, media outreach and social media campaigns that will seek to position UNFPA on issues, raise awareness about why these issues are important to the well-being of populations, and, when useful, highlight similar work in other countries. <u>At the regional level</u>: ASRO's communication is more strategic than tactical, so it seeks to influence public opinion by initiating discussions, through op-eds and campaigns, in the public domain, on our issues. ASRO constantly guides COs on visibility events, facilitates exchanges of experiences between offices and builds the capacity of communication officers while working with them on their own individual countries.

As per the key informant interviews, the RO communication team managed to implement nearly all the planned activities and to spend most of the resources; to date, and this is due to the outbreak of COVID-19. For instance, the communication team successfully conducted the planned regional workshops and training for the communication teams at the COs and RO. At the time of the evaluation, the remaining activity that has not been implemented was the capacity building. The outbreak of COVID-19 and changing the working modality to virtual setting was a good opportunity for the communications team to carry out a large number of activities beyond the planned; for example, the team produced a number of stories and conducted social media packages. Good coordination and collaboration between the communications team and the thematic areas was one of the factors that led to these achievements.

CHAPTER 5: Conclusions

This chapter presents the conclusions based on the findings in the evaluation. The associated evaluation question(s) and evaluation criteria for each conclusion are shown. The conclusions are provided at strategic and programmatic levels. They are presented at strategic and programmatic levels. In addition, the conclusions are linked to the corresponding recommendations that are provided in chapter 6.

5.1 Strategic Level

1. Overall, the 2018-2021 RIAP is relevant and timely for the Arab States. It encompasses important elements that are of great importance to the region. It is aligned with UNFPA's global strategy and business models and is an important contribution to the work of other UN agencies in the Arab States. UNFPA is a strategic partner to the governments in the Arab States, other UN agencies and leading bilateral agencies. The regional programme effectively responded to the changing environment and needs including humanitarian settings. **The wide stakeholder engagement during the design of the 2018-2021 RIAP facilitated the alignment of the RIAP to the needs of the Arab States as it outlines the political, social and economic contexts of the region. However, the findings suggest that large Donors, coalition members and UNFPA CO partnership teams were missing from the table and could be of significant value during the consultative process**.
Wide stakeholder consultation at regional and national levels during the design of the regional programme enhanced ownership and relevance. The RIAP was responsive to changing national needs and environment in the Arab States especially in the increasing refugee influx and other emergencies. However, there were emerging needs such as COVID-19 as a risk factor for GBV and harmful practices (early and child marriage), migration and cross-border movements which needed further attention. Moreover, the evaluation found that the RIAP 2018-2021 was indeed aligned with regional and global initiatives and have furthered UNFPA's mandate in the region on multiple fronts, including through advocacy and policy reform, evidence-based strategies to address health inequities in the region, strong regional and national partnerships have been developed, increased capacity, progress in thematic areas such as SRH service delivery, youth advocacy and gender-based violence. However, the RIAP is not yet fully operating in a distinct regional strategic "niche." The evaluation noted that while there has been substantial progress, the programme is not yet as, transformational and forwarding thinking as required to meet UNFPA's Global mandate. One concern is that due to the political instability and conservatism within the region, national buy-in for human-rights approaches for SRHR is further formidable in developing settings.

The CO survey noted that ASRO has adequately and effectively consulted with the COs in the region in developing the RIAP 2018-2021. This is evidently shown from the CO Survey by the relatively high overall mean rating score of 65.2 out of 100 (females: 62.5; males: 68.1). Regarding this aspect, 59.3% of the respondents (females: 54.5% males: 64.5%) either agreed or strongly agreed. In addition, from the CO survey, the overall mean rating that is associated with the notion that planning for the RIAP gave adequate consideration to the respondents' Country Programme's needs and priorities is a relatively higher mean rating score of 64.5 out of 100 (females: 58.7; males: 70.6). This mean rating is associated with an overall 58.4% of respondents who either agreed or strongly agreed with this statement (females: 48.5%; males: 68.7%).

Origin: *EQ1, 3 & 4;* ***Evaluation criteria****: relevance, responsiveness*
Recommendation*: Strategic level R1.*

2. UNFPA ASRO provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches, leaving no one behind, humanitarian-development-peace nexus, and south-south and triangular corporation. Integrated programming and capacity building was strong particularly at regional and national level but required further strengthening for IPs at the sub-national level.
Most regional and national policies and guidelines mainstreamed gender and human rights-based approaches. However, there were capacity gaps in leadership and the implementation of the integrated programming particularly at the sub-national levels in supported countries. The RIAP 2018-2021 adopted approaches that ensured equity to target beneficiaries. However, the targeting of hard-to-reach communities (nomads, people with different types of disabilities, and most-at-risk populations) was relatively weak and required adopting differentiated service delivery models that effectively respond to the unique needs and contexts of these populations. In addition, the RAIP is supportive in the

provision of sufficient guidance to Country Programmes on advancing the ICPD agenda, the MDGs and the SDGs. This is reflected in the high ratings given to these aspects, that is an overall mean rating score of 71.1 out of 100 (females: 64.7; males: 77.6). There are favourable perceptions among the surveyed country office staff regarding whether the RIAP has provided an adequate level of support to address the Country Programmes' monitoring and evaluation needs in the region. Testimony to this observation is the relatively high overall mean score of 68.1 out of 100 (females: 62.9; males: 73.7). In addition, there are favourable perceptions among the surveyed country office staff regarding whether the RIAP has provided sufficient guidance to Country Programmes on advancing the ICPD agenda, the MDGs and the SDGs. Testimony to this observation are the relatively higher mean scores associated with this aspect, that is, overall mean rating of 71.1 out of 100 (females 64.7; males: 77.6). In contrast, is a low perception among the surveyed country office staff regarding that the RIAP implementing partners have provided useful guidance to Country Programmes in the Arab States on advancing the ICPD agenda, the MDGs and the SDGs. There is a relatively low overall mean rating of 54.6 out of 100 associated with this opinion, with males having a marginally higher mean rating score of 56.7 with their female counterparts having a mean score of 52.7 out of 100.

Origin: *EQ 1; 2; 3 5; 6; 7 and 8;* ***Evaluation criteria****: relevance, effectiveness*
Recommendation*: Strategic level R2 & 3*

3. Relevance is diminished for lack of specific focus and outcome on humanitarian aspects. Humanitarian interventions are mainstreamed but are not a focus per se in the design of the RIAP.
This is an important gap for a region affected by humanitarian crisis and post-conflict conditions. It is important to recognise that humanitarian settings although a challenge is also an opportunity to work on difficult and sensitive topics such as SRHR, adolescents and youth because UN agencies can coordinate. In addition, when states infrastructures collapse, it is important to think about recovery and reconstruction. Examples from the work conducted on GBV and women empowerment in emergencies should lead the way for more courageous work conducted during emergencies and which has the potential to have rippling effects over time. In addition, the COs in the region generally are not familiar with the RIAP but are fully aware and appreciate the role of ASRO. This is evident in the positive feedback about the technical support provided by ASRO and the guidance on capacity strengthening of local partners. COs believe that the RIAP could be better contextualized to the actual similarities across some countries. There is a strong request by COs for the development of regional roasters on experts that can support COs activities and interventions. There is also requests for increased knowledge management, support in advocacy and policy reform/dialogue, and the development of communication materials. To this effect there are relatively satisfactory perceptions from the surveyed country office staff on whether the country's communication interventions are much improved because of the support of the RIAP 2018-2021. This aspect received an overall mean rating of 61.0 out of 100 (females: 59.2; males: 62.9). These results are in tandem with those in respect of whether the advocacy priorities of the RIAP are relevant in the country context in the region. Again, this aspect received a satisfactory overall mean rating of 69.2 out of 100 (females: 68.6; males: 69.8). There are adequate levels of awareness of the advocacy priorities of the RIAP among the surveyed country office staff. This is reflected in the relatively high overall mean rating score of 69.6 out of 100 (females: 70.8; males: 68.2).

Origin: *EQ 1; 2; 3 5; 6; 7 and 8;* ***Evaluation criteria:*** *relevance, effectiveness*
Recommendation: *Strategic level R2 & 3*

4. Given the extent of political unrest and crisis and emergency situations, UNFPA ASRO has greatly invested and has been key in emergency preparedness, specifically with the implementation of the MISP at the regional, CO and through national entities. However, the evaluation concludes that COVID-19 has highlighted a number of gaps in ensuring commodity procurement, human resource management, disruption in service provision and in turn increases in negative health outcomes including increases in gender-based violence. Strategic consideration for disaster preparedness within the region and advocating for national agencies and governmental buy-in is warranted given the rise in natural disasters, epidemics and pandemics due to climate change. As COVID-19 has highlighted, it has impacted UNFPA's ability to secure commodity distribution to countries and in turn furthering UNFPA's mandate of leaving no one behind. Therefore, it is paramount in investing and strategizing for disaster preparedness efforts across the region and specifically ensuring SRHR is included within those agendas. Stock-outs and limitations in choice of a full range of contraceptive methods are understood to be a key element of quality RH and maternal health programmes, are lifesaving in emergency and disaster situation, and will need UNFPA's future attention. Finally, tighter coordination among UN agencies on the security arrangements is desired.

Origin: EQ 4; 5 & 7; ***Evaluation criteria*****:** relevance, effectiveness
Recommendation: Strategic level R2 & 3

5. With respect to design, there is no specific focus in the RIAP 2018-2021 on vulnerable groups such as people with disability, older persons and HIV prevention.
The implementation considers these issues, but this is not the case for the design of the RIAP. This in turn makes activities appear to be an afterthought and not as an intended approach and vision of the RIAP.

Origin: *EQ 1; 2; 3;* ***Evaluation criteria:*** *relevance*
Recommendation: *Strategic level R2 & 3*

6. The RIAP 2018-2021 has achieved the majority of its intended outcomes and expected outputs. This is commendable in light of all the challenges encountered in the implementation context, as well as changes in regional advisors and the onset of a global pandemic in the form of COVID-19.
However, there is limited synergies between the different thematic areas despite SRH, gender and youth are cross-cutting issues. Whether in design or implementation, there appears to be no clear strategic synergy amongst the programmes.

Origin: *EQ5 & 6;* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Strategic level R3.*

7. The Intervention logic in the results framework was quite robust and contributed to achievement of outcomes, including in humanitarian settings.
There was a clear strategic linkage between planned interventions and the outputs. The output and strategic actions generally contributed to the outcomes among all thematic components of the regional programmes.

Origin: *EQ5 & 6;* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Strategic level R3.*

8. COs generally are not familiar with the RIAP but are fully aware and appreciate the role of ASRO. This is evident in the positive feedback about the technical support provided by ASRO and the guidance on capacity strengthening of local partners.
COs believe that the RIAP could be better contextualised to the actual similarities across some countries. There is a strong request by COs for the development of regional roasters on experts that can support COs activities and interventions. There is also requests for increased knowledge management, support in advocacy and policy reform/dialogue, and the development of communication materials.

Origin: *EQ 1; 2; 3;* ***Evaluation criteria:*** *relevance*
Recommendation: *Strategic level R2.*

9. Effectiveness of the RIAP cannot be viewed as uniform piece because the Arab Region is not a homogeneous region. Problems are not uniform across the region and capacities in knowledge, experience and wealth is also not uniform. The problems of young people are not homogenous across the region and the power and potential of CSOs is very varied.
This requires adaptation of the RIAP to respond to the varied needs across the region. This could be accomplished by developing sub-regional targets and goals where similarities and challenges could be identified and addressed systematically.

Origin: *EQ 1; 2; 3 5; 6; 7 and 8;* ***Evaluation criteria:*** *relevance, effectiveness*
Recommendation: *Strategic level R2.*

10. There is a dichotomy between development and humanitarian work. Only in one or two places is there a slight focus on the nexus (Iraq and Jordan). The RP can play a more effective role in promoting movement across the two by investing in sharing of experiences, documenting of lessons learned and best practices and piloting of regional projects across countries.

The positive feedback on the Syria Hub is an example of a regional model that can be replicated across other important areas outside the humanitarian sphere e.g. youth or adolescents.

Origin: *EQ 2; 7 and 8;* ***Evaluation criteria:*** *relevance, effectiveness*
Recommendation: *Strategic level R2.*

11.The RP has made good progress on the integration of gender issues into the work of the different thematic areas. There is clear evidence of the importance afforded to gender sensitivity and mainstreaming in all activities.
These are relatively small steps and attention to the integration of men and boys appear lacking from important programmes such as GBV, SRH, gender whether in humanitarian or development settings. Furthermore, the integration of rights-based approaches seems limited in the work of the RIAP.

Origin: *EQ 2; 7 and 8;* ***Evaluation criteria:*** *relevance, effectiveness*
Recommendation: *Strategic level R3.*

12. Data as a foundation for evidence-based programming was well articulated in the RIAP. However, the investment in data in terms of human and financial resources needs to be strengthened especially in the advent of the COVID-19 pandemic.
The generation of data to enable the development of evidence-based programming and policies in all thematic areas of SRH, AY, GEWE and PD is well articulated in the RIAP. UNFPA has indeed managed to improve data related systems and production, and policy-related demographic intelligence systems in several countries in the Arab States.

Origin: *EQ5; 6; 9 and 10;* ***Evaluation criteria:*** *effectiveness and efficiency*
Recommendation: *Strategic level R7.*

13. The regional partnerships established by ASRO through the RIAP are very important from a policy dialogue point of view. Further attention is needed to identify the key policy bottlenecks that are present at the regional level and develop adequate approaches and partnerships to address them to help improve the policy environment for the work of UNFPA at the regional level. In addition, UNFPA ASRO was an active member of the UNSDG and was a valued strategic partner of other key regional and national stakeholders in the Arab States.
The RIAP had a well-articulated coordination framework for the implementation of the programme at the regional and national level. The UNFPA ASRO actively works with other UN agencies in the region as well as other strategic and bilateral organisations. ASRO also supports national and governmental entities in the region through its partnerships with regional partners.

Origin: *EQ9; 10; 13 and 14;* ***evaluation criteria:*** *efficiency and UN coordination*
Recommendation: *Strategic level R4*

5.2 Programmatic Level

14. Gender equality remains an important aspect that requires contextualisation which seem to be missing from the RIAP. The objectives of the GP adopt a one size-fits all while the situation of gender equality and the key priorities within it are not uniform across Arab States.
This is particularly the case in terms of policies as well as grass-root engagement of different CSOs. Addressing gender equality particularly VAW and discrimination are often perceived as easier within humanitarian settings than within the development realm. Both are important and valuable, but they continue to function in silos within the RP. When it comes to humanitarian settings, the focus is on GBV while within the development settings there is a strong focus on other dimensions which may or may not include GBV as an important element to consider and address.

Origin: *EQ2 and 7****: Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 14.*

15. Significant progress was achieved in the provision of evidence and on strengthening the population-related data systems and policy – related demographic surveillance systems.
The UNFPA RIAP helped to address long standing shortfalls in population data and related human capacity. The RIAP expanded the scope and quality of modern census and registry data, increased the use of geo-referenced population data to accelerate progress towards the SDGs, and advanced the objectives of UNFPA's mandate. Only with high-quality population data, and the capacity to access and use such data, will governments be in a position to achieve the SDGs and universal access to sexual and reproductive health and rights by 2030. Challenges remain particularly in relation to adequate funding, capacity building at the IP level within supported countries, and due to COVId-19 which calls for more innovation in data systems and in particular national household survey and census enumeration methods.

Origin: *EQ 5; 6; and 8:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 14.*

16. ASRO's 2018-2019 RIAP has contributed to UNFPA's five modes of engagement, and for SRHR knowledge mobilisation and policy and advocacy seem to be the two strongest of the RP.
Collecting evidence-based findings on women and girls' living with disabilities experienced with violence in Egypt, and SRH equity in the Arab States are important contributions of the RP in its generation of evidence-based findings, integration of human-rights approaches in its intervention and design and "leaving no one behind". Further, the evaluation indicates that the SRH component of the RP has partially been able to achieve integration of gender in their activities and initiatives given that within the design and implementation of the RIAP gender is often assumed. Further attention to human rights-based approaches and sexual and reproductive rights in discourse with governments and partners has proven to be difficult. Overall, the SRHR component of the RP was exceptional in ensuring sustainability of the SRHR activities and programs as they established strong global and regional and national partnerships. However, the SRHR component of the RP face gaps in its sustainability to due national governments and agencies reluctance in institutionalizing human rights approaches into their national reproductive health strategies and regulations.

Origin: *EQ 5; 6; & 8:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 17.*

17. The gender component has successfully achieved the outputs set out in the RP.
The effectiveness of the regional programme varies depending on the mode of engagement. Technical support and capacity building for COs and governments seem to be the strongest mode of engagement. Communication and knowledge management appear weak with COs not aware of the important knowledge production pieces developed or policies supported by the RO. The attention provided to GBV has enabled a continuation of support to the GBVims and the functioning of collaboration in the referral pathways in emergencies. In addition, the gender component provides support to countries within the development and humanitarian contexts. In each of these different contexts, the GP has been effective and efficient.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 8 &11.*

18. The absence of the integration of men in the GP component seems to be the weakest aspect of the intervention. RIAP GP activities within the humanitarian and development settings seem to overlook the importance of integrating men and boys in promoting gender equality as mandated by the business model, strategic plan and best practices.
Another key gap presents in the weakness of the south-south cooperation and communication. The weakness in contextualization and "nationalization" of the interventions is probably the main cause for these identified weaknesses.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 11.*

19. Since 2018, the programme has seen a change of three regional advisors for gender, human rights and culture. This has affected the RO capacities and abilities to systematically provide support and guidance to regional partners.

Support to regional partners within the gender component has seen differences and disparities over the last few years with interest and commitment to different projects varying depending on the file (FGM, CM, other) and the person in charge at RO. Moreover, there is limited capacity within RO for managing GBV in emergencies and this task is given to the humanitarian section which is almost working in complete silos from the overall gender work of RO.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 8.*

20. UNFPA at the global level has three transformational results that all regional and national programmes are working towards. To achieve these transformational results, there is a need to strengthen internal mechanisms of collaboration and coordination across and between the different thematic areas. Further, gender mainstreaming across the different thematic areas is needed to strengthen response and achievement of the transformational results. In addition, there is limited attention to the humanitarian-development nexus which requires a restructuring of the gender work to ensure more collaboration and integration of best practices and lessons learned across the region.
The strong focus on capacity building is an important aspect that could support sustainability of interventions. Moreover, RO provided important support for the continuation and the functioning of GBV in emergencies which is also important for sustainability of services to affected populations. Partnerships established with regional bodies, institutions and UN agencies are long term engagements between UNFPA and these entities. This strong level of collaboration and coordination shows a commitment from different partners in the gender agenda of UNFPA. UNFPA is the lead agency for GBV as well as the GBVims task force and case management. In humanitarian settings, UNFPA COs lead most of the GBV related coordination and having UNFPA leading these components is very important and helps place it on the agenda and improves coordination amongst the different actors and to see how to adapt programming.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 8 & 13.*

21. Significant challenges to development in the Arab States in the last two decades have had profound effects on the demographic, economic and social changes in the Arab region. With one third of the region's population under 15 years of age, youth aged 15-24 years increased from 49 million in 1995 to nearly 73 million in 2020. This youth bulge is the result of high fertility rates in the region in previous decades. Population movement, unprecedented rates of voluntary and forced migration and displacement, including migrant labor in the Gulf region in particular, high fertility rates and accelerated demographic growth, poor human capital, particularly among the young in some countries can strain the 2030 Sustainable Development Agenda, if not adequately addressed in policies and practices. Most states in the region are yet to adequately invest in education, health, skills and opportunities accessible to young people so as to turn this burgeoning youth population from a challenge to a great opportunity.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 16 &17.*

22. The adolescent and youth component of the RIAP 2018-2021 has proven to be flexible in its approach and implementation. Yearly review of workplans at the CO office ensured relevance and flexibility to changing contexts and circumstances. For example, some countries were not in conflict situations at the beginning of 2016/2017 when the RP was developed and have since then became plagued with a conflict context as such, the review of the workplan affords the AY component with the needed flexibility to adapt to changing circumstances.
The AY component of the regional programme has made steady progress on the generation of important data on young people in the region as well as implemented activities supporting increased participation of young people in different domains. The convening of two sessions of the Arab Youth Forum has also been one of the key achievements of the AY component to date.

Origin: *EQ 5 & 6:* ***Evaluation criteria:*** *effectiveness*
Recommendation: *Programmatic level R 8 & 15 & 17.*

CHAPTER 6: Recommendations

Based on the conclusions, the following recommendations were developed in a consultative process, as a result of a participatory discussion with key informants from RO, COs and IPs as well as from the accumulation of the key results from the CO Survey. The recommendations are presented at strategic and programmatic levels. The priority levels and target levels have been indicated for the operational implication of the recommendations. The timeframe for the implementation of the recommendations has also been indicated under short-term, medium-term and long-term period.

6.1 Strategic Level

Short-term period

1. During the design and implementation of the upcoming RIAP 2022-2025, priority should be given to wide consultations with key stakeholders at all levels including centres of excellence, donors and thematic coalitions from within the region. Ongoing consultation should occur during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in development and humanitarian settings in the Arab States.

Operational Implications: The RIAP 2022-2025 should remain aligned to international, national and sub-national priorities and needs as well as being responsive to the changing environments in the Arab States. UNFPA ASRO and its partners should ensure wide and continuous consultations with key stakeholders at all levels including marginalised, hard-to-reach and most vulnerable populations. Leveraging strategic partnerships has been strong and should continue in the RIAP 2022-2025 with UNFPA ASRO making the best use of its comparative advantage in resource mobilisation from regular and new sources. Technical implication: RO to support COs on the adoption of appropriate methods to continuously reach and consult the marginalised, hard-to-reach and most vulnerable populations in supported countries in the Arab States. Financial implication: RO and COs to ensure that adequate financial resources are available to respond to the changing environment and needs.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 1

2. Reflect the particularity of the Arab States by ensuring that one of the outcomes of the next RIAP is clearly focusing on clear results within humanitarian settings. This would allow an integrated focus on the sub-regions affected by humanitarian crisis (on-going or protracted) and increases the overall relevance of the RP to the needs and priorities of the region.

The UNFPA RO should consider adjusting its planning to reflect the priorities by sub-regions. This would allow a stronger focus on the priorities and needs within humanitarian settings as well as within the development context systematically drawing lessons learned across both.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 2; 3; 4; 5; 9 & 10.

3. Embracing human rights approaches within its programming would enable a stronger focus on rights and the clarity of adopting the concept of leaving no one behind. Specific outputs need to focus on reaching the most vulnerable populations which would possibly include people with disabilities, people living with HIV and the LGBTQ+ communities across Arab States.

Operational Implications: UNFPA RO needs to develop a strategy for the integration of vulnerable populations in its development and humanitarian work across the region. The Strategy should map out existing initiatives, partners and resource options. This would also enable UNFPA RO to assess the risks associated with the approach and design appropriate mitigation measures if risks are identified especially in what concerns support to the LGBTQ+ community. Addressing some of the sensitive groups such as the LGBTQ+ communities would require adopting innovative approaches such as mainstreaming sensitive topics within agreeable approaches. Taking the livelihood activities for adolescents for example. Instead of saying SRH education for adolescent, we say livelihood work.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 4; 5; 6; 7 & 11.

4. There is need for the UNFPA ASRO to continue building and strengthening partnerships with other UN Agencies in the region to enhance resource sharing and to support joint activities of the UNSDG, and in turn enhancing the added value of UNFPA. Partnerships with bilateral development partners should be strengthened. UNFPA ASRO should proactively strengthen strategic partnerships with strategic partners such as LAS, AITRS, ESCWA that have mandate to address problems of drivers of GBV and harmful practices, FGM, early marriage, ageing, and humanitarian emergencies.

Operational Implications: The technical implications are (a) UNFPA ASRO should continue to optimally make use of its comparative advantage as a data and evidence driven agency and the leader in integrated programming anchored on gender and human rights as well as an agency with technical expertise, multi-sectoral programming, and the humanitarian aid-development-peace nexus; (b) UNFPA ASRO should deliberately create strategic alliances with partners to increase opportunities for holistic programming for GBV prevention and elimination of harmful practices. This should be preceded by formative assessments on GBV-harmful practices in development and humanitarian settings; and analysis of risk factors for GBV, gender inequality and human rights violations in conflict-afflicted areas as well as during emergencies.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; Based on Conclusion: 13.

Medium-Term Period

5. Strong strategic leadership, robust technical advisory capacity from ASRO and capacity building is needed to support integrated programming at regional and national levels for both COs and IPs. This is to address the capacity gaps and challenges in leadership and implementation of the RIAP at country level.

Operational Implications: There is considerable appreciation and efforts to adopt strategies for integrated programming in SRHR, A&Y, GEWE and PD at the regional and national levels. However, there are capacity gaps and challenges in leadership and implementation of the integrated programming approach at sub-national levels in some of the countries in the regional. The technical implication is that advocacy by the RO among top leadership of IPs for integrated programming should be a major priority for the next RIAP. There is need to systematise, standardise, monitor and establish accountability mechanisms for integrating gender equality, rights and gender transformative programming in the RIAP.

Priority: High; **Time Frame**: Medium-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 2

6. In order to strengthen equity, the human rights-based approach and leaving no one behind, the next RIAP should actively advocate for use of the differentiated service delivery model in the COs and IPs in the region to facilitate effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in the countries in the Arab States.

Operational Implications: Service delivery and programming models for the general population rarely effectively target hard to reach communities such as people with different types of disabilities, fishing communities, people leaving in mountainous areas, nomad and most-at-risk populations and the LGBTI. The technical implication is that UNFPA ASRO and the COs should lobby strategic and operational partners to make deliberate efforts to explore different specialised and context specific models that are effective in reaching these groups and communities. They should consider conducting situational analyses in order to understand the needs of hard-to-reach populations and communities.

Priority: High; **Time Frame**: Medium-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 2

7. UNFPA ASRO and its partners should ensure that the next RIAP continues to strengthen focus on data and evidence-based programming. This will increase the comparative advantage of UNFPA and further increase its credibility among multilateral and bilateral donors at regional and country levels.

Operational Implications: The financial and human resource implications are that there is a need to deliberately mobilise resources to increase investment in data with a focus on human and population-related and demographic-related systems at COs and among strategic IPs. Additional provision of support is needed from UNFPA RO to ensure balance between workload and staffing to foster effective and quality research, monitoring, learning and knowledge management among supported countries in the region.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA RO and UNFPA COs; **Based on Conclusion:** 12.

6.2 Programmatic Level

Short-term period

8. Ensure coherence of the gender component by focusing on integration between gender in development work and gender in emergencies. This paradigm shift would enable a stronger integration of gender issues beyond a focus only on GBV.

Operational Implications: This recommendation has several implications one of them is staffing. At present RO does not have a GBV advisor (GBV in emergencies or otherwise) this is a critical gap that should be addressed to ensure adequate attention is provided to GBV issues beyond ensuring coordination and collaboration through the sub-cluster system of humanitarian operations. A second important implication is the development of guidelines and checklists for COs on how to use regional declarations and commitments for the advancement of the gender agenda within humanitarian and development settings. It also requires close attention to providing guidance on the groundwork that needs to take place at the policy and advocacy levels at national levels to ensure that gains acquired in humanitarian contexts are not lost as countries move towards more stable development contexts.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 11 & 13.

9. In order to further integrate SRH equity and HR approaches, and address the priority of "leaving no one behind", the RIAP needs to develop innovative methods to advocate for populations that are experiencing unmet need; including unmarried women, youth, LGBTQIA populations and women with disabilities.

Operational Implications: The technical implications are the social conservatism in Arab States, which has historically hindered the ability of ROs and COs to effectively advocate for SRH among these populations. There needs to be a purposeful effort in lobbying operational partners to explore strategies and interventions that have proved successful in the region that can be emulated and applied to like-contexts. In addition, ASRO should draw on its findings and evidence-based recommendations to mobilise partners and implement strategies to meet sexual and reproductive health needs. There needs to be compromise and consensus between ROs, COs, and IPs to strike a balance between country-specific sociocultural contexts and SRHR needs of its populations.
Priority: High**; Time Frame:** Medium-term**; Target level**: UNFPA RO, UNFPA COs, IPs**; Based on Conclusion:** 16.

10. Increase collaboration with grass-root organisations, women machineries and other civil society organisations at regional and country levels to support advocacy and policy changes targeting women and girls.

Operational implications: Afford adequate attention to working with CSOs as joint programming at the regional level. This would enable the development of stronger understanding of women SRHR and promote the rights of women. This would also mean re-aligning the RIAP with the guiding principles of the business model.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 11 & 12.

11. Ensure that all gender and GBV interventions integrate men as champions of gender equality.

Operational Implications: Develop guidelines and strategies for the engagement of men and boys in promoting gender equality and combating VAW and GBV across the Arab Region. This could be done by increasing partnership with CSOs across the region and designing specialized programmes that focus integrating men. RO could work with the established youth-led networks as a starting point and gradually expand its activities to other groups and entities.

Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA RO, UNFPA COs, IPs; **Based on Conclusion:** 11 & 12.

12. Ensure the institutionalisation and operationalisation of the Arab Youth platform and support young people in implementing projects that mainstream gender and human rights and focus on the importance of SRHR.

Operational Implications: UNFPA RO should ensure that all the different pieces produced and supported by RIAP come to a completion. This would include the rolling out of the Y-Peer manual, the finalization of the youth platform. UNFPA RPO should also ensure the training of youth leaders on mainstreaming gender and human rights in their activities and approaches. Special priority of funding should go towards projects that target SRHR as the core business of UNFPA while recognizing the importance of other priorities such as life skills, employment and others.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA RO and COs; **Based on Conclusion:** 15

13. Promote the continued strengthening of regional and national data systems and improved demographic intelligence to enable the identification and planning for those left behind or affected by crises and natural disasters in the Arab States.

UNFPA ASRO should continue to work with strategic partners in the region and its membered countries to support and capacitate population-related data systems and policy-related demographic surveillance systems. The COVID-19 pandemic presented an opportunity for UNFPA to think outside the box and device new and new innovative methods of census enumeration.

Priority: High; **Time Frame:** Short-tem; **Target level:** UNFPA RO and COs; IPs; **Based on Conclusion:** 15.

Medium-term period

14.To further promote South-South Cooperation (SSC), the RIAP should improve knowledge sharing in upstream and horizontal communication channels. This will prevent duplication of efforts, improve the efficiency of RIAP initiatives, and enhance collaboration and complementarity among agencies in the Arab States.

Operational Implications: The technical implications for the RO in developing the 2022-2025 RIAP involve recategorizing sub regions by SRH challenges related to social, political, or economic factors, rather than by geographic proximity. Mobilizing the strength of the M&E team at the RO and its strong relationship with M&E staff or focal points in the region presents an opportunity to facilitate upstream knowledge management across thematic areas and ensure it is systemized prior to horizontal expansion. The human resource implications include strengthening the capacity of staff to effectively facilitate SSC interventions through targeted, evidence-based, regularly scheduled training and capacity-building events. The financial implications include dedicating SSC budgets into programme documents and mapping opportunities to support SSC development through academic institutions and thinktanks in the region.

Priority: High**; Time Frame:** Medium-term**; Target level**: UNFPA RO, UNFPA COs, IPs**; Based on Conclusion:** 14.

15. Promote the development of national level partnerships around adolescents and youth that mirror partnerships established at the regional level. This would facilitate the development of adequate adolescent and youth policies at national level and ensure sustainability.

Operational implications: Work with CO on forging partnerships with WFP, UNICEF and other UN and none-UN entities that are working on adolescent and youth health and other priorities. This would help mainstream partnerships' outcomes achieved at the regional level and increase the effects on the ground.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA RO and COs; **Based on Conclusion:** 21.

16 The next RIAP should focus on PD as this a vehicle for the realisation of the demographic dividend in the supported countries in the Arab States. In this regard, the RO should advocate for and support to increase and ensure adequate resource mobilisation for PD among the countries across the Arab States to match the current needs.

Operational Implications: UNFPA should advocate and popularize PD issues across the Arab states to ensure that it is prioritised for funding by government and donors. There is need to build the technical capacity of human resources at regional and country level to effectively make use of DD compliance tools.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA RO and COs; IPs; **Based on Conclusion:** 21.

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Long-term Period

17. The COVID-19 pandemic has presented unforeseen challenges to SRH commodity security and service delivery in the region. In the event of subsequent pandemics or environmental disasters, UNFPA needs to be able to ensure contraceptive commodity security, and address GBV. ASRO should consider nationalising SRH priorities in disaster preparedness efforts and strategies.

Operational Implications: The technical implications for the RO include mobilising the Crisis Response Team (CRT) to advocate for disaster preparedness efforts with COs, national governments, and IPs. Also, ASRO should mobilise the information gleaned from studies conducted during the COVID-19 pandemic for COs and IPs to advocate at the national level and prepare for future disaster preparedness efforts. The human resource implications involve ASRO and COs developing strong partnerships with disaster preparedness players on the ground to promote SRHR in its programming in the region. These efforts will require additional financial resources to COs and IPs specifically allocated for disaster preparedness, particularly in regions that do not have funds earmarked for humanitarian crises.

Priority: High**; Time Frame:** Medium-term**; Target level**: UNFPA RO, UNFPA COs, IPs**; Based on Conclusion:** 16.

18 . Build on the role played by young people during the COVID-19 pandemic by strengthening existing Y-peer networks and Arab Youth forum membership by designing specialised programmes that help young people respond to crisis. This would help increase youth participation and engagement.

Operational implications: Develop lessons learned from working with youth-led networks during the COVID-19 pandemic in crisis and none-crisis countries and design new initiatives through the Arab Youth Forum or the Coalition of young people in peace and security to identify potential additional entry points for youth participation and engagement.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA RO and COs; **Based on Conclusion:** 21 & 22.

ANNEXES

Annex 1: Country Case Studies

Country Case Study: Egypt

Background

Egypt spans North Africa and Asia, bordering the Mediterranean Sea to the north, the Gaza Strip and Palestine to the northeast, the Gulf of Aqaba and the Red Sea to the east, Sudan to the south and Libya to the west. Its total land area is slightly under one million km^2. Egypt is classified by the World Bank as a lower-middle income country. Though Egypt has shown marked progress in a number of indicators, numerous challenges persist. Egypt is the most populous country in the Arab region. The country's population has nearly doubled in the past two decades and is estimated at 95.7 million in 2016. The youth aged 18-29 represent a quarter of Egyptian population and the youth bulge that started in 1995 is expected to continue till 2051. Over the past 25 years, the female and the male life expectancy at birth increased by 6 years while the total fertility rate remains stagnant, ranging between 3.3 and 3.1 children per woman.

Egypt is faced with issues related to early marriage, early initiation of childbearing, continued practice of female genital cutting (FGC), increased rates of GBV, and religious conservatism obstructing the provision of reproductive health information or services to unmarried youth. Consequently, knowledge of STIs, contraceptive methods, or other RH issues is low among adolescents and youth in Egypt, and very limited attention is directed towards male responsibility in reproductive health. Indeed, majority of existing reproductive health information and services are directed to married women. UNFPA is therefore working with partners to ensure access to sexual and reproductive health, GBV prevention and response services, population development needs and Youth and Adolescent health. Although focusing primarily on responding to the development needs of the Egyptian population, UNFPA has also been working on the increased humanitarian situation arising in its country.

Findings

Relevance

Overall, the participants were in consensus that the 2018-2021 RIAP is relevant to their CO programmatic work. Indeed, the design of the RIAP included a robust consultative with a wide range of stakeholders, including their country program, to ensure that the context and needs of the region are reflected and further UNFPA's overarching mandate. However, other stakeholders discussed the lack of specific guidance for countries in ASRO. As explained by a participant, "Yes, the RIAP is in alignment with UNFPA's strategic plan, but this is the point of the RP, they are meant to strengthen the alignment between Headquarters and COs. I see that there is a willingness to do this, but the region is so diverse. Maybe splitting the document into sub-regions, that have similar contexts or similar issues."

Egypt CO has the privilege of geographical proximity to the RO, making understanding and cooperation harmonious. As noted by a participant, "You know, we are one floor a part, so it makes communication and involvement between the two offices very easy". As a result, the Egypt Country Programme is often included in Regional activities and studies. Indeed, the findings from the desk review suggest complementarities and synergies between RO and Egypt CO. These complementarities are bi-directional, with the CO and its partners benefiting from RP advisors' technical expertise and providing strong programmatic engagement and partnership on the other.

Finally, findings from the survey and KII indicate that the 2018-2021 is indeed aligned with the SRH, A&Y, gender and PD, needs and priorities of Egypt as they work on achieving the three transformational results, reducing the rates of harmful practices and gender-based violence, include adolescent SRHR and reaching demographic dividend in the country. Further, the RP addresses issues concerned with the relatively small humanitarian situation in Egypt and is able to provide sound technical support to the CO, especially at the start of an emergency.

Effectiveness

The evaluation findings suggest that Egypt CO found ASRO effective in providing strong technical assistance, M&E system improvement, resource mobilization and partnership management. Indeed, all participants across the thematic areas applauded the RO for their prompt support and resource sharing. As noted by a KI, "What we mainly received from the regional office is technical assistance but for all levels of the program. For example, if I ask about assistance on the MISP, immediately the advisor will provide me feedback. When I asked for information on child marriage, the advisor *immediately* sent me reports and articles…It helps that we are in the same building, before COVID-19, we could go into the advisor's office and ask for assistance". Further, participants expressed appreciation for ASRO's decentralized nature and the freedom that it associated.

Other participants noted that as 2018-2021 RIAP had to meet the needs of an extremely diverse region that was filled with political, social and economic instability, and CO felt its effectiveness was constrained and that it would be more useful to COs to have tailored sub-regional programmes for the Arab States, thus avoiding generalities and the 'one size fits all' approach. As a result of trying to accommodate the whole region under one programme, the RP is seen to have too many directions and is therefore less effective than it might be.

At the regional level, stakeholders mentioned capacity building as the mode of engagement that needs more attention, and this was validated from the KII and through the survey results. The findings suggest that for more effective programming the CO is in need for capacity building efforts, as explained by a participant, "We need to increase the capacity building of our IPs, but we need to increase the capacity of the CO to increase the capacity of the IPs. Everyone is very busy working on their own programs, but we need to invest in building the capacity of institutions to sustain our efforts in the country". A number of stakeholders noted that the communication lines between RO and CO staff can be sporadic and uneven. As described by a stakeholder, "The weakness of the ASRO RP is that the sharing and line of communication is not well organized, and I would not know what they would need from me. Requests for information are a few times a month, and this is a lot as it is not planned. We would need better planning, and this would make me at least clear about the load of work that I might have in front of me, and this is currently absent".

The evaluation indicates that ASRO has not been effective in mainstreaming gender into the CO's programming. As articulated by a participant, "Gender needs to be reinforced, but we need to sit down and work with both the SRH and gender advisor at the same time. We need to receive tangible examples on how to integrate gender into the different thematic areas, unfortunately this is not being integrated from the end of the RO." Indeed, the findings suggest that despite efforts, the different thematic areas continue to work in silos at the RO. Participants noted that the RIAP was especially effective in knowledge mobilization in this programmatic cycle. As an example, during COVID-19, ASRO was involved in collecting data on SRH and COVID-19.

Efficiency

Although generally satisfactory and remarkable progress is achieved by CO, massive contextual changes (human, financial and technical) led to efficiency challenges on programme focus and implementation. Efficient record keeping on: project activities, documents, deliverables, knowledge products, and beneficiaries' documentation suffers shortcomings. However, CO staff commented on the overarching improvement of their M&E system due to the support they received from the M&E advisor.

The CO expressed gaps in the efficiency of the RP, as participants mentioned limited human resources as a major barrier for optimum efficiency. Participants expressed feeling of overwhelm due to CO being understaffed. Further, although CO staff highly appreciated the technical assistance provided by the RO, knowledge and resource sharing among the COs in the region is limited. A participant suggested, "We should take advantage that we are now all working online, the COs can now intervene and can for example provide support in upscaling practices and can provide support in highlighting good results at the regional level. It can allow us to exchange easier within the region. We need to have regional meetings and regional learning at the regional level and regional strategies and what the lessons we have learned. Also, this fills the gaps when it comes to existing expertise, we need to share a list of trainers, academic institutions, right now there is no mechanism for this".

Participants also explained that there is a need to build partnerships and capacity with think tanks, centers of excellence and academic institutions within the region to enhance the efficiency of the activities of the RP and CO long term. This was especially highlighted within the population and development program, as a participant explained,

"We have three people [consultants] who we are always calling onto in the region who are P&D specialists, and we work with them, but they are also busy with other areas in the region." The evaluation also indicates that to improve the efficiency of the RP and CO activities, the RO should continue seeking multi-country and multi-year funding mechanisms.

Finally, the CO perceives RO as operating in silos, with little observed interaction between programmes at the regional level and a type of 'tunnel vision' regarding their own programme. This is especially true for the development section of the CO work. A participant explained that unlike humanitarian programming gender, SRH, PD continue to work, for the most part, separately.

Sustainability

It is suggested that the RO consider conducting a cost benefit analysis to identify best practices, models to be scaled up and what brings the region best value for money. Commonalities between countries could be identified with help from the RO, and the COs given the advocacy tools needed to develop their full potential in terms of fund raising, and developing cross-cutting programmes which, according to the CO is much needed.

Finally, key stakeholders raised data-analysis and knowledge translation as important factors that impact the sustainability of its programming. Despite undertaking of a robust M&E system, intervention studies and the development of policy briefs from the RO, without building the capacity of CO staff, sustainability and efficiency of its programming will be hindered. Further, developing the capacity of CO in data analysis and policy literacy would enable the CO to become more self-sufficient to develop evidence-based programming and advocate for potential policy changes.

UN Coordination

Overall, all of the interviews with KI participants noted the extensive effort UNFPA has invested in collaborating and partnering with other UN agencies and iNGOs across Egypt. Indeed, the findings from the desk review suggests that UNFPA CO currently engaged in several UN coordination mechanisms within both the humanitarian and development sector. The main body managing coordination within UN agencies in Egypt is UNPDF where work amongst UN agencies is coordinated. UNFPA Egypt CO leads on SRH, Youth engagement and reducing GBV and harmful practices such as FGM across the country. UNFPA is responsible for the cooperation agreement (former UNDAF) and also chairs the M&E working group. The partnerships at the global level are reflected at the country level. For example, UNFPA works with UNICEF concerning FGM and child marriage, WHO regarding RH related activities, and UNWomen regarding GBV related work. Recently UNFPA has also taken part in the Issue Based Coalition (IBC) and the COVID response task force. Further, KII with country and regional partners highlighted strong partnerships with a number of iNGOs such as Plan International and CARE.

Stakeholders at the Regional and Egypt country level repeatedly noted the comparative strength of UNFPA as an organization and its clear eye focus on SRH, Youth engagement, GBV and PD, in general, which makes it distinctive from any other UN agency. Indeed, UNFPA was especially praised for its potential in data management, as noted by a country level stakeholder, "there are major data gaps, and it is difficult to measure progress from 2015-2020, but we need to take action anyway...it is a global, regional and country level issue. Data is a critical issue where significant work needs to be done in every country, and for Egypt I think UNFPA can have a stronger role on data availability and quality."

The findings from the desk review suggests that in crosscutting and overlapping areas of operations surround, gender, FGM, youth and adolescents, that it is reflected in UNFPA's joint programmes and programming (e.g., UNDP, UNICEF, UN Women, SIDA, UNHCR etc.). UNFPA is the lead agency for GBV and also co-leads on the SGBV sub-working group with UNHCR. UNFPA Egypt CO is in charge of the coordination of the GBV services I and ensures efficient and effective inter-agency response. As expressed by a participant, "The GBV coordination unit in NCW is a very important platform for the organizations working on GBV issues. With regular engagement with all partners on the ground and among line ministries, we are able to always be up to date on the GBV status in terms of provision of services. This mechanism was set in place so that we could combine all of the 'know how' and better respond to the needs of GBV survivors…This should be across all thematic areas; with this approach the country level priorities will be better reflected"

UNFPA CO also actively chairs the Youth Task Force (TF), by the UNFPA CO Representative and Youth Specialists, co-chairs SGBV sub-working group by the Assistant Representative and Gender Specialist, and chairs the M&E working group through the participation of the CO M&E Specialist and M&E Associate.

Leave No One Behind

Many of the KIs mentioned the notion of Leaving no one behind when prompted about the human rights approach in their programming. The majority of the participants noted that Leaving no one behind allowed for more inclusive programming for marginalized populations, such as people living with disabilities, migrants and refugees. A number of KIs raised concerns regarding the feasibility of this mission given donor requirements. As explained by a country level stakeholder, "We are constrained by the funding requirements on who we can provide services to. For example, I am working on an intervention for SRH for Syrian refugees, but I also have Sudanese that need services, I cannot provide services to the Sudanese beneficiary because the funding is allocated for Syrians."

Donors are under increasing pressure to allocate their funding efficiently and effectively. While funding for humanitarian action has risen in recent years, this rise is outmatched by the sharp increase of humanitarian need and the diverse populations that host communities are catering to. Across decision-making processes of donor agencies, there will be varying degrees of 'path dependency' for humanitarian donor staff. Path dependency refers to the idea that 'most decisions appear to be made within quite tight parameters: the range of options being limited by previously decided questions about strategic priorities, available resources, and target populations. Much of the broader literature on humanitarian decision-making has highlighted its path dependency and noted this as a distinct challenge to evidence- or data-driven decision-making. If options are based on prior decisions or commitments, this seems to leave little, if any, room for evidence and data to influence decisions, limiting agencies in their ability to meet the needs of the most marginalized populations without dedicated programs and funds from donors. The top-down approach of funding allocation decisions should include pre-defined levels flexibility for IPs to successfully meet the needs of the most vulnerable and populations that might be overlooked.

South – South and Triangular Cooperation

South-South and triangular cooperation remain areas of high value to UNFPA CO members and IPs, and currently as it stands, has strong improvement potential. Many of the participants noted the unique position and leadership ASRO could play to further facilitate South-South Cooperation within the region. As noted by a participant, "the RO has a better idea of what is happening in the region, when we discuss or collaborate on any work, we don't have to worry about having to explain the context, it makes things easier." Other stakeholders focused on the ability of the RO to strengthen its partnerships with leading regional organizations such as the League of Arab States (LAS).

Stakeholders also noted that currently there is little engagement among the COs within the region, despite its ability to address gaps in knowledge mobilization and translation. As explained by a KI, "We want to connect with the other COs, right now there is no consistent line of communication. Say if I am starting to work on early marriage, and I see that Jordan or Lebanon have been working on this issue for a while, I want to be able to connect with the team to gain insight on lessons learned, success stories and sharing of resources." As a result, COs across the region continue to work in silo and duplicate their efforts.

Country Case Study: Iraq

Background

Despite boasting significant natural resources and skilled human capital, Iraq's development has been marred by decades of wars, international sanctions and internal strife. Active in Iraq since 2004, UNFPA focuses on improving the life of women and youth by increasing access sexual and reproductive healthcare services and information, supporting programmes to empower women, encouraging youth leadership and participation, and working to incorporate youth issues into national development strategies. UNFPA also provides support during humanitarian emergencies.

Iraq has been in a phase of transition since the declared end of the conflict against the Islamic State of Iraq and the Levant (ISIL) in December 2017. Nevertheless, political instability and internal displacement continue to drive humanitarian needs. The country is also vulnerable to natural hazards, particularly earthquakes and floods. Internally displaced people face difficult conditions, including inadequate to basic needs such as access to food, healthcare, water, sanitation, and education. Employment opportunities in Iraq have proven to be limited. Access to basic services is particularly difficult for women and children from female-headed households. Gender-based violence (GBV) and traditional practices such forced, and child marriage are common practice. Challenging living conditions also contribute to negative coping strategies such as survival sex. UNFPA is working with partners to ensure access to sexual and reproductive health for all as well as GBV prevention and response services. Although focusing primarily on responding to the emergency needs of the Iraqi population, UNFPA is also working to enhance resilience and recovery.

Findings

Relevance

The RIAP is relevant to Iraq CP. The global mode of development of RIAP and CP ensures a cascading approach where global level results are mirrored in regional and country programmes to ensure coherence and consistency. The cascading model also ensures alignment from global to country level to sustain the achievement of results. The global strategic information system (SIS) ensures that the CO adheres and reports on agreed upon indicators and ensures that the plans converge towards the achievement of results.

The RIAP 2018-2021 is aligned with the needs and priorities in Iraq as it addresses issues concerned with the humanitarian situation and all the thematic issues that are of concern to Iraq CO. As noted by a number of stakeholders, the RIAP is not specific to a particular country, as it shouldn't, but in terms of technical support it provides a focus and guidance for countries especially those managing humanitarian emergencies.

Furthermore, the activities of the RIAP 2018-2021 within the gender component is directly relevant to Iraq especially in what concerns the research on ending harmful practices and early marriage in which Iraq CO was engaged and was one of the countries involved in the research activities.

The RP is particularly relevant to the needs and priorities of Iraq CO in what concerns the AY component. Iraq CO is currently moving towards the development-peace nexus and as such, stakeholders maintained that although at a global level and on corporate level it is not clear what this specifically entails, yet the provision within the RIAP is contributing through the youth peace and security coalition which enables access to coordination and technical assistance from the RP. The strengthening of the Y-Peer guidelines was also deemed as relevant to the context in Iraq especially as it focuses on increasing knowledge and education about SRH which is deemed as a gap in Iraq. "The RO did a very good consultation with us when they were revising this manual and they are bringing in life-skills based education, and this is very useful and also education on SRH which is very helpful in Iraq" explained one of the stakeholders interviewed.

The activities focusing on analysis of youth policy framework, collecting information on youth with disabilities, indicators on young people and adolescent girls and preparing country profiles on youth and adolescent girls, health status, disability and work, education were also considered useful and relevant by Iraq CO. Stakeholders maintained that the AY component was active in convening the Arab Youth Forum to which Iraq CO contributed a delegation and that the studies and analytical work conducted during 2020 was also very relevant to the needs of the CO.

Concerning the RIAP activities in SRH, Iraq CO maintained that they were supported through SRH advisor and consultants for the planning process of transiting from the pure humanitarian response to a development model. This required the development of strategies such the family planning strategy. Iraq CO will start in 2021 the implementation of the strategy in close collaboration with the Iraqi government. The RO also provided support through the nomination of consultants to support government training on forecasting and commodity management.

RIAP 2018-2021 is relevant to Iraq as it also encompasses activities that are directly relevant to the country office. these include support in capacity building of CO teams, government officials especially health care providers and the development of systems for supporting youth and adolescents' access SRH information and services.

It is important to point out that most respondents in Iraq CO were not familiar with the RIAP 2018-2021 and many of the answers were based on understanding of the global UNFPA planning and SIS systems which ensures coherence and alignment. While knowledge about the RIAP was not uniform, knowledge about ASRO was noticeably clear and appreciated. This does not have a direct effect on the relevance of the RIAP, but it is an important aspect to consider in terms of communication with COs to strengthen relevance and coherence.

Effectiveness

Respondents from Iraq CO and IPs have maintained that the main strength of the RIAP and ASRO is that they provide adequate and strong technical support and do not impose a particular agenda on the CO. it was noted that the effectiveness of the RIAP is its overall alignment with the needs and priorities of Iraq but that it also enables CO to select the activities they believe they could be engaged in. For example, with the child marriage research, Iraq CO was involved and worked with RO to identify potential sources of funding and consultants who could provide support to this project. Iraq CO was in close collaboration and coordination with the RO during this process.

Likewise, in SRH, the CO worked with the RO on developing the necessary strategies to move the activities from humanitarian to development. In this regard the RO support was deemed effective in terms of commenting on the strategy developed by the CO and in supporting through consultants the training of government on various issues related to family planning.

The presence of the Syria Hub (which is neither ASRO and nor a country programme) was also seen as an effective approach to management of the refugee crisis in the region and supporting COs in their humanitarian work in countries hosting or affected by the Syrian refugee crisis. Iraq CO believed that the Syria Hub is a positive management model that enables effective implementation of activities and synergies of UNFPA interventions across the affected countries.

The effectiveness of the RIAP and ASRO was perceived in SRH as the ability to provide political support or coordination within the region. "I am not expecting technical work from ASRO. I need clearance and support in research and studies" explained one respondent. The main support cited by SRH and gender teams was in providing adequate guidelines on how to move towards the development context and how to engage the relevant stakeholder and at what levels. "Partially we need some support for advocacy with the Iraqi government" explained one of the respondents.

Effectiveness was considered strong by respondents from Iraq CO. They maintained that effectiveness is evident mostly in terms of support and the short duration between requesting and receiving support. "They are very timely in their response" explained one of the respondents. In terms of inter-ASRO country exchanges and collaboration, experience exchange and collaborative approach, Iraq CO believed that this could be strengthened. "ASRO can be a good instrument for increasing collaboration amongst countries in the region" explained more than one respondent during the evaluation.

The value added of having an RIAP was discussed with CO respondents who maintained that the technical assistance is the most appreciated aspect of the RO. It was noted, despite the recognition of the activities in the AY area, that a clear agenda on youth needs to be developed that goes beyond SRH. "We have a lot of things happening in GBV, Humanitarian, SRH but not much on youth. Maybe it is just in Iraq, but we need to go beyond SRH to be relevant to youth in Iraq, we need to look broader and connecting the entry points and not go through just SRH" explained one respondent.

Furthermore, CO respondents believed that the value added of ASRO and the RIAP is the provision of information (knowledge production and management) and in coordination between the different country offices. It was pointed out that the knowledge production is effective along some thematic areas and lacking in others while coordination amongst COs could be improved through increased south-south cooperation and collaboration.

Respondents believed that the effectiveness of the RIAP can be increased through a strong focus on setting priorities within the thematic areas and leading on them. CO respondents believed that the strength of the RIAP is that they allow flexibility and freedom of COs to engage in specific activities. Nonetheless, they also explained that best practices and global trends need to be reflected in the RIAP and cascade to COs through initiatives led by the RO. "RO does not drive the agenda at the country level. Yet there are things within the agenda that they can drive and lead on. Our priority if family planning and the RO organized a training on family planning and human rights. It was their initiative, and they lead on it. It is this level of guidance and leadership that would increase effectiveness" explained one of the respondents. "RO needs to be more proactive with CO" explained a second respondent. A second suggested idea to increase effectiveness was a focus on innovation. "RO can bring in new ideas to the countries on the thematic areas and ensure that they are embedded in the country programme from the beginning. There needs to be a focus on innovation. Each advisor needs to focus on innovation" explained one respondent.

COVID-19 tested the effectiveness of the RIAP. Iraq CO appreciates the support provided by the RO. "This regional office did not create any additional problems in terms of bureaucracy and logistics, but they were supportive with security guidance and technical assistance and this is highly appreciated" explained on CO respondent. One of the key concerns affecting the CO is the difficulty in procurement "this is a problem with the global procurement system" explained one of the respondents. It was suggested that ASRO can try to find a way to push the global system to set a regional platform for procurement to increase the effectiveness at country level. "If PSB cannot deliver the regional director needs to find a way to decentralize the system" explained one respondent. COVID-19 shut down the system and COs were left to local procurement and there were things that could not be procured as the policy directions necessitates that this be done through PBS. It is recognized that the problem is a corporate issue but CO maintained that it is these kinds of interventions that are mostly needed from the RO and the RIAP to increase effectiveness.

Efficiency

Staffing and leadership in RO was praised by all respondents during the interviews. Iraq CO appreciates the leadership and guidance provided by the RO and commended the exceptionally positive technical assistance provided by the different thematic advisors.

Iraq CO team also praised the support provided by RO for resource mobilization especially for the child marriage research as well as for fast-track procedures and emergency fund applications. It was noted that the RO is the link to all new guideline issues by HQ and that these guidelines need to constantly flow systematically to the CO to ensure adequate alignment of reports and proposals to global requirements. It was noted that this happens periodically but that in one case, this did not occur which made the preparation of one proposal a tedious endeavor.

Development of a roaster of thematic consultants who can work in Arabic was cited as one of the biggest contributions that can support the efficiency of ASRO. It was noted by stakeholders that the regional roaster of consultants can be tied to the global one if needed. "We have very fast-moving crisis in the region and sometimes we don't even have time to look for experts and we need to have a good roster with good recommendations about individuals who have a good track record of working with UNFPA. This should include M&E, youth, GBV and PD for all the thematic areas. We need a lot of experts in our daily work and partners need experts and government is weak and local statistics bureau needs help as well. There is no limit for how many experts we need" explained several respondents about the need for a regional roaster of consultants and experts to support CO.

It was also explained that developing partnerships with centers of excellence in the region whether in research or other key areas of UNFPA interventions would also support the efficiency of the RIAP. It was also pointed out that the regional programme should engage more COs and provide better representation and stronger negotiation with donors. Also raise money for multi-country programme on issues of common interest amongst different countries and develop different models of work and ensure development of communication campaigns around the priorities.

The efficiency and effectiveness of the RIAP and the work of the RO can be strengthened by a review of the available M&E indicators. According to respondents, there needs to be a shift in the way results are measured. “our outputs and results are based on documents and strategies but is this what the regional programme wants to see? Shouldn’t we measure success by number of countries that adopted RBA to family planning or something like that” explained one respondent. There needs to be a stronger focus on gender equality and human rights pushed by the RO. Indicators should examine “number of CO signed a declaration on promoting human rights” continued the key informant.

Stakeholders also maintained that in M&E, the RO can do a lot. CO collects results data in different ways so good practices could be widespread. The requirements for workplan monitoring are the same so some level of harmonization would be very useful, and the RO can do that. Stakeholders also highlighted the importance of sharing experiences amongst different countries.

CO respondents also explained that efficiency could be enhanced through the provision of adequate support and guidance in terms of monitoring of activities. “We do not have guidelines for monitoring. There is one for evaluations but none for monitoring. There is one for workplan, but M&E is much broader than just workplan monitoring” explained one of the respondents. It was suggested that the RO could play an active role in developing specific templates on monitoring and to provide stronger support during evaluations processes. “In this country office it is not easy to do evaluations. There are camps and there are access issues. RO teams should come and see the situation on the ground. They should come more often to understand the situation on the ground” explained several respondents commenting on the limited number of field visits carried out by advisors.

Sustainability

“At minimum we need to have regional advisors for technical assistance” explained one respondent referencing the importance of the sustained and continued support provided by the RO. Iraq is a country where programming is moving between humanitarian to development in light of the current political situation. Yet the fluidity of the political situation can lead to a move back to humanitarian context. The sustainability of the interventions of the CO and which are supported through the different global strategies would be determined by the ability of the CO to secure the necessary funds for continued service delivery to affected populations.

Another important aspect of that can affect the sustainability of the RIAP interventions is the ability of the RO to use the information generated through the various studies and advocacy work and ensure that it cascades to CO level with support and guidance for adequate national advocacy and support to efforts on the ground. Whether in gender, GBV, youth, PD or SRH the main measure of sustainability is to ensure that the knowledge products are disseminated and adopted to local contexts with increased utilization by COs.

Lastly, RIAP has provided capacity building to CO, government, and IPs. These trainings and webinars during 2020 are likely to be sustained as awareness is increased and approaches are nuanced and strengthened. As the CO moves more towards development work, there will be needs for support with consultants, supply-chain technical assistance, capacity building on supply-chain and logistics monitoring system and procurement and technical assistance for the ministry of health to do forecasting and procurement and use of demographic and consumption data and survey findings data. And technical assistance to work with religious leaders and journalists and civil society. This would increase the efficiency and effectiveness of the CO programme and increase effectiveness and sustainability of the role of the RIAP.

UN Coordination

Iraq CO is engaged in different UN coordination mechanisms because of the humanitarian context in the country and other political considerations. The main body managing coordination within UN agencies in Iraq is UNAMI where work amongst UN agencies is coordinated. UNFPA Iraq CO leads on GBV and protection clusters. UNFPA also chairs the M&E working group and is responsible for the cooperation agreement (former UNDAF). The partnerships at the global level are reflected at the country level. For example, UNFPA works with UNICEF concerning adolescent and youth. On CM Iraq CO worked with RO partner /contractor WRC (Women Refugee Committee).

UNFPA is the lead agency for GBV and also leads on the GBVims task force and case management. UNFPA Iraq CO leads most of the GBV related coordination and ensures the adoption of UNFPA agenda by different actors and

to adopt the programming to UNFPA priorities. RO was supportive in maintaining UNFPA leadership in the cluster system through the provision of financial resources for a GBVims coordinator. CO Iraq is trying to find ways to use the data generated by the GBVims for advocacy for anti-domestic violence law. There are also attempts to use the data within UN agencies to raise awareness related to sexual violence creating some linkages with development work through gender equality and better understanding of the leaders who work in the area so they can adjust their programmes.

Leave No One Behind

According to the stakeholders in Iraq CO ASRO just started the task force on leaving no one behind and this is considered an important step for UNFPA and to lead on this agenda. Stakeholders maintained that in Iraq UNFPA is the leading agency for people with disabilities although IOM has more technical capacity to do that. It was noted that the CO lacks adequate technical capacity on the concept of leaving no one behind and working with people with disabilities. It was suggested that ASRO needs to build capacity on this issue and not just about delivering services to this group but also regarding how far does UNFPA CO go into the social protection issues. Would the focus be on RH services and making sure that universal health coverage is honored, or will there be additional items that should also be considered? It was pointed out that UNFPA needs to find the appropriate niche for working with the notion of leaving no one behind because other agencies may have a higher edge when it comes to social protection issues. It is important to identify what is the role of UNFPA when it comes to older people and people with disability from a policy and strategic perspective and not solely from a service delivery point of view.

The CO maintained that the main work is focusing on service delivery but there are important gaps within the social protection elements that are missing from the leaving no one behind. These include reimbursement of services, insurance, accessibility, and ability to access available services. “We do pieces and bits but the bigger issues of social protection we do focus on that” explained one of the Iraq CO respondents.

Humanitarian-Development-Peace Nexus

Iraq CO is transitioning from the humanitarian context to a development one. The Iraqi government has closed most of the IDP camps and what remains are few Yazidi camps and 9 refugee camps in North KRI with more focus provided to returnee areas to ensure availability of basic services. According to respondents during the evaluation, guidelines, and strategies about how to move from the humanitarian to development and ensure peace remains unclear at the global level. This makes it challenging for country offices to develop adequate approaches to ensuring a smooth transition from one to the other.

Nonetheless, RO has provided support to Iraq CO to gradually move the SRH activities from the humanitarian to the development context through support in the development of family planning strategy, support in costing and commodity projection and other elements. RO was supportive through the technical assistance and support with qualified consultants to work with the SRH team in Iraq to move the agenda and engage the government in future plans around SRH. In parallel, Iraq CO has supported through IPs the ministry of health through training on institutionalizing an adolescent health unit within the ministry of health which is likely to improve SRH services to adolescents and youth in Iraq.

Further support will be required from RO on how to navigate the grounds in Iraq as the CO moves gradually towards the development context. “our work in the gender area is the same whether in humanitarian or development. It is about which level we engage” explained one of the respondents. It is evident that CO needs further guidance and support on how to work with the government and navigate the difficult set-up in Iraq with two governments and two often different agendas. For example, the census is managed by the central government which causes friction with KRG. There are different aspects within the humanitarian-development-peace nexus that require close attention from RO and CO to ensure smooth transition from one to the other.

South – South and Triangular Cooperation

Many respondents from Iraq CO spoke at length about the important role that ASRO could play to promote south-south cooperation through sharing of experiences and lessons learned across the region. Now the sharing of experiences and collaboration amongst ASRO countries was deemed minimal by respondents from Iraq CO. Increasing regular meetings (even virtually) or through different thematic forums would enhance collaboration, coordination amongst ASRO countries.

Respondents maintained also that south-south and triangular cooperation could be enhanced through the development of joint multi-country programmes that focus on key priorities in the region. It was also pointed out that a special focus on communication and knowledge management would strengthen south-south cooperation. “The RO asks for a lot of data, but we don’t know what they do with it” explained one respondent. A focus on communication and IEC materials was also raised by thematic experts who believe that they lack enough material to help push their agenda forward. “when we need material in Arabic we look towards Lebanon and Jordan, but the context is different” explained one respondent who believed that the RO should play a more active role in developing a depository of communication and IEC materials that can be used for advocacy and raising awareness.

South-south cooperation involves partnerships, knowledge management and how best practices are managed. In this regard, and according to stakeholders, there is a need to build capacities in CO on how to establish partnerships and operationalize triangulation across the region.

Country Case Study: Somalia

Background

Somalia is a country with an area around 637,657 square kilometers in the Horn of Africa, on the eastern coast, which has the Gulf of Aden and the Indian Ocean on its northern and eastern shores, respectively. The country is a federal-based system named 'the Federal Republic of Somalia'. Somalia faces one of the most complex and protracted humanitarian crises in the world. Impacts of climate change, armed conflict and protracted displacement combined with other persistent drivers of vulnerability and food and nutrition insecurity, have left over five million people in need of humanitarian assistance in Somalia.

The UNFPA has been active in Somalia since the 1970s. UNFPA supports humanitarian responses and recovery efforts in the country. As Somalia has some of the highest rates of maternal mortality in the world, UNFPA has worked improving the health system and health service delivery to mitigate these high rates. In addition, efforts have focused on conducting nation-wide population estimation and households surveys, in particular Somalia Health and Demographic Survey 2020. Engaging with the government and civil society to provide services for vulnerable youth, UNFPA also promotes reproductive health and rights and the elimination of harmful practices such as female genital mutilation.

Findings

Relevance

The findings from the evaluation suggests that there are strong communication channels between the regional programme and the country programme in Somalia. Indeed, interactions between Humanitarian, Evaluation and data spheres are strong. At the start of each calendar year Somalia CO discusses its annual workplan that was designed to meet the priorities of its national and governmental entities. Bi-monthly meetings also occur to discuss issues surrounding capacity building and knowledge sharing, mobilization and translation.

However, the findings from the evaluation indicate that the main challenge faced by Somali CO is its know-how (its capacity). This is partially due to not business as usual in many places, especially in Somalia. UNFPA CO has designed and implemented innovative interventions to mitigate the challenges and barriers faced by beneficiaries in the Somali context. Key stakeholders at the country level highlighted the ongoing challenges organizations faced in an attempt to conduct a demographic and health survey, given an overarching unsafe environment due to the political instability of the country. However, UNFPA CO in Somalia, with the support of the RO were able to conduct the Somalia Health and Demographic Survey. The survey was validated by various authorities such as Statistics Sweden and Statistics Canada. This DHS marks the first DHS in the history of Somalia, which was conducted by UNFPA and the Statistics office in Somalia.

The Somalia CO has 49 IPs which is considered a high number and a budget of about US$25 million per year. The country setting is a huge challenge to work in from a multiple perspective due to the security constraints. The framework of the regional programme is to provide a variety of support to country offices, and tailor these to their specific needs. As explained by a participant at the CO, "I think the colleagues and particularly the regional advisers who are the people we do most with, have always been available in different areas, in the evaluation area and in technical areas, most notably sexual and reproductive health with a support from the resource mobilization people, they always have been very helpful in supporting our applications for resource mobilization". Highlighting how the regional program has been able to provide varying support streams to the country office.

The regional programme is highly relevant in Somalia because of two aspects, first, the RIAP is perceived as a bridge between the Somalia CO and the global frameworks, mandates, aspirations, instructions and guidelines, as the RO's framework and guidelines are tailored to that of the Arab Region. Key informants noted that the Arab Region is perhaps more unique than other regions due to the number of war–torn countries such as Yemen, Syria, Somalia and Libya. The political unrest in the region continues to add to the complexity and heterogeneity in priorities and needs of the region. Therefore, there is strong significance of the regional program as it serves as the interface between the UNFPA CO and UNFPA headquarters, providing contextualization of the global frameworks. Making UNFPA's Global mandate more relevant to the needs and priorities of the countries in the region. As a result, the regional programme was found to be on a more practical, very relevant support to the Somali context, as it addresses the concrete needs of the

country office.

Many of the participants at the CO office stated that due to open communication lines with the RO, their staff are able to seek concrete technical and operational guidance in a prompt manner. Key informants concluded that the RO advisors' ability to provide concrete guidance to CO staff builds the capacity of the CO staff and thus furthering the RIAP's capacity building agenda. This could also be in the form of an information and knowledge management agenda from the RO staff's side. The findings from this evaluation suggests that communication lines between CO and the RO staff are open, however are sporadic. Key informants at both the regional and country level noted that communication between the COs and the RO are often request based, for information, guidance, resources, or technical knowledge. The RO simultaneously is mandated to build the capacity of the COs and therefore integrating slotted times throughout the programmatic year for the RO and COs to meet to share their knowledge mobilisation, such as lessons learned, research tools and results from innovative programming. Overall, the findings from this evaluation suggests that the RIAP is highly relevant, as participants applauded the RO for its strong technical expertise and willingness for amicable cooperation.

Effectiveness

Overall, the findings found that the RO have provided extensive support and technical assistance in the areas of M&E, SRH and resource mobilisation. This was said in support of this assertion: *"But whenever there is a need, we can knock on the door and someone will open the door in a very timely fashion. And in my experience, we were never left hanging. For every question that we have posed, we have had the concrete objective response and guidance."* It was agreed that the RIAP has been effective because it has largely addressed the needs of the Somali people. The regional advisors have been perceived to be highly supportive and with technical robustness.

The Somalia CO received sound support in relevant areas to the CO. The respondents alluded to that this observation is based on the fact a different country office may have different needs for support and that might or might not have been catered to. Key informants specifically highlighted support they received regarding their M&E practices. Participants expressed that the Somali contributed the regional outcomes, in the M&E framework, and have also received good support in that area in building their capacity as in the area of sexual reproductive health and rights. The SRH component was highlighted because the CO is constantly receiving guidance and support while simultaneously contributing to concrete elements of its programme. Introducing a new modality of contraception was highlighted as contributing to the outcomes of the CO and RO, while simultaneously advancing gender related issues. Further, it was noted that the Somali CO has been able to mobilise support for children's drugs and received support from the RO. Somalia CO has also have received extensive technical assistance and support from the RO in their work in reducing GBV and violence against women rates.

Overall, stakeholders highlighted the strength of the Somalia CO in programming and knowledge mobilization for population dynamics and population and development issues. As a result, Somalia's CO has been trendsetters not just for the RP but for UNFPA globally. Indeed, Somalia's CO has been numerously invited to share their experiences in population dynamics on global platforms such as international conferences and webinars. Stakeholders mentioned that the success of the PD program was due to the CO's strong technical team who are strong who have been able to attain professional relationships with international and national organizations at the country, regional and global level. Stakeholders also noted the contribution of the country office went above and beyond its programmatic targets and are perceived to be a strong CO in the region.

A number of participants highlighted Somalia's CO Youth programming, and framed their current initiatives as leading the way for the other COs in the region. The political and humanitarian context in Somalia has created a rather hostile environment for youth to live and grow up in. Many youths have been traumatised after almost 30 years of civil conflict. Stakeholders reported that Somalia CO faces significant challenges in working with the youth population, in comparison to other COs who have strong political and socio-economic systems, and therefore face a different set of challenges. The unique context provides the RO a unique perspective and is therefore a mutually beneficial relationship. A participant explained that to date, its CO has been able to mobilize six million euros from the European Union for its youth component. As explained by a stakeholder at the country level, "And when you do, that is a very large project and it's quite difficult to mobilize resources from the European Union. But they saw the potential of the things we do in Somalia with the young people in Somalia. So, we went with that."

Efficiency

The UNFPA Somalia CO programme budget is US$25 million per year. It was concurred that there is prudent use of material and financial resources towards the achievement of results. As succinctly reported by a participant, "You build something that is commensurate to your resource availability". Indeed, the findings from the case country study found that Somalia's CO has made efficient use of its financial and human resources in its implementation of its programming. UNFPA Somalia has five offices, with three being fully operational offices (Mogadishu, Hargeisa and Garowe) with staff covering both programme and operational decisions, and two other offices in Baidoa and Nairobi. The office in Nairobi homes the M&E and Communications Specialists, who reportedly conduct frequent field visits. While the Baidoa office is meant for liaison with the South-West State partner ministries and implementing partners across its geographical scope. The findings from this evaluation indicates that Somalia's CO has employed skilled staff in their areas of expertise, facilitating efficient delivery of programme and operational functions.

Key informant interviews with IPs indicate that UNFPA's sub-offices in Hargeisa and Garowe in Somaliland and Puntland, and liaising office in Baidoa were instrumental in improving efficiency to its programme delivery. These have also enabled close working relationships with different government authorities, facilitating the coordination of the activities with the IPs in various locations. While these improvements in the office typology worked and favoured implementation of the regional programme interventions, the federal system of governance is taking shape in Somalia, and the need to have presence in every state to enable liaison, as needs also vary by the states given the levels in development. The plan for UNFPA to have presence in four more Federal Member States (FMS) is crucial given that the humanitarian situation in these areas are dire. Therefore, it is paramount to ensure that the work on the nexus is possible and will enhance efficiency in delivery, and further strengthening working relationships and local coordination.

Sustainability

A key element to ensure sustainability in a country like Somalia is funding availability. Because of the nature of the country, Somalia is a country whose programme is focused on service delivery. Somalia is in a humanitarian setting. The bulk of the programme is health service delivery or delivery of services in general. It is in this regard that sustained funding becomes a key necessity to the continuation of programmes. As explained by a participant, "So to deliver a service, you need funding because you need to pay salaries, you need to buy the drugs, you need to run the hospitals, et cetera. Therefore, for countries such as Somalia, a humanitarian country so state that have been a key element to sustainability, it's sustained funding"

Many stakeholders noted that the sourcing of funding is the direct responsibility of the country office and not the regional office, and in turn enhancing the sustainability of its programming. The second aspect regarding sustainability is capacity building for the staff in the country office. It was emphasised that on one hand at the regional programme level there is need to have robust advisors who are intellectually sound and have a good understanding of how things work and what you can do or what you cannot do. On the other hand, and concurrently, there is a need for robust personnel in the country office because it does not help the programme much to have experts in the regional office alone.

In other words, there is a need to have more of an equilibrium in the capacities and the capabilities of staff who are leading the programme both at regional level and at country level. The third area of concern for sustainability that the participants concurred on is that Somalia has a lot of governance- related issues including corruption. There is a need for ethical leadership, due diligence framework, transparent processes, regular audits and checking of projects. Due diligence framework is a key element for sustainability, because if there are cases of fraud and the donors are going to tell a story, then one is not able even to control the project. If there are cases of theft, fraud, lack of due diligence and lack of quality assurance then funding partners and donors will refrain from provision of support. The third element impacting sustainability that was mentioned by stakeholders is effective communications. It was implored that there is a need to maximise dialogue, understanding and interactive communication in order to ensure buy-in and ownership of processes and outputs at country office level.

The fourth aspect mentioned by participants to ensure sustainability, is the need for strong leadership at both regional level and country level, as well as having strong technical leadership among the regional advisors. With gaps in strong leadership and capacity of the regional advisors, there is a risk of weakening the entire chain of reporting and programming.

UN Coordination

It was concurred that there has been increased coordination among UN agencies on two fronts, first there is knowledge sharing or best practice sharing, that is on 'soft aspects', and the hard-core coordination between the agencies, for instance, that they are co-supporting a particular hospital and each agencies brings in certain equipment. Key stakeholders reported that all of this happens naturally occurred in Somalia at the country office level without the participation of the regional office, because that's how the modalities work.

At the regional and global sphere, coordination has been provided in the spheres of knowledge management and sharing of modalities of approach to donors. It was noted that the bulk of the coordination of the projects and programmes happen at the country office level without actual involvement from the regional programme.

Leave No One Behind

Leave no one behind is a buzzword like gender mainstreaming was a buzz word in the gender empowerment component. There is a need to provide support to the most marginalized communities due to for instance living in isolated areas or having particular needs that are not being catered for. Leave no one behind is perceived to be a framework among CO staff members. As noted by a participant, "For me, it's a framework. It's a concept, it's an idea, the practicality of it, it's a different thing because of logistical challenges"

It was mentioned that this concept practically entails that you have to go to the furthest, remotest area with no roads, no electricity, because there is one person there that you need to support, even though it may cost you US$10 000 dollars to help one person.

Humanitarian-Development-Peace Nexus

Findings from the evaluation suggests that the Humanitarian-Development-Peace Nexus is another buzzword that the development industry has devised. However, being a buzzword, it is really applicable in the case of Somalia and some other countries in the Arab States, that have been plagued by extensive emergency and political unrest. Participants specifically note that you cannot have development without peace, and you cannot have peace without development. Therefore, in practice, the Somali CO does have several projects that bring about the nexus, for instance, working with young people. These projects for example, on one hand, seek to empower young people so that they can participate in political processes, or that they can even be candidates for their local parliament or the local councils. On the other hand, the projects also seek to help young people to reflect upon their experiences so that they can actively and consciously decide to become better citizens based on the skills they are provided during the training.

An example is the project that the Somalia CO implemented which was on youth political empowerment, which has concretely resulted in a majority of young persons from the project being elected to serve in the local parliament in Somalia. One of the participants explained, "So Somalia, they have what they call different parliaments. So one of these local parliaments that those young people who were in the project, they got a lot of them got elected by means of youth political empowerment. Now, there's also the issue of reconciliation."

South – South and Triangular Cooperation

There was a general perception that the regional programme is been making headway in fostering South-South and Triangular Cooperation. The Somali CO has had a number of initiatives and interactions with Kenya and Rwanda and some with Djibouti. Kenya and Rwanda have mainly been involved in the training of Somali officials. A case in point is also the planning and implementation of the Somalia Health and Demographic Survey for Somalia, where staff received technical support from Rwanda and Kenya and from the Regional Office. However, it was lamented that in the case of Somalia, it has always been the case of sending people out for training and capacity building instead of bringing people in so that they can also benefit from the Somali experiences. This implores on the fact that Somalia needs to have robust institutions and strong experiences to share with other countries. The Somali CO have a series of South-South cooperation projects and interventions and activities that have been implemented throughout the year, primarily on the initiative of Somalia's CO. The regional programme also benefits as it is enriched and thus benefits from these country offices 'organically driven" initiatives.

Annex 2: Terms of Reference

Terms of Reference for the Evaluation of the United Nations Population Fund (UNFPA) Arab States Regional Intervention Action Plan (RIAP) 2018-2021

Cairo, Egypt

Introduction

The UNFPA Arab States Regional Office (ASRO) will conduct an independent evaluation of the Regional Intervention Action Plan (RIAP) 2018-2021 to inform decision-making and next cycle programme development as per the Corporate Quadrennial Budgeted Evaluation Plan. The evaluation will take place between September 2020 and November, 2020 and will be presented to the UNFPA Executive Board along with the new RIAP 2022-2025 in the early months of 2021. At the end of 2021, the current UNFPA Arab States Regional Action Plan (2018-2021) would come to the end of its four-year cycle, which runs concurrently with the Global UNFPA Strategic Plan. The RIAP is being implemented in support of the coverage countries in the region, and specifically to support UNFPA Country Offices to execute designed activities and interventions. The goal of the Arab States regional interventions action plan, 2018-2021, is to achieve an enabling environment at country and regional levels for the establishment of resilient systems in the Arab States, aiming to provide universal access to comprehensive sexual and reproductive health, to end gender-based violence and harmful practices, to provide youth opportunities, and to improve population-related data systems and policy-related demographic intelligence, in both development and humanitarian settings.

Within the framework of the Sustainable Development Goals (SDGs) and based on the International Conference on Population and Development (ICPD-PoA), the regional intervention plan is fully aligned to the UNFPA strategic plan (2018-2021) and complements the execution of the various cycles of Country Programs in the region. In pursuit of this goal, the RIAP contributes towards the three (3) transformative and people-centered results as highlighted in the Global SP: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage. It uses the Business Model including the following modalities and strategies to execute planned interventions: (i) Advocacy and policy dialogue; (ii) knowledge management; (iii) capacity development; and (iv) partnerships and coordination. The RIAP draws most of the resources for its execution from the Corporate Integrated Budget (IB) 2018-2021.

The Arab States Regional Office (ASRO) is commissioning the end of cycle Program Evaluation of the current program in line with Executive Board (EB) decision 2017/23. As part of the Evaluation, ASRO will review both the regional office component of the global IB and the results of its regional interventions. The Evaluation will provide an assessment of progress towards the achievement of the RIAP 2018-2021 and offer an analysis of various internal and external factors supporting and inhibiting the implementation of the RIAP and the delivery of results during thus far. The Evaluation will also provide a set of operational changes to be considered in the design and implementation of the next RIAP. The above would complement the main purposes of Evaluation in UNFPA as defined in its Corporate Evaluation Policy:

demonstrate accountability to stakeholders on achieving development results; support evidence-based decision-making; and contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the ICPD Programme of Action, and lately, the SDGs.

The main audience of the evaluation is the UNFPA Arab States Regional Office; Its Implementing partners; UNFPA headquarters divisions, branches and offices; the UNFPA Executive Board; Academia; Civil society organizations; and beneficiaries of UNFPA support (in particular women and adolescents and youth). The evaluation results will be disseminated to these audiences as appropriate, using traditional and new channels of communication and technology. This Terms of Reference (ToR) provides key information about the context and background of RIAP interventions in the ASRO region, the preliminary scope of the evaluation, the methodological approach and the expected deliverables. The selected team of independent external evaluators is expected to conduct the evaluation in conformity with the TORs, under the overall guidance from the Evaluation Advisor and the Evaluation Reference Group (ERG).

Rationale for the Evaluation

As the current programme cycle is approaching completion, ASRO, in collaboration with the UNFPA Evaluation Office, is planning to conduct an independent evaluation of the UNFPA RIAP 2018-2021. The RIAP evaluation will provide an independent assessment of relevance, performance and effect of ASRO support provided to the ASRO region, as well as an analysis of various facilitating and constraining factors influencing programme delivery. The evaluation will focus on the achievement of planned results of the regional intervention at the output and outcome levels. The findings, analytical conclusions and recommendations of the evaluation will be used as inputs for the development of the new global and regional programme (GRI) and the new UNFPA Regional Intervention Action Plan for ASRO (2022-2025).

Programme Background and planned results

The implementation of the Arab States Regional Intervention Action Plan (RIAP, 2018-2021), started in January 2018. Its overarching goal is the achievement of an enabling environment at country and regional levels for the establishment of resilient systems in the Arab States, provide universal access to comprehensive sexual and reproductive health, end gender-based violence and harmful practices, provide youth opportunities, and to improve population-related data systems and policy-related demographic intelligence, in both development and humanitarian settings. The RIAP is being implemented within the framework of the Sustainable Development Goals based on the International Conference on Population and Development focusing on the Sustainable Development Goals 3 and 5.

The prevailing context of protracted crises within which the current RIAP was developed still largely applies to the region. The Arab States Region has been characterized by protracted humanitarian crises with a significant number of countries either experiencing some form of humanitarian crisis within their borders (Libya, Sudan, Somalia, Palestine, Syria, Iraq, and Yemen) or being affected by crisis including being host to refugees (Algeria, Egypt, Djibouti, Jordan, Lebanon and Tunisia). Somalia and Djibouti have also been affected by natural disasters such as drought followed by floods and most recently a locust outbreak. Since most of these crises have been protracted in nature there has not been a major shift in programme priorities as it relates to the need for emergency preparedness and ensuring that UNFPA's mandate is included in inter-agency humanitarian response plans. The Covid-19 pandemic is however a new challenge to the RIAP implementation with impact and implications cutting across many countries in the region, the effects of which have not been fully established due to its ongoing nature. The overall budget of the RIAP is $18m (Core $13 and Non-core $5) over the four year-period. A MTR held in November 2019 with minor changes in some of the Output indicator targets and program budget.

NFPA works in 15 countries in the Arab Region in addition to countries in the GCC region. It also provides strategic support and technical expertise to the country offices (COs) that work on the front lines of development. The Regional Office works with seven (7) implementing partners (IPs) to deliver programme results. ASRO has also signed MOUs with a number of strategic partners, for example, regional parliamentarian groups, regional commissions and economic commissions, professional associations, Women and Youth groups and so on in order to advance the ICPD agenda in the region. The RIAP is guided by six key principles: National ownership of the ICPD agenda; Human-right-based approach; Programmatic relevance and focus on results; Joint programming and delivering as one; and Accountability and transparency. The regional programme covers all four programme outcome areas of the 2018-2021 UNFPA Strategic Plan: Sexual and Reproductive Health and Rights including in humanitarian contexts; Gender Equality and Empowerment of Women including GBV in humanitarian settings; Adolescents and Youth; and Population and Development.

Evaluation Purpose, Objectives and Scope

The *overall objectives* of a RPE are (i) enhancing the accountability of UNFPA for the relevance and performance of its regional programmes and (ii) broadening the evidence base for the design of the next programming cycle. In terms of *specific objectives*, RPEs are meant to:

Provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support and progress towards the expected outputs and outcomes set forth in the results framework of the regional programme, including in humanitarian settings;

Provide an assessment of the role played by the UNFPA regional office in the coordination mechanisms of the United Nations Regional Team (UNDG) with a view to enhancing the United Nations collective contribution to international development results

Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

Geographical Scope

The evaluation will cover the UNFPA ASRO RIAP from 2018 to 2020. The evaluation will be forward- looking and will take into account the most recent strategy and UNFPA programming orientations.

The geographical scope will include all countries where RIAP interventions were undertaken in the Arab States region. ASRO will work with the Evaluation team to identify COs for country case studies based on the delivery of results in countries, prior good quality country programme evaluation (CPE) and representation of geographical country clusters. A maximum of three countries would be selected during the design phase of the evaluation.

Thematic Scope

The evaluation will encompass: the RIAP and its strategies, integrated technical, programmatic and operational support provided by Regional Team, regional institutions and other sources of expertise, and interventions of Trust/Thematic Funds, e.g. FGM Program, UNFPA supplies etc.

Evaluation Criteria and Indicative Questions

The evaluation will examine the achievements of results (delivery of outputs and their contribution to outcomes), the strategies for achieving the results, unintended effect of the RIAP, and identify challenges

and strategies for the next RIAP. The evaluation process would rely on the UNEG/OECD-DAC Evaluation criteria for each series of specific evaluation questions proposed below. It is expected that the evaluation questions would be further refined by the Evaluation team and the regional office as part of the design phase of the exercise. The criteria and their accompanying questions would be applied to each of the Outputs and Outcomes of the RIAP.

***Relevance*:** How relevant is the Regional programme (RP) to the priority needs of the region and countries? To what extent did the RIAP support align with the Strategic Plan and business model? How flexible is the RIAP in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances? What have been the critical gaps in the RP?

Effectiveness: Has the RP accomplished its intended objectives and planned results? Have the RP activities contributed to enhanced results at country level? To what extent has the human rights-based approach been implemented in RIAP supported interventions? What are the strengths and weaknesses of the RP? How should the new RIAP reflect better the context of Agenda 2030?

Efficiency: How well did ASRO use its human and financial resources to realize its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?

Sustainability: Did the RIAP incorporate measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?

UN Coordination: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level? To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

Methodological Approach

In line with the UNFPA Evaluation Policy, the UNEG Norms and Standards for evaluation in the Un system and the Ethical Guidance and Code of Conduct for Evaluation, this evaluation would be conducted through a utility focused, gender-responsive and human rights lens. The evaluation will as much as possible utilize a mixed methods approach using quantitative and qualitative data that provide credible information about the extent of results and benefits of support for particular groups of stakeholders, especially vulnerable and marginalized groups. These data would be appropriately disaggregated by age and sex and geography as much as possible. The evaluation will also be sensitive to fair power relations amongst stakeholders.

The evaluation will also utilize a theory of change approach to the evaluation of RIAP support to countries and regional entities -- its intended outcomes, the results delivered to achieve those outcomes, and the contextual factors that may have had an effect on implementation of RIAP interventions and their potential to bring about desired outcomes. Where outcome-level data is lacking, evaluators will assess the extent to which programmes and interventions have contributed to the achievement of results foreseen in RIAP strategies.

A stakeholders mapping exercise would be conducted to prepare a basic map of stakeholders to identify both RIAP direct partners as well as stakeholders who do not work directly with the regional office, yet play a key role in a relevant outcome or thematic area in the regional context. Results of this mapping exercise will be used to draw samples and also for validation of evaluation findings and conclusion. The mapping exercise will include UNFPA country offices, regional programme partners (strategic and implementing partners), national institutions and civil society stakeholders that have participated or benefited from the regional programme, and the other stakeholders which may include the regional

economic, social and political commissions and institutions, Governments, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

The evaluation team will design evaluation methods and tools that will allow the evaluation to answer the questions and to come up with an overall assessment backed by clear evidence. The methodological design will include: an analytical framework; a strategy for collecting and analyzing data; a series of specifically designed tools; and a detailed work plan. The main elements of the methodology will be further developed during design phase in line with the agreed evaluation questions and related analytical framework; they should include the following:

Documentary review and secondary data: A preliminary list of relevant documentation (together with electronic copies) including key documents related to RIAP interventions, reports from other stakeholders and existing literature produced by the ASRO and access to these documents will be made available at the beginning of the exercise.

Previous RIAP evaluations, reviews, audits, surveys and assessments carried out by the regional office and key partners should be used to inform the present exercise. The evaluators will also take into account documentation produced by other donors, experts, and international institutions. In addition, evaluators will be responsible for identifying and researching further information (both qualitative and quantitative) at global, regional and country levels. The available documentation will be reviewed and analyzed during the design phase to determine the need for additional information and finalization of the detailed evaluation methodology.

Consideration for Covid-19 restrictions

Due to the ongoing Covid-19 pandemic that has necessitated travel and entry restrictions in many countries across the region and the world at large, a substantial part of this evaluation may be conducted remotely. It is also noted that even in situation when travel is permitted, local laws, and/or requirement for social distancing may limit the kind of person-to-person interactions that may be required for the purpose of interviews and data collection. While the prevailing local conditions and

Interviews with key informants: Interviews will be conducted by the evaluation team. Key staff from ASRO countries and global/regional advisors and specialists, thematic experts will be interviewed during the design phase. During the field phase, interviews will be conducted with experts, RO and Implementing/strategic partner staff involved in delivering programme results. Additional interviews will be conducted with RIAP beneficiaries. Interviews will also be held with staff of other agencies that contribute to, and partner in UNFPA interventions at regional and/or national levels.

Survey: Two internet-based surveys (one programmatic, one financial) will be administered which focuses on ASRO countries. Survey questionnaires will be designed to assess achievements, adequacy of guidance and technical support, challenges and needs, programme expenditures, etc. The survey(s) will be used to generate additional information from programme countries for the evaluation. The justification, scope and timing of such survey(s) will be provided in the design report.

Country case studies: the evaluation team will assess RIAP support at regional and country level. The team will conduct 3 country case studies (involving possible field visits/remote interviews) to provide an in-depth assessment and illustrate RIAP support at country level as well as analyzing to what extent ASRO support country offices in terms of guidance, technical, programmatic and operational support. The evaluation team, during the design stage, may adjust the selected COs to be visited when there is justification agreed with ASRO after review of the analysis done by the regional office (based country needs and RIAP interventions).

Stakeholders' Involvement

The evaluation will be a participatory process involving Regional Office (RO) and Country Offices (COs) to preserve the sense of ownership and set the stage to openly address issues and challenges and propose solutions or corrective measures to be addressed in the next RIAP. The participation of the different stakeholders should be done at different stages of the evaluation process and should also be done separately as their interest and involvement in RIAP implementation is different. The key stakeholders would be UNFPA COs, other UN agencies, implementing partners. The methodology on how best to capture the input and views of the partners should be discussed during the design meeting using as background document the evaluation questions.

Ethical consideration

The evaluation will be conducted in accordance with the principles outlined in the UNEG "ethical guidelines for evaluation". Ethical consideration should include: Respect to local customs, beliefs and practices; respect to people's right to provide information in confidence and ensuring that sensitive information cannot be traced to its source; Informing interviewees in advance on what the interview ground rules are and obtaining their informed consent for participation; Right to privacy and minimizing demands on time of the people participating in evaluation. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject of evaluation, nor expect to be in the near future.

Follow-up, Communication and Dissemination

In line with the UNFPA Evaluation Policy, ASRO would develop a Management Response to the evaluation recommendations and the RO would put mechanisms in place to track the implementation of the action points from the management response. The evaluation report would be developed into unique communication products that would be targeted at beneficiaries and key stakeholders of UNFPA work in the region. The final evaluation reports with/without the communication and knowledge products would be shared with the relevant HQ divisions and units and with the Evaluation Office at UNFPA. Other partners in the implementation of the RIAP and ASRO COs would also receive these products. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Regional Programme Document in **2021**. The report and the management response will be published on the UNFPA website.

The Evaluation Process

In UNFPA, Evaluation exercise runs in four distinct phases each with its clear deliverables as detailed below. The preparatory phase is often completed by the time the Evaluation team comes on board but often run parallel with the design phase in many cases mainly to address observations and provide additional information to the Evaluation team.

Preparatory phase:

This phase will include the constitution of the evaluation team and the gathering of initial documentation regarding the RIAP

Design phase (Home Based)

This is reserved for the development of the Inception Report that would guide the entire evaluation exercise. All relevant documents shall be made available to the evaluation team leader and team for review; Stakeholders mapping: Identification of partners and stakeholders to be considered for interview for the purpose of the evaluation; Identification of key performance measures and its effectiveness to guide the judgment on the RIAP evaluation; Development of the evaluation matrix including evaluation assumptions, specific questions based on the evaluation purpose and criteria; Identification of appropriate methods and development of tools for data collection, outline of country case studies and the development of a concrete work plan for the field phase. At the end of the design phase, the evaluation team leader will present a design report (including design matrix, data collection and analysis methods) based on the template provided in the UNFPA Handbook "How to design and conduct a country program evaluation at UNFPA".

Field work phase (contingent upon restrictions due to the Covid-19: Cairo and countries selected for case studies)

The field phase kicks in at the end of the Design phase and would involve a 3/4-week mission to Cairo and selected programme countries for case studies as well as virtual interviews to collect and analyze the data required in order to test evaluation assumptions and answer the evaluation questions included in the evaluation matrix prepared at the design phase. At the end of the field phase, the evaluation team will provide the Regional Office with a debriefing presentation on the preliminary results of the evaluation, with a view to validating preliminary findings and testing tentative conclusions and/or recommendations.

Analysis and report writing phase (Home Based)

This is the phase that produces the final deliverable from the evaluation team. In this phase, additional inputs from the debriefing together with other information coming from the analysis of collected data are expected to feed into the development of a first draft review report. This draft will be shared with all RO technical and programme staff and submitted to the Reference Group for review and comments which will then allow the Evaluation Team to make the final draft report. The final draft evaluation report will be shared with all ERG members. Inputs and comments arising from the ERG discussion shall form the basis for making the final report.

Composition of the Evaluation Team

The evaluation will be undertaken by a team of three evaluators with expertise in programme evaluation within the UN context and a Young and Emerging Evaluator (YEE). The evaluation team will comprise a team leader who ideally has experience conducting Programme Evaluation, as well as two team members, whose knowledge and skills complement those of the team leader. The Team Leader will liaise with and report to the Evaluation Manager. The evaluation Team Members will report to the Team Leader.

Evaluation Management and Oversight of the Evaluation Process

The evaluation will be managed by the Regional Executive Committee as constituted and under the leadership of the Regional Director.

The evaluation team will work under the overall guidance of the Regional Director. The ET will work under the supervision and in collaboration with the M&E Advisor on day to day management and coordination, and fulfillment of deliverables. The RO will provide support in logistics. The Regional Director may decide at any time during the evaluation process to include or co-opt other members to the evaluation management team. Should a dispute arise within the evaluation team or between the evaluation team and ASRO, the process of reconciliation (non-legal) shall be decided by the Regional Director.

Evaluation Reference Group (ERG)

This would be the main technical clearing house for the evaluation products and deliverables. The ERG comprised of the following individuals:

Programme Advisors (PD, SRH, Gender, Youth, Humanitarian); and Regional Program Coord.

EO representative

2 UNFPA Country Representatives (iv) 2 CO M&E focal point.

The ERG will be responsible for the following roles and tasks:

Provide overall technical guidance and quality assurance on the evaluation;

Review and endorse design report; and

Review and approve evaluation report.

he Regional M&E Advisor will be the Evaluation Manager and will be, together with the M&E Analyst(s) in the Regional Office, responsible for the following key roles:

Responsible for overall quality assurance of the evaluation in accordance with UNFPA and UNEG Evaluation guidelines.

Overall coordination of the Consultants/Evaluation Team;

Coordinate UNFPA internal review and ERG processes (CO and ASRO review and comment on Design Report, and final report);

Coordinate the UNFPA management approval of all evaluation deliverables.

Evaluation Timeline and Estimated Length of Exercise

The evaluation process is expected to take place during the four months of September – December 2020. The number of consultants and working days by each consultant is temporarily set at Team Leader and two Team Members (45 days each).

Dates Milestones *(Dates are tentative & designed to accommodate unforeseen events and may be shortened if deliverables meet required quality. Days of effort would remain the same).*

September, 2020

Draft terms of reference (3rd September)

Formation of the Evaluation Management Group (7th September)

Formation of the Evaluation Reference Group (9th September)

Finalization of terms of reference (8th September)

Hiring of evaluation consultants (27th September)

October, 2020

- Desk review (4th - 8th October)

Finalization of evaluation design (11th-15th October)

Submission of design report (18th October)

October – November, 2020

Data collection including field missions (25th October – 19th November)

Briefing on draft evaluation findings and preliminary recommendations (23rd November)

December, 2020

Submission of the 1st draft report by the evaluation team (6th December)

Review of draft report by ERG and provide feedback (11th December)

Submission of the second draft report (18th December)

Submission of the final report (24th December)

UNFPA Regional Office (ASRO) would conduct the final EQA for the evaluation and develop a management response to the evaluation recommendations and related action points in January, 2021.

Logistical Support

The UNFPA RO will be the base (even if virtually) for the evaluation team and where the team would meet depending on need, during the evaluation process: at the beginning of the evaluation to clarify roles and methodology, agree on the TOR and stakeholders and to prepare the Evaluation Design Report and also at the end of the evaluation to present the findings and report of the evaluation. During this period, the evaluation team will interact with UN agencies, interview regional organizations, beneficiaries and stakeholders. The team would also connect with relevant UNFPA RIAP staff for briefing and discussions on the project and its implementation.

The evaluation team will be supported by an Operations Assistant from the Operations unit who provide logistics and administrative support related to the conduct of the evaluation. The Programme Analyst (M&E/Partnership) would also provide support as required to the Evaluation team during the duration of the evaluation. If travel to Cairo is feasible, UNFPA RO will make available office space. Members of the evaluation team will be expected to bring their own laptops however.

Deliverables, Fees and Schedule of Payments

Following the review of the proposed TOR and relevant documents project and discussing the evaluation with ERG, the team leader of the evaluation team should submit an Evaluation Design Report. The design report describes the conceptual framework the evaluation team will use in conducting the evaluation. It details the evaluation methodology that is how each question will be answered by way of data collection methods, data sources, sampling and indicators. It also provides a clear indication of how the Consultants/Evaluation Team view and understand their tasks and plans to achieve the objectives of the

evaluation. The Evaluation Manager will coordinate the internal review and approval of the design report from the ERG and all evaluation deliverables as follows: Design report; Preliminary Evaluation Report; Country Case studies and Final Evaluation Report.

The consultancy fees[1] for the evaluation team would be determined in line with the UNFPA procedure and rates and would be due at the time of submission of final versions of the above listed deliverables as follows:

Submission and presentation of Design Report (20% payment upon ASRO acceptance of Design Report)

After data collection and submission of 1st draft Evaluation Report and CO Case Studies (20% upon acceptance of the 1st draft)

Submission of 2nd draft report and UNFPA ASRO satisfies that at least 90% of the work is completed (additional 30% payment of fees)

Upon submission of the Final Report that is officially accepted by the RO/ASRO (Additional 20% payment of fees)

Upon presentation of PowerPoint final version of the Evaluation Report (10% payment).

Evaluation Quality Assurance and Other Key Considerations

The evaluation team will make oral or written presentation/briefing of the design report to RO and its stakeholders. RO's Evaluation Manager will obtain written comments on the design report from the ERG to the Consultants/Evaluators within 5 days of the report's submission or completion of the oral presentation, whichever comes later. RO reserves the right to modify the TOR in response to the design report. The key ingredients for the outline of the design report is contained in *Annex 3 below.*

The evaluators will submit an electronic copy of a draft evaluation report to UNFPA's evaluation manager. The draft report should be thoroughly copy edited to ensure that comments from UNFPA and other stakeholders on content, presentation, language, and structure can be reduced to a minimum. The ET should review the UNFPA Evaluation Quality Assessment (EQA) Template and Forms to understand the key element of UNFPA's peer review and assessment process of the evaluation it supports. After the RO and stakeholders' review of the draft report, the evaluation manager will coordinate written comments on the draft report from ERG, RO, and relevant stakeholders and submit these to the Consultants/Evaluators. Based on these comments, the Evaluation Team will correct all factual errors and inaccuracies and make changes related to the report's structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. The Evaluation Team will not be required to make changes to conclusions and recommendations unless they are regarded as qualitative improvements. The recommendation should however be prepared in consultation of the RO and ERG that that they are understood, actionable, and as highly relevant to the RP. After making the necessary changes, the Evaluation Team will submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the Evaluation Team can then submit the final report for RO approval. The EQA process would follow the dictates of the UNFPA Evaluation Handbook and associated Tools and applied to the Final Report.

The recommended structure of the final report needs to follow UNFPA Evaluation Report Format, with the final format agreed upon by the ET and RO in the Design Report. The report must contain a self-contained executive summary that provides a clear, concise presentation of the evaluation's main conclusions and key recommendations and reviews salient issues identified in the evaluation. **All deliverables must be in English**.

Annexes

Annex 1: *Evaluation Team profile, roles and responsibilities*

Annex 2*: List of Documents minimum to be reviewed for this evaluation (possibly more)*

Annex 3: *Key considerations for the Design Report (specific outline is to be finalized with reference to the UNFPA Evaluation Handbook)*

Annex 4: *Structure of Evaluation Report (to be finalized as stipulated in the UNFPA Evaluation Handbook)*

Annex 5: *Ethical Code of Conduct for UNEG/UNFPA Evaluations*

Annex 6: *UNFPA Evaluation Quality Assessment template and explanatory note*

Annex 1: Evaluation Team profile, roles and responsibilities

Evaluation team leader (TL) will be responsible for the production and timely submission of the expected deliverables of the evaluation including design report, draft and final evaluation reports. She/he will lead and coordinate the work of the evaluation team members and will also be responsible for the quality assurance of all evaluation deliverables.

The **Team Leader** will be responsible for covering some of the components of the Regional Programme (to complement those of the evaluation team members so that all RIAP areas are covered). The Evaluation Team Leader will be an international expert in evaluation of development programmes with the following necessary competencies:

- Extensive (at least 10 years) previous experience in leading evaluations, specifically evaluations of international organizations or development agencies. Previous experience conducting evaluation for UNFPA will be considered as an asset;
- The evaluation team leader should have excellent knowledge of the global and regional development context, issues and challenges in the region;
- Familiarity with UNFPA's work and mandate and Knowledge and experience in any or one of the core thematic areas of UNFPA program areas e.g. Sexual and Reproductive Health and Rights; Gender Based Violence; Population and Development; Youth including Adolescent Sexual and Reproductive Health (ASRH);
- Familiarity and experience of working in the Arab States Region would be a strong advantage;
- Excellent analytical, communication and writing skills; Fluency in English is required.
- Good management skills and ability to work with multi-disciplinary and multi-cultural teams;

Evaluation Team Members will have in-depth knowledge and experience of some components of UNFPA programmatic areas (to complement those of the TL so that all components are covered) and good knowledge of the global and regional development context, issues and challenges in the region. She/he will take part in the data collection and analysis work during the design and field phases. Evaluation team member will provide substantive inputs into the evaluation processes through participation at methodology development, meetings, interviews, analysis of documents, briefs, comments, as advised and led by the Evaluation Team Leader. The modality and participation of Evaluation Team Member in the entire evaluation process including participation at interviews/meetings and technical inputs and reviews of the design report, draft evaluation report and final evaluation report will be agreed by the Evaluation Team Leader and will be done under his/her supervision and guidance.

The necessary competencies of Evaluation Team Member will include:

- Extensive (5-7 years) previous experience in evaluation especially in international development programs;
- The evaluation team member needs to have demonstrated expertise in either sexual and reproductive health, population and development, Gender equality, adolescent and youth health;
- Familiarity with UNFPA's work and mandate;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills in English;
- Fluency in English is required.

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

Young and Emerging Evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, qualifications, skills and experience as follows:

- Bachelor's degree in public Health, demography or population studies, social sciences, Development studies or a related field.
- In possession of a certificate in evaluation or equivalent qualification.
- Less than five years of work experience in conducting evaluation or M&E in the field of international development.
- Solid analytical and problem-solving skills.
- Demonstrated ability to work in a team, Strong organization skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA and/or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and Arabic.

Annex 2: List of documents to be reviewed

A. UNFPA Global Document

1. Strategic Plan 2018-2021
2. Strategic Plan Integrated Results and Resource Framework 2018-2021
3. UNFPA Business Model
4. UNFPA Funding arrangements

B. ASRO Regional Intervention Action Plan 1. RIAP 2018 - 2021
3. RIAP 2018-2021 RRF
4. RIAP 2018-2021 Revised RRF
5. Addendum to the strategic framework for the GRI (2018-2021).

C. RIAP Programme documents

1. End of Program Review of the UNFPA's Arab States Regional Program (2018-2021)
2. Regional Leadership/Planning Meeting Reports for 2018, 2019 and 2020
3. Strategic Information System (SIS) Annual Reports and Quarterly Milestones (2018-2021)

D. Work plans
• All IP Work plans and revisions (2018, 2019, 2020)
• RIAP Work plans and revisions (2018, 2019 and 2020)

E. Monitoring Reports
- ASRO Monitoring reports SIS (all quarters) - 2018, 2019, 2020; Project Monitoring Reports (for all quarters/ Cognos)- 2018, 2019, 2020;
- IP Quarterly narrative reports for 2018, 2019, 2020
- IP FACE Forms all quarters for 2018, 2019, 2020.

F. Regional/Global Events Conducted - Matrix of Events (2018, 2019 and 2020)

G. ASRO Technical Assistance Reports/Monitoring reports

H. Programme outcome documents (example: Regional or inter-governmental documents produced with UNFPA support for example Regional SDG document, Action Plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Arab States – leaving no one behind, ICPD Regional Reviews etc.)
I. Output documents produced by UNFPA and IPs in 2018, 2019 and 2020.
J. Arab States Region UN coordination documents.

Annex 3: Key considerations for the Design Report (specific outline is to be finalized with reference to the UNFPA Evaluation Handbook)

This design report will include but not be limited to:

- Explain the evaluator's understanding of what is being evaluated and why;
- Describe the strategy for ensuring the evaluation's utility and applicability to the needs of UNFPA and those of key stakeholders;
- Review and strengthen the evaluation methodology, describing the plans to engage and involve stakeholders in the design (e.g., questions, objectives, methods, data-collection instruments), data collection, data analysis, and development of recommendations;
- Explain how the evaluation questions will be addressed with respect to all evaluative criteria indicated above by way of proposed methods, evaluation designs, sampling plans, proposed sources of data, and data-collection procedures; Note: The Consultants/Evaluators are encouraged to suggest refinements to the TOR and to propose creative or cost- or time-saving approaches to the evaluation and explain their anticipated value.
- For each of the evaluative criteria, describe the measurable performance indicators or standards of performance that will be used to assess progress towards the attainment of results, including outcomes;
- Discuss (a) the limitations of the proposed methods and approaches, including sampling, with respect to the ability of the evaluation team to attribute results observed to UNFPA efforts especially in the absence of a valid counterfactual and (b) what will be done to minimize the possible biases and effects of these limitations;
- Explain the Consultant's/Evaluator's procedures for ensuring quality control for all deliverables;
- Explain the Consultant's/Evaluator's procedures to ensure informed consent among all people to be interviewed or surveyed and confidentiality and privacy during and after discussion of sensitive issues with beneficiaries or members of the public;
- Indicate familiarity with an agreement to adhere to (a) the requirements of the Standards for

Evaluation in the UN System, and (b) UNFPA's Evaluation Quality Standards, which will be provided to the TOR Annex; and,

- Provide a proposed schedule of tasks, activities, evaluation methodologies and deliverables consistent with this TOR.

Annex 3: List of Persons Interviewed

UNFPA, ASRO, Cairo, Egypt

1. Luay Shabaneh, Regional Director
2. Frederika Meijer, Deputy Director
3. Olugbemiga Adelakin, Regional M&E Advisor
4. Hala Youssef, Regional PD Advisor
5. Elke Mayrhofer, Humanitarian Advisor
6. Shible Sahbani, Regional SRH Advisor
7. Sherin SaadAllah, Resource Mobilisation and Partnerships Advisor
8. Hanan Rabbani, Gender Regional Advisor
9. Samir Aldarabi, Communications Advisor
10. Samir Aldarabi, Regional Youth Advisor

Regional Partners

11. Janna Metzler, Associate Director, Women Refugee Commission
12. Ruth Mabry, World Health Organization
13. Hoda Rashad, Professor and Director of the Social Research Center at AUC
14. Chouaa Dessouky, Youth and HIV, League of Arab States
15. Tarek Nabulsi, P&D, League of Arab States
16. Said El-Hadi, Ambassor, League of Arab States
17. Martine Nejm, Youth and HIV, American University of Beirut
18. Dina Douay, Programme Manager, League of Arab States
19. Lina Alqurah, HelpAge, Head of Network Coordination and Development
20. Sunita Joergensen, UNICEF
21. Irina Dunchu, Director, IDRC
22. Maria Tsvetkova, Head of Sub-office at the World Food Programme
23. Arab Institute for Training and Research in Statistics
24. Farrukh, ASIAN
25. Mohamed Samadi, Arab Parliaments
26. Ismail Lubbad, ESCWA

Country Case Study: Egypt

<u>UNFPA Country Office</u>

27. Aleksandar Sasha Bodiroza, UNFPA Country Representative
28. Germaine Haddah, Assistant Representative
29. Sally Younes Zohney, Gender Programme Specialist
30. Nada Naja, SRH and Harmful Practices Team Lead
31. Yasmine Salama, M&E Specialist
32. Maha Abdel Wanis, SRH Programme Specialist
33. Manal Eid, A&Y Programme Specialist
34. Liv i Dali, Environmental Scanning Analyst
35. Abdullah Hamouda, Sports for Development Coordinator
36. Dawlat Shaarawy, PD Program Specialist
37. Nourhan Abdelaziz, Programme Assistant

Implementing Partners

38. Mona El-Ghazalo, National Coordinator, National Council for women
39. Sandra Azmy, Programme Director, CARE International
40. Randa Rares, National Project Coordinator, Ministry of Social Solidarity (MOSS)
41. Ambassador Mohamed Hegazy, Senior Advisor to the Minister, Ministry of Local Development
42. Jelena Krstic, Head of Programming Strategy, Plan International

Country Case Study: Iraq
UNFPA Country Office

43. Rita Columbia, Country Representative
44. Alisher Ashuruv, M&E Programme Specialist
45. Saidkasim Sakhipov, SRH Programme Specialist
46. Lionel Laforgue, Gender Programme Specialist
47. Sadia Atta, A&Y Programme Specialist

Implementing Partners

48. Ayub Mirza, GBV and Youth, Harikar
49. Nawa Asi, GBV, Al Messala
50. Jamal Rasul, GBV, GDCVAW
51. Hawar Jamal, GBV, AUIS
52. Hala Al Saraf, GBV, IHAO
53. Lisa Pastorelli, GBV, UPP
54. Mr. Azmar, Youth, General Directorate of Youth
55. Ms. Sayyidah, Youth, Protection of Man and Environment
56. Ms Mina, Youth, UIMS
57. Ghodard Mohamed, P&D, General Directorate of Statistics
58. Mr. Haydar, RH, Iraqi Access Organisation
59. Mr. Kawa, RH, General Directorate of Health

Country Case Study: Somalia
UNFPA Country Office

60. Walter Mendonça Filho, Deputy Country Representative
61. Bahsan Said, Assistant Representative
62. Faisa Ibrahim, Assistant Representative
63. Haider Rasheed, M&E, Programme Specialist
64. Mariam Alwi, Head of PD Unit, Programme Specialist
65. Adam Farah, Maternal and RH, Programme Specialist
66. Ahmed Mihili, PD, Programme Specialist
67. Ridwan Abdi, Humanitarian Assistance, Programme Specialist
68. Mohamed M Abdi, Gender & GBV, Programme Specialist

69. Ahmed Aweis , Maternal and RH, Programme Specialist

70. Fatuma Kuno, Head of Adolescents and Youth Programme

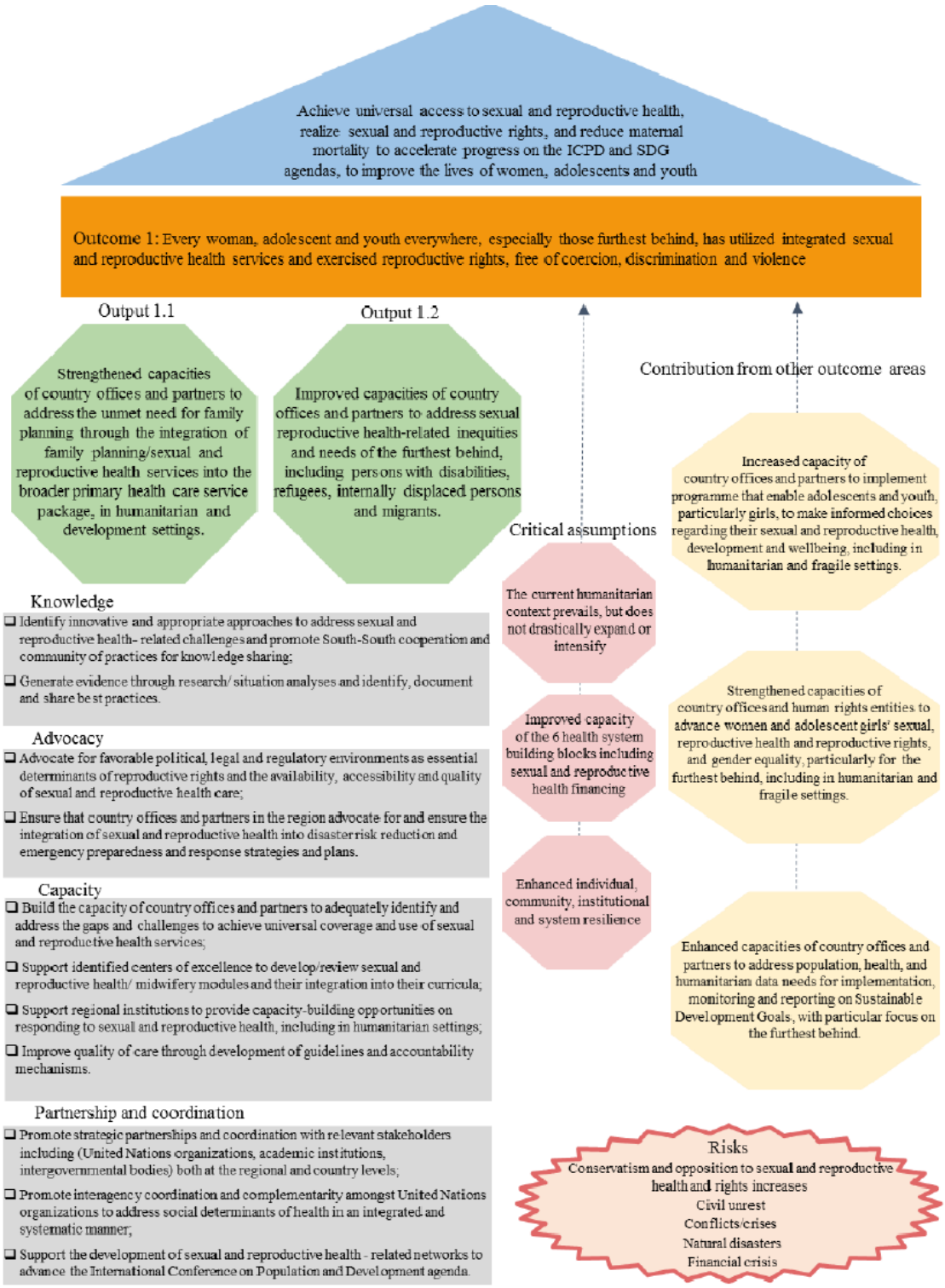
71. Felix Mulama, PD Senior Demographer

Implementing Partners

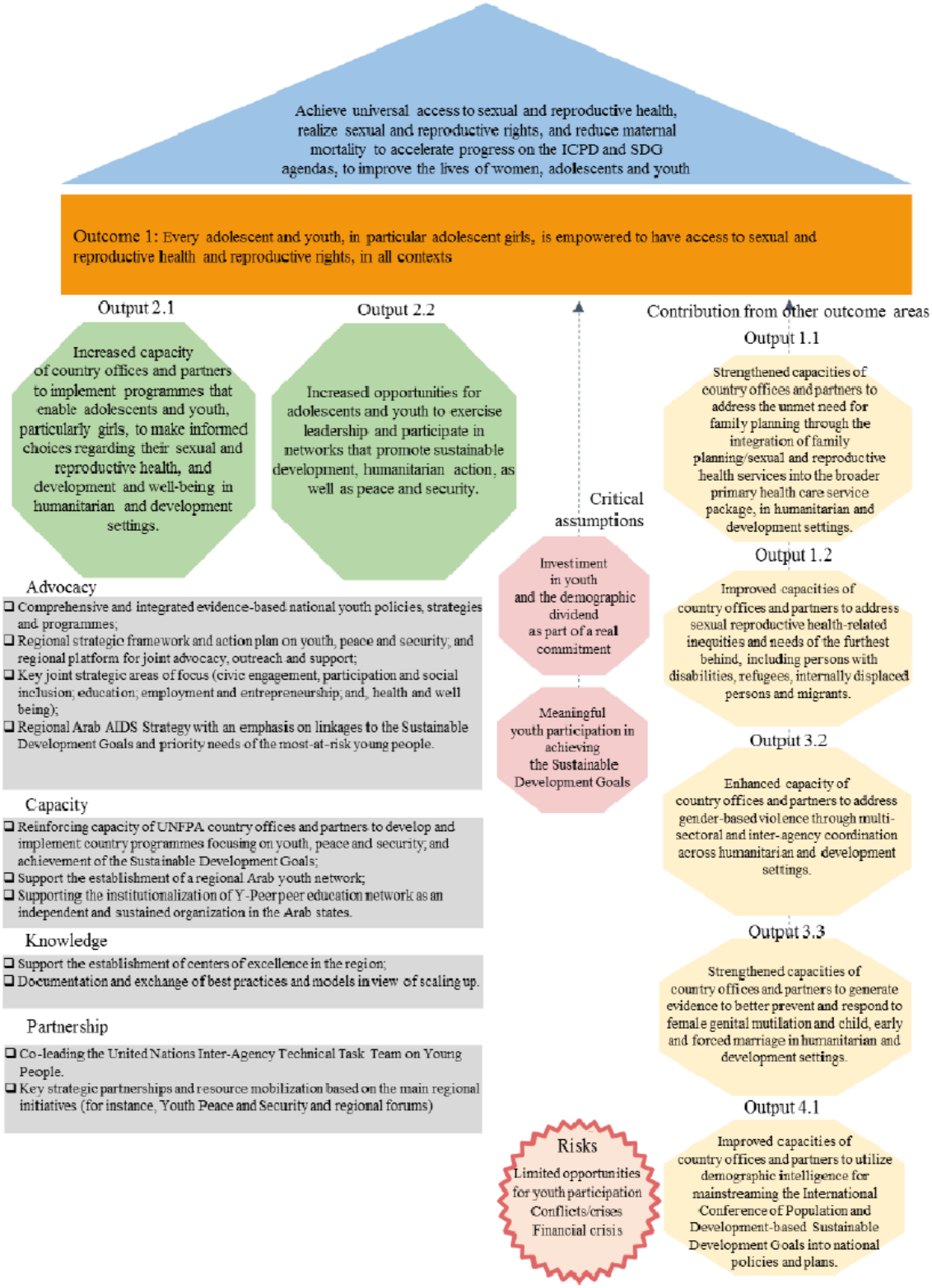
72. Abdi Ali, Planning Officer, Demographer, Ministry of Planning
73. Lucia Buyanza, Administration Manager, Physicians Across Continents (PAC)

Annex 4: Theories of Change for the RIAP 2018-2021

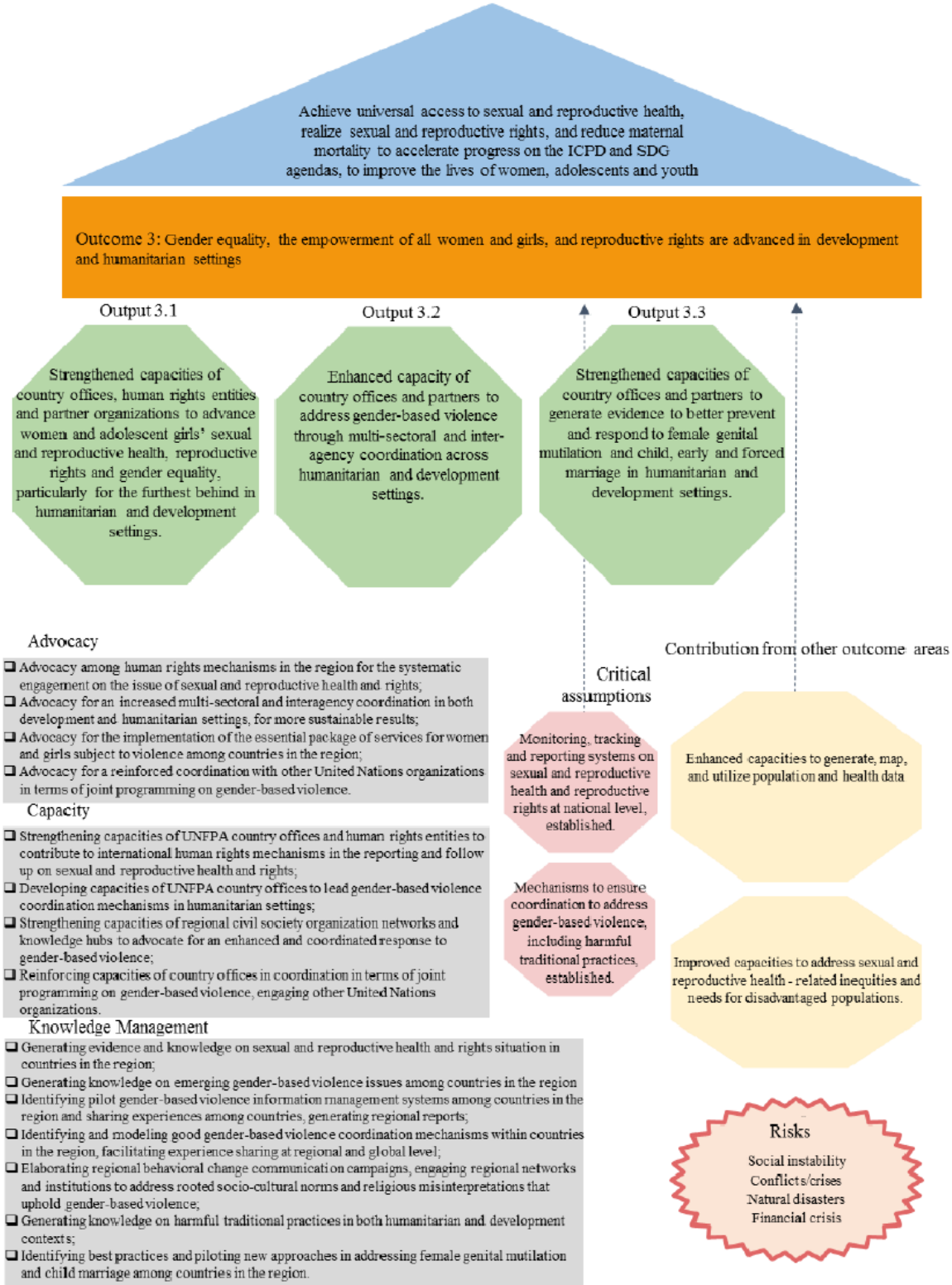
a) Sexual and Reproductive Health and Rights



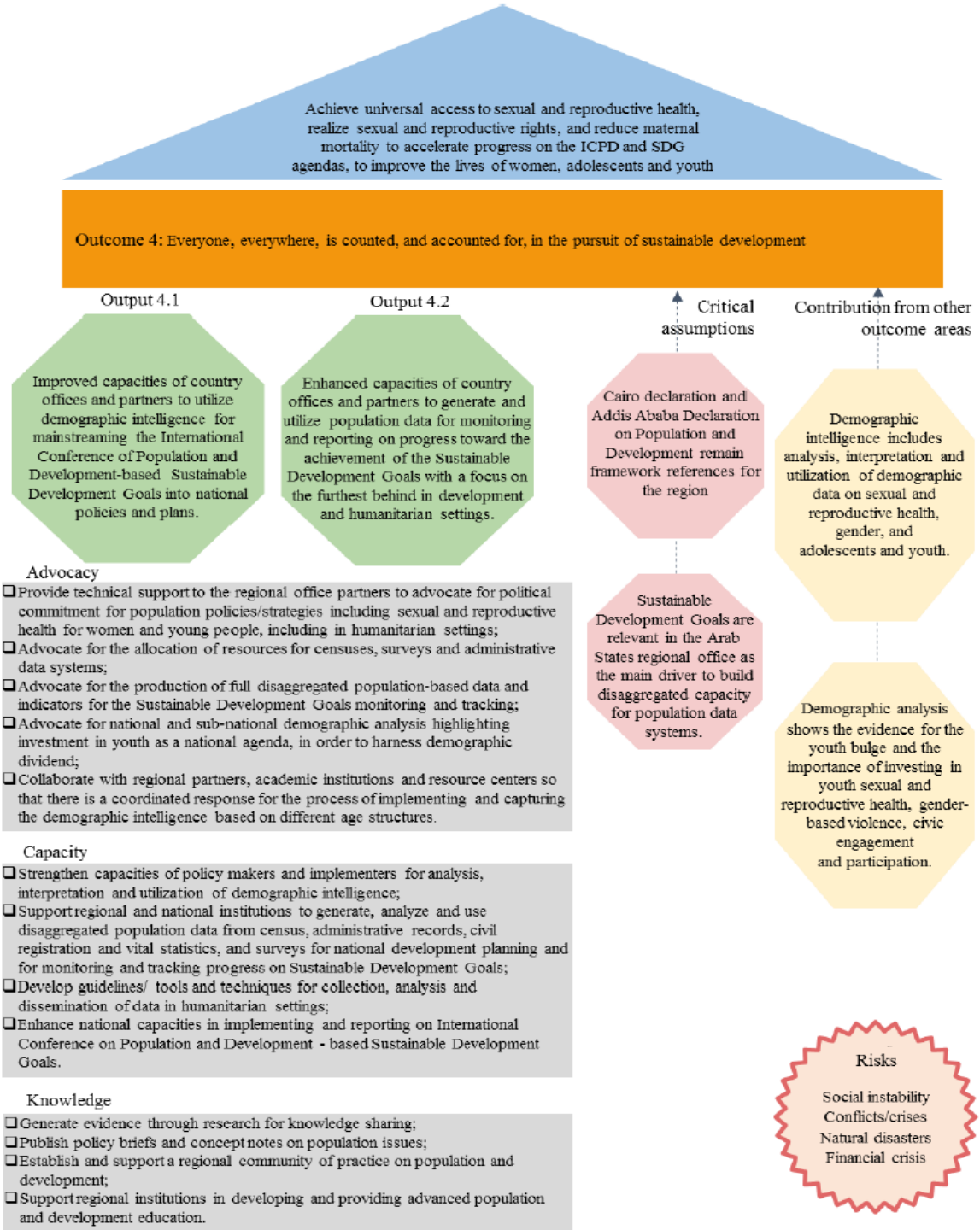
b) Adolescents and Youth



c) Gender Equality and Women's Empowerment



d) Population and Development



Annex 5: The Evaluation Matrix

Relevance:			
Evaluation Question (EQ) 1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries? Were there critical gaps in the RP at the time of conceptualization?			
Assumptions to be assessed	**Indicators**	**Sources of data**	**Methods and tools for data collection**
The evolving needs of the population, in particular those of vulnerable and special groups, such as women and refugees, and those from remote or less developed geographic areas, were well taken into account during the conceptualisation, planning and implementation processes of the RP 2018-2021.	● The existence and evidence of consultation of needs assessments, studies, evaluations, and qualitative and quantitative data analyses, that identify needs and lessons learned prior to programming and during the RP, updated periodically to guide the programme ● Separate components are integrated in planning with cross cutting aspects such as gender and equity ● The choice of target groups for the RP interventions is consistent with identified and	● RPAP/ CPAP, RPAP/CPAP M&E Calendar ● ROAWPs/ COAWPs ● ROARs/ COARs ● Regional policy/strategy documents ● Needs assessment studies ● Evaluations ● RO and Country SRHR, A&Y, Gender and PD data	● Documentary analysis ● Online Key informant interviews with UNFPA RO & CO staff ● Online Key informant interviews with implementing/ strategic partners ● Online Key informant interviews/Zoom based-Focus group discussions with RIAP final beneficiaries and communities in targeted sites (ASRO countries) ● Internet-based Survey focussing on ASRO countries ● Country case studies

	evolving needs as well as regional and national priorities ● Extent to which the RP interventions supported by UNFPA were targeted at most vulnerable, disadvantaged, marginalised and excluded population groups, and retargeted as needed ● Extent to which the targeted people were consulted in relation to programme design and activities throughout the programme.	● Regional Response Plans, 2018-2021 ● Key Informants from Government and Development/Assistance partners, academic institutions ● Beneficiaries and others living in remote and less developed areas.	
Evaluation Question (EQ) 2: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?			
The objectives and strategies of the components of the RIAP are consistent with the priorities put forward in the UNDCS, and in the UNFPA Strategic Plans and Business Model.	● The objectives and strategies of the CPAP and the AWPs are in line with the goals and priorities set in the UNDCS/ UNSDG ● ICPD goals are reflected in the RPAP/ CPAP and component activities ● The RPAP/ CPAP sets out relevant goals, objectives and activities to develop national capacities ● Extent to which South-South cooperation has been mainstreamed in the RP	● RPAP/ CPAP ● Regional and Country Strategy ● UNDCS/ UNSDG, joint and collaborative programme documents ● RAWPs/ CAWPs ● UNFPA Strategic Plan, 2018-2021 ● UNFPA Business Model (Annex 4 to Strategic Plan 2018-2021. ● UNFPA UNFPA Global and Regional Interventions (Annex 6 to the Strategic Plan 2018-21)	● Documentary analysis ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with UNSDG and UNCT members and government stakeholders ● Internet-based Survey focussing on ASRO countries ● Country case studies

	● Extent to which gender equality and women's empowerment have been mainstreamed ● Extent to which specific attention has been paid to youth in the RP.	● UNFPA Global Integrated Results and Resources Framework (Annex 1 to Strategic Plan 2018-2021).	
Evaluation Question (EQ) 3: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?			
The RO and COs in the Arab States Region have responded appropriately to changes that occurred with regard to the consequences of the Syrian and other crises, according to its humanitarian mandate.	● Timeliness of the RO and CO response to the refugee influx ● Support from Regional and Global offices ● RO/CO capacity to reorient/adjust the objectives of the RPAP/ CPAP and the ROAWPs/ COAPs ● Extent to which the response was adapted to emerging needs, demands and national priorities ● Extent to which the reallocation of funds towards new activities (in particular humanitarian) is justified ● Extent to which the RO/COs have managed to ensure continuity in the pursuit of RPAP/CPAP objectives while responding to emerging needs and demands.	● Atlas data on staffing and funding ● UNFPA Regional and Global offices ● RO/CO SRHR, Adolescents and Youth, Gender and PD data ● RO/CO Regional Response Plans ● Situation and Coordination Reports: UNHCR, OCHA, Reliefweb, UNSDG /UNCT/RC, UNFPA Regional Situation Reports for Syria Crisis ● Assessments and review of the Syria response operation ● Key Informants from Government, UNFPA RO/CO and Development/Assistance partners.	● Review of financial documentation and ROARs/COARs ● Document review on the Syrian response ● Online Key informant interviews with Government, UNFPA RO/CO and development partners ● Online Key Informant Interviews with agencies working for Syrian refugees. ● Internet-based Survey ● Country Case Studies

Effectiveness:			
Evaluation Question (EQ) 4: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)? Have the RP activities contributed to enhanced results at country level?			
(a) Sexual and Reproductive Health and Rights:			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
A 4.1: RIAP activities have contributed to strengthened capacities of country offices and partners to address the unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in humanitarian and development settings (from RIAP 2018-21, SRHR, output 1.1).	● Number of policy, programme and advocacy documents and tools on family planning/sexual and reproductive health produced ● Number of country offices and partners with capacity for improved forecasting, procurement and delivery of reproductive health supplies including emergency reproductive health kits ● Number of regional resolutions/declarations and outcome documents that include specific commitments	● MHTF Annual Reports ● MHTF Business Plan 2018-2021 ● UNFPA Supplies Annual Reports ● Nairobi Statement on ICPD25 - Accelerating the Promise ● Nairobi Summit on ICPD25 report ● SIS 2018 Annual Report ASRO ● SIS Annual Report ASRO ● RHCS Workshop Reports ● Arab Women Health Conference	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Internet-based Survey ● Country Case studies

	on sexual and reproductive health ● Number of documented good practices developed in support of sexual and reproductive health programming in the region. (from RIAP 2018-21, SRHR, output: indicators).	● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Regional UN Inter-agency or Inter-governmental Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● Project Reviews and-or Evaluations ● Regional Guidance and Tools for Policy, Advocacy, Programming and Advocacy ● Situational Analyses Report ASRO ● Technical Assistance/ Mission Reports ● RO/ CO staff involved in SRHR programme ● UNFPA RO/ CO Partners ● Key Informants ● Surveys ● Case Studies	
A 4.2 RIAP activities contributed to improved capacities of country offices and partners to address sexual reproductive health-related inequities and needs of the	● Number of advocacy tools to address sexual and reproductive health inequities developed	● MHTF Annual Reports ● MHTF Business Plan 2018-2021 ● UNFPA Supplies Annual Reports	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners

furthest behind, including persons with disabilities, refugees, internally displaced persons and migrants (from RIAP 2018-21, SRHR, output 1.2).	● Number of country offices and partners supported to integrate sexual and reproductive health into emergency preparedness planning ● Percent of new inter-agency Humanitarian Response Plans launched in the region with UNFPA mandate included ● Number of joint programs and/or initiatives on sexual and reproductive health in the region supported by the regional office	● Nairobi Statement on ICPD25 - Accelerating the Promise ● Nairobi Summit on ICPD25 report ● SIS 2018 Annual Report ASRO ● SIS Annual Report ASRO ● RHCS Workshop Reports ● Arab Women Health Conference ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Regional UN Inter-agency or Inter-governmental Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● Project Reviews and-or Evaluations ● Regional Guidance and Tools for Policy, Advocacy, Programming and Advocacy ● Situational Analyses Report ASRO ● Technical Assistance/ Mission Reports	● Internet-based Survey focussing on ASRO countries ● Country Case studies

		● RO/ CO staff involved in SRHR programme ● UNFPA RO/ CO Partners ● Key Informants ● Surveys ● Case Studies	
A 4.3: RIAP activities have contributed to Increased capacity of country offices and partners to implement programmes that enable adolescents (from RIAP 2018-21, SRHR, output 2.1).	● Number of country offices with increased capacity to support the development of national strategic frameworks/ plans that particularly address young people's sexual and reproductive health and rights ● Number of specific key interventions addressing sexual and reproductive health and rights and well-being of young people in the new United Nations Inter-Agency Technical Task Force on Young People Regional Framework of Action. ● Number of tools/guidelines developed to support programming on key priority youth issues in the region. ● Number of evidence based documented good practices in support of youth development in the region	● MHTF Annual Reports ● MHTF Business Plan 2018-2021 ● UNFPA Supplies Annual Reports ● Nairobi Statement on ICPD25 - Accelerating the Promise ● Nairobi Summit on ICPD25 report ● SIS 2018 Annual Report ASRO ● SIS Annual Report ASRO ● RHCS Workshop Reports ● Arab Women Health Conference ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Regional UN Inter-agency or Inter-governmental Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

		● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● Project Reviews and-or Evaluations ● Regional Guidance and Tools for Policy, Advocacy, Programming and Advocacy ● Situational Analyses Report ASRO ● Technical Assistance/ Mission Reports ● RO/ CO staff involved in SRHR programme ● UNFPA RO/ CO Partners ● Key Informants ● Surveys ● Case Studies	
A 4.4: RIAP activities have contributed to increased opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security (from RIAP 2018-21, SRHR, output 2.2).	● Number of country offices and partners with capacity to develop and implement strategies and programmes on Youth, Peace and Security ● Regional Arab Youth Network in place and functional ● Number of regional resolutions/declarations/strategy documents that include specific commitments on youth development including	● MHTF Annual Reports ● MHTF Business Plan 2018-2021 ● UNFPA Supplies Annual Reports ● Nairobi Statement on ICPD25 - Accelerating the Promise ● Nairobi Summit on ICPD25 report ● SIS 2018 Annual Report ASRO ● SIS Annual Report ASRO ● RHCS Workshop Reports ● Arab Women Health Conference	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

	adolescent sexual and reproductive health	● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Regional UN Inter-agency or Inter-governmental Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● UNFPA ASRO-supported Regional Frameworks, Strategies and Plans ● Project Reviews and-or Evaluations ● Regional Guidance and Tools for Policy, Advocacy, Programming and Advocacy ● Situational Analyses Report ASRO ● Technical Assistance/ Mission Reports ● RO/ CO staff involved in SRHR programme ● UNFPA RO/ CO Partners ● Key Informants ● Surveys ● Case Studies	
(b) Gender and Women's Empowerment:			
B 4.1: UNFPA RIAP interventions have contributed to strengthened capacities of	● Number of country offices with capacity to contribute to	● Regional Leadership-Planning Meeting Reports	● Document review

country offices, human rights entities and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings (from RIAP 2018-21, GE, output 3.1).	international human rights reporting mechanisms (Universal Periodic Review, Treaty Bodies, Special Procedures) on sexual and reproductive health and reproductive rights, including gender equality and gender-based violence ● Number of partners with capacity to monitor human rights instruments and report to international human rights mechanisms (Universal Periodic Review, Treaty Bodies, Special Procedures) on sexual and reproductive health and reproductive rights, including gender equality and gender-based violence ● Number of regional resolutions/declarations that include specific commitments on Gender programming and/or gender-based violence	● RIAP work Plans ● ASRO Annual Reports, 2018-20 ● Guidance and Tools for Policy, Programming and Advocacy ● Humanitarian Assistance reports ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Project Reviews and-or Evaluations ● Project Reviews and-or Evaluations ● Regional Frameworks, Strategies and Plans ● Research Reports, Surveys and Studies ● Situation Analyses Reports ● Technical Assistance Reports for Country Offices ● UNFPA-UNICEF Joint Programme on Child Marriage ● UNFPA-UNICEF Joint Programme on FGM ● Workshops, Conferences and Other Events reports ● Relevant Research, Studies and Other Evidence of Other UN Agencies ● Key informants	● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

		● Surveys ● Case Studies	
B 4.2: UNFPA RIAP interventions have contributed to enhanced capacity of country offices and partners to address gender-based violence through multi-sectoral and inter-agency coordination across humanitarian and development settings (from RIAP 2018-21, GE, output 3.2).	● Number of country offices in development contexts with capacity to implement the interagency coordination on gender-based violence ● Percent of country offices in humanitarian settings with updated capacities to lead gender-based violence sub-clusters in line with current guidelines	● Regional Leadership-Planning Meeting Reports ● RIAP work Plans ● ASRO Annual Reports, 2018-20 ● Guidance and Tools for Policy, Programming and Advocacy ● Humanitarian Assistance reports ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Project Reviews and-or Evaluations ● Project Reviews and-or Evaluations ● Regional Frameworks, Strategies and Plans ● Research Reports, Surveys and Studies ● Situation Analyses ● Technical Assistance Reports for Country Offices ● UNFPA-UNICEF Joint Programme on Child Marriage ● UNFPA-UNICEF Joint Programme on FGM ● Workshops, Conferences and Other Events reports	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

		● Relevant Research, Studies and Other Evidence of Other UN Agencies ● Key informants ● Surveys ● Case Studies	
B 4.3: UNFPA RIAP interventions have contributed to strengthened capacities of country offices and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings (from RIAP 2018-21, GE, output 3.3).	● Number of evidence based documents on female genital mutilation and child marriage produced ● Number of regional initiatives addressing female genital mutilation and child marriage ● Number of tools/guidelines developed to support programming for gender-based violence including female genital mutilation and child marriage in the region	● Regional Leadership-Planning Meeting Reports ● RIAP work Plans ● ASRO Annual Reports, 2018-20 ● Guidance and Tools for Policy, Programming and Advocacy ● Humanitarian Assistance reports ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Project Reviews and-or Evaluations ● Project Reviews and-or Evaluations ● Regional Frameworks, Strategies and Plans ● Research Reports, Surveys and Studies ● Situation Analyses ● Technical Assistance Reports for Country Offices ● UNFPA-UNICEF Joint Programme on Child Marriage	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

		● UNFPA-UNICEF Joint Programme on FGM ● Workshops, Conferences and Other Events reports ● Relevant Research, Studies and Other Evidence of Other UN Agencies ● Key informants ● Surveys ● Case Studies	
● **Population and Development:**			
C 4.1: RIAP activities have contributed to improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development- based Sustainable Development Goals into national policies and plans (from RIAP 2018-21, PD, output 4.1).	● Number of country offices and partners with capacity to utilize demographic intelligence to mainstream the International Conference on Population and Development- based Sustainable Development Goals in policies and plans ● Number of knowledge management products developed to support utilization of demographic intelligence to mainstream the International Conference on Population and Development- based Sustainable Development Goals in policies and plans ● Number of regional resolutions/declarations that include specific commitments	● Regional Leadership-Planning Meeting Reports ● RIAP work Plans ● ASRO Annual Reports, 2018-20 ● Guidance and Tools for Policy, Programming and Advocacy ● Humanitarian Assistance reports ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Project Reviews and-or Evaluations ● Project Reviews and-or Evaluations ● Regional Frameworks, Strategies and Plans	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

	on the use of demographic dividends for national planning	● Research Reports, Surveys and Studies ● Situation Analyses Reports ● Technical Assistance Reports for Country Offices ● Workshops, Conferences and Other Events reports ● Relevant Research, Studies and Other Evidence of Other UN Agencies ● Key informants ● Surveys ● Case Studies	
C 4.2: RIAP activities have contributed to Enhanced capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals with a focus on the furthest behind in development and humanitarian settings (from RIAP 2018-21, PD, output 4.2).	● Number of tools and guidance notes developed to strengthen the capacity of UNFPA to collect, analyze and disseminate data in humanitarian and fragile contexts ● No of country offices that have utilized the humanitarian data collection tools and guidance notes developed by the regional office ● Percentage of country offices that received technical assistance from the regional office on utilization of the 39 priority International Conference on Population and Development- based Sustainable Development Goals indicators for monitoring	● Regional Leadership-Planning Meeting Reports ● RIAP work Plans ● ASRO Annual Reports, 2018-20 ● Guidance and Tools for Policy, Programming and Advocacy ● Humanitarian Assistance reports ● IP Technical Capacity Assessments (Micro-assessments) ● IP Work Plans ● Project Reviews and-or Evaluations ● Project Reviews and-or Evaluations ● Regional Frameworks, Strategies and Plans	● Document review ● Online Key informant interviews with UNFPA RO and CO staff ● Online Key informant interviews with Implementing Partners ● Internet-based Survey focussing on ASRO countries ● Country Case studies

	implementation of Sustainable Development Goals	● Research Reports, Surveys and Studies ● Situation Analyses Reports ● Technical Assistance Reports for Country Offices ● Workshops, Conferences and Other Events reports ● Relevant Research, Studies and Other Evidence of Other UN Agencies ● Key informants ● Surveys ● Case studies	
Evaluation Question (EQ) 5: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?			
(a) Sexual and Reproductive Health and Rights			
RIAP programming in Sexual and Reproductive Health and Rights is human rights- friendly: The most vulnerable population groups, including youth, marginalized groups, migrants, the Roma population, refugees and host communities are getting involved in supported interventions.	● Difference between the lowest and highest regional percentages of physician-assisted deliveries – changed from 32 points to 16 points difference (10% change) (CPAP indicator) ● Strategies, plans and guidance have been effectively vetted and assimilated by the health providers in areas with the greatest disparities ● Women at greatest risk are being increasingly reached with high quality RH services	• Ministry of Health Strategic Plan National budget information • Reproductive health strategy • RH normative tools • Guidelines, strategies • Training workshop reports and training materials • Monitoring reports	● Document review ● Meetings with Ministry of Health, NGOs working with underserved groups (see stakeholder matrix) and local authorities ● Interviews with health professionals ● Interviews with Academicians and NGOs ● FGD with service users.

	● Services providers' capacity is developed in conducting gender sensitive outreach services ● Service providing models and tools are developed to increase quality and access to RH services Community leaders, media and key actors trained and sensitized to decrease the barriers to access RH services.	• Health system staff and other health providers • Women in areas with greatest disparities.	
(b) Gender and Women's Empowerment			
RIAP programming in Gender, Women's Empowerment, Adolescents and Youth is human rights- friendly: The most vulnerable population groups, including youth, marginalized groups, migrants, the Roma population, refugees and host communities are getting involved in supported interventions.	● Evidence of increased quantity of women's protection services ● Evidence of increased quality of women's protection services through strengthening of the referral network and integration of GBV prevention and response in service provision including equipment and quality of venues, recruitment of experts, service quality and speed, etc. ● Existence of programmes involving men and young people for combating GBV ● Evidence of effective monitoring of the National Action Plan on Domestic Violence ● Evidence-base on young people's perception about GBV developed	● RPAP/ CPAP and Strategic Plans ● RAWPs/ CAWPs ● National policy/strategy documents ● Needs assessment studies ● Evaluations ● Implementing partners and beneficiaries.	● Documentary analysis ● Data analysis ● Interviews with UNFPA RO/ CO staff ● Interviews with implementing partners ● Interviews/Focus groups with beneficiaries ● Country Case Studies

	● A gender sensitive curriculum developed in partnership with CSOs.		
(c) Population and Development			
RIAP programming in Population and Development Gender, Women's Empowerment, Adolescents and Youth is human rights- friendly: The most vulnerable population groups, including youth, marginalized groups, migrants, the Roma population, refugees and host communities are getting involved in supported interventions.	● The content of publications is disseminated and utilised related to demography and social and economic development issues particularly with reference to policies on urbanization, aging and environment. ● Consultancies conducted to ensure availability and analysis of population and development data at central and local level	● Population and development statistics ● Demographic/ population surveys ● Other demographic data in developing social and economic policies and services. ● Universities, civil society organizations, etc. working in target countries	● Document review ● Monitoring and study visit reports review ● Online Key Informant interviews with RO/ CO programme staff; selected IPs who incl. Ministries of Development, Regional Development Agencies (RDA), Industry and Business Associations, Population Association, Family Health and Planning Foundations, Universities, etc.
Evaluation Question (EQ) 6: What are the strengths and weaknesses of the RP 2018-2021?			
A 6.1: The main comparative strengths (and weaknesses) of the RP have been identified and built upon in designing and implementing the programme for the Arab States Region.	● Comparative strengths of UNFPA, both regional and in-country, particularly in comparison to other UN agencies, have been identified and built upon ● The results observed in programmatic areas that have been achieved with UNFPA's contribution are described. ● The perceptions of regional and national stakeholders in regard to UNFPA's RP added value have	● The CPAP/ RPAP and ROARS /COARS ● RO/ CO UNFPA Strategy ● Databases showing results, or analysis of data ● Reports from RO/ CO partners and other development agencies	● Online Key informant interviews with RO/ CO programme staff ● Key informant interviews with regional and national IPs ● Key informant interviews other UN agencies at regional and national level ● Document analysis

	been collected and used for future programming.		
A 6.2: These comparative strengths (and weaknesses) of the RP are acknowledged and inform UNFPA cooperation with other development partners, particularly other UN agencies in UNSDG.	● Perception by regional and national stakeholders of the comparative strengths of UNFPA's RP 2018-21 ● Evidence that UNFPA's RP 2018-21 comparative strengths are reflected in its cooperation with other development partners	● Government partners (regional and national level) ● UN agencies (regional and national level) ● Other development partners	● Online Key Informant interviews with the UNRC/ UNSDG ● Online Key Informant interviews with other UN agencies, regional and national level ● Online Key Informant interviews with Government partners in target countries

Efficiency:			
Evaluation Question (EQ) 7: How well did ASRO use its human, financial and technical resources to realize its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
A 7.1: Beneficiaries of UNFPA ASRO support received the resources that were planned, to the level foreseen, and in a timely manner (response from RH, GE, PD and Humanitarian Assistance).	● The planned inputs and resources were received as set out in the RAWPs/ CAWPs and agreements with partners ● The resources were received in a timely manner according to project time lines and plans ● Budgeted funds were disbursed in a timely manner	● Annual reports from RO/COs, partner Ministries, and implementing partners ● Audit reports and monitoring reports ● UNFPA RO/ CO (including finance/administrative departments)	● Interviews with ministry level/secretariat general-level staff to review the coordination and complementarity features of implementation ● Review of financial documents ● Interviews with administrative and financial staff.

	● Inefficiencies were corrected as soon as possible	● UNFPA project documentation, ROARS /COARS ● Partners (implementers and direct beneficiaries)	● FGDs with beneficiaries of funding (including NGOs)
A 7.2: UNFPA was successful in using its resources to leverage other resources to meet the RPAP objectives (response from each component, RH, GE, PD and Humanitarian Assistance)	● Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government at regional, and national levels ● Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners ● Agreements called for contributions from partners and these were honoured.	● UNFPA RO and CO staff (including finance/administrative departments) ● Partners (implementers and direct beneficiaries) ● Annual reports from regional and national partner Ministries, and implementing partners, audit reports and monitoring reports	● Review of annual/ progress/ programme reports ● Interviews with ministry level/secretariat general-level staff ● Review of financial documents at the UNFPA RO/ CO and Online Key Informant interviews with administrative and financial staff ● FGDs with beneficiaries of funding (including NGOs)
A 7.3: Administrative and financial procedures and requirements as well as the mix of implementation modalities promoted an integrated approach and facilitate a smooth execution of the programme (response from each component, RH, GE, PD and Humanitarian Assistance).	● Appropriateness of the UNFPA's RP administrative and financial procedures for the implementation of agreed activities ● Appropriateness of the IP selection criteria ● Appropriateness of the mix of implementation modalities of the RP to promote an integrated approach.	● UNFPA RO/CO staff (including finance/administrative departments) ● Implementing Partners (regional and country level) ● Annual reports from partner Ministries, and implementing partners, audit reports and monitoring reports ● National and sub-national staff and RP beneficiaries.	● Interviews with high level and management level staff (RO/CO) ● Review of financial documents at the UNFPA (RO/CO) and online Key Informant interviews with administrative and financial staff. ● Beneficiaries of RP funding (including NGOs).

Sustainability:			
Evaluation Question (EQ) 8: Did the RIAP incorporate measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
(a) Sexual and Reproductive Health and Rights			
A 8.1: UNFPA ASRO has been able to support COs and partners and beneficiaries in developing their capacities and establishing conditions and mechanisms to ensure ownership and the durability of effects with regard to Sexual and Reproductive Health and Rights.	● Indicators of ownership include dedication of budget lines to RH in national budgets as well as leadership in planning and implementation of projects and programmes to promote ICPD objectives ● Indicators of durability for beneficiaries include increased knowledge, awareness and demand for RH services ● Established sustainability mechanism for the RP. ● The Likelihood of the RP and its benefits to be sustainable. ● Established systems to continue the programme. ● Capacity development including staff training.	● UNFPA RO and CO staff ● Implementing Partners in Government and NGOs (regional and country level)	● Documentary analysis ● Online Key Informant interviews with UNFPA RO/CO staff ● Online Key Informant interviews with UNFPA RO/CO staff ● interviews with implementing partners ● Online Key Informant interviews with UNFPA RO/CO staff ● interviews/Focus groups with beneficiaries ● Case Studies with target countries

	● Community and country ownership including financial resource commitments ● Partner organizations with sustainability plans.		
(b) Gender and Women's Empowerment			
A 8.2: UNFPA has been able to support its partners in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects in the area of Gender Equality.	● Indicators of ownership include dedication of budget lines to GE in national budgets as well as leadership in planning and implementation of projects and programmes to promote ICPD objectives ● Established sustainability mechanism for the RP. ● The Likelihood of the RP and its benefits to be sustainable. ● Established systems to continue the programme. ● Capacity development including staff training. ● Community and country ownership including financial resource commitments ● Partner organizations with sustainability plans.	● UNFPA RO/CO staff ● Implementing Partners in Government, Women's and Youth (regional and country level) ● NGOs.	● Documentary analysis ● Interviews with UNFPA RO and CO staff ● Online Key Informant interviews with UNFPA RO/CO staff ● interviews with implementing partners ● Online Key Informant interviews with UNFPA RO/CO staff ● interviews/Focus groups with beneficiaries Document review ● Case studies with target countries.
(c) Population and Development			
A 8.3: UNFPA has been able to support its partners and beneficiaries in developing their capacities and establishing mechanisms to ensure ownership and the durability of effects with regard to PD inputs.	● Indicators of ownership include dedication of budget lines to PD in national budgets as well as leadership in planning and implementation of projects and advocacy to promote ICPD objectives	● UNFPA RO/CO staff ● Implementing Partners in Government and NGOs (regional and country level)	● Documentary analysis ● Online Key informant interviews with UNFPA RO/CO staff ● Online Key informant interviews with implementing partners ● Online Key informant interviews/Focus groups with beneficiaries

	● Established sustainability mechanism for the RP. ● The Likelihood of the RP and its benefits to be sustainable. ● Established systems to continue the programme. ● Capacity development including staff training. ● Community and country ownership including financial resource commitments ● Partner organizations with sustainability plans.		● Case studies with target countries.

UN Coordination:			
Evaluation Question (EQ) 9: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
A 9.1: The UNFPA country office has actively contributed to UNSDG working groups and joint initiatives. (response from each component, RH, GE, PD and Humanitarian Assistance).	● Evidence of active participation in UN working groups ● Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas ● Evidence of exchanges of information between UN agencies ● Evidence of joint programming initiatives (planning) ● Evidence of joint implementation of programmes.	● Minutes of UNSDG working groups ● Programming documents regarding UNSDG joint initiatives ● Monitoring/evaluation reports of joint programmes and projects.	● Documentary analysis ● Online Key Informant interviews with UNFPA RO staff ● Online Key Informant interviews with the UNRC ● Online Key Informant interviews with other UN agencies at regional level
Evaluation Question (EQ) 10: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?			
A 9.2: The UNFPA Regional Office has contributed to avoid overlaps and promote programme complementarity, synergies and undertaking joint initiatives among the	● Nature of the contribution of UNFPA RO to the elaboration of the UNDCS	● UNDCS ● RPAP/CPAP ● UNSDG ● UNFPA Regional Office	● Documentary analysis ● Online Key Informant interviews with UNFPA RO/CO staff

interventions of the UNSDG (response from each component, SRHR, GE, PD and Humanitarian Assistance).	● Extent to which the UNDCS reflects the priorities and mandate of UNFPA ● Evidence of overlaps and/or absence of overlaps between UNFPA RP 2018-21 interventions and those of other UNSDG members ● Evidence that synergies have been actively sought in the implementation of the respective programmes of UNSDG members.	● UNFPA Country Offices ● Monitoring/Evaluation reports of joint programmes and projects.	● Online Key Informant interviews with the UNRC/ UNSDG ● Online Key Informant interviews with other UN agencies at regional at national levels ● Online Key Informant interviews with implementing partners at regional and national levels (in target countries)

Annex 6: Data Collection Tools

Key Informant Interview Guide

Senior Management: ASRO

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate ASRO's RIAP (2018-2021) to help UNFPA plan the next regional programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA ASRO has positioned itself within the region and regional partners to add value to the regional and country development results and to draw key lessons from past and current cooperation and provide clear options for the future. With your consent, we will audio-record this interview, which we predict will take about 45-60 minutes of your time. Please remember you can always ask us to stop recording at any time or refuse all together. Your participation in this interview is voluntary. Informants speak to us under anonymity. In this regard the findings of this evaluation will be reported in a pooled manner without any reference to individual participants or respondents. We would again like to thank you for your time.
Core interview: objectives of the interview guide transformed into questions
1. Objective: <u>Rationale</u> for the RP and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity) **Possible questions:** a. How relevant do you perceive UNFPA ASRO RP's work to be in regard to regional and national objectives and priorities of the Arab States region, including the humanitarian situation for refugees? b. How well do the UNFPA ASRO's RP activities/work support the regional and national structures that are in place? **2. Objective: <u>Relevance</u> of the RP to both regional and national government and UNFPA policies and strategies and how they address different and changing regional and national contexts** **Possible questions:** a. To what extent is the RIAP 2018-2021 aligned to the Strategic Plan and Business Model? b. To what extent is the RIAP 2018-2021 aligned to regional and national priorities (including new generation UNDAF, regional priorities, and coherence with needs of target groups? c. To what extent is the RIAP 2018-2021 aligned to the SDGs and the ICPD Programme of Action and UNFPA Strategic Plan (2018 – 2021)? d. To what extent has UNFPA been able to respond/adapt to changes in regional and national needs and contexts, including humanitarian

emergencies? What was the quality of such a response?

e. To what extent has the regional programme integrated gender and human rights based approaches?

3. Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

a. Please comment how and to what extent has the Regional Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the RIAP 2018-2021?

b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. Objective: <u>Effectiveness</u> of the approaches/activities/ regarding the RP (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

a. To what extent did the interventions supported by UNFPA ASRO in all programmatic areas of the RP contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?

b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: <u>Sustainability</u> of the benefits from UNFPA ASRO support likely to continue, after RP has been completed

Possible questions:

a. To what extent did the regional programme build capacity for regional and country structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA ASRO promoted regional and national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA ASRO's RP; and how can these strengths and lessons learned from the previous RPs be used for strategic positioning for future RP development in humanitarian and development nexus, in the era of the changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

a. To what extent has UNFPA ASRO contributed to the functioning and consolidation of United Nations Regional Team (UNSDG) coordination mechanisms?

7. Objective: Interviewee recommendations

Key Informant Interview Guide

Regional Advisors, ASRO

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate ASRO's RIAP (2018-2021) to help UNFPA plan the next regional programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA ASRO has positioned itself within the region and regional partners to add value to the regional and country development results and to draw key lessons from past and current cooperation and provide clear options for the future. With your consent, we will audio-record this interview, which we predict will take about 45-60 minutes of your time. Please remember you can always ask us to stop recording at any time or refuse all together. Your participation in this interview is voluntary. Informants speak to us under anonymity. In this regard the findings of this evaluation will be reported in a pooled manner without any reference to individual participants or respondents. We would again like to thank you for your time.
Core interview: objectives of the interview guide transformed into questions

8. Objective: Rationale for the RP and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

c. How relevant do you perceive UNFPA ASRO RP's work to be in regard to regional and national objectives and priorities of the Arab States region, including the humanitarian situation for refugees?

d. How well do the UNFPA ASRO's RP activities/work support the regional and national structures that are in place?

9. Objective: Relevance of the RP to both regional and national government and UNFPA policies and strategies and how they address different and changing regional and national contexts

Possible questions:

f. To what extent is the RIAP 2018-2021 aligned to the Strategic Plan and Business Model?
g. To what extent is the RIAP 2018-2021 aligned to regional and national priorities (including new generation UNDAF, regional priorities, and coherence with needs of target groups?
h. To what extent is the RIAP 2018-2021 aligned to the SDGs and the ICPD Programme of Action and UNFPA Strategic Plan (2018 – 2021)?
i. To what extent has UNFPA been able to respond/adapt to changes in regional and national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
j. To what extent has the regional programme integrated gender and human rights based approaches?

10. Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

c. Please comment how and to what extent has the Regional Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the RIAP 2018-2021?
d. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

11. Objective: <u>Effectiveness</u> of the approaches/activities/ regarding the RP (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

c. To what extent did the interventions supported by UNFPA ASRO in all programmatic areas of the RP contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
d. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

12. Objective: <u>Sustainability</u> of the benefits from UNFPA ASRO support likely to continue, after RP has been completed

Possible questions:

d. To what extent did the regional programme build capacity for regional and country structures and other partners to be able to maintain the change made by the programme interventions, if any?
e. To what extent have the partnerships built by UNFPA ASRO promoted regional and national ownership of supported interventions, programmes and policies?
f. What are the main comparative strengths of UNFPA ASRO's RP; and how can these strengths and lessons learned from the previous RPs be used for strategic positioning for future RP development in humanitarian and development nexus, in the era of the changing aid environment?

13. Objective: Existence and functioning of <u>coordination</u> mechanisms

Possible questions:

b. To what extent has UNFPA ASRO contributed to the functioning and consolidation of United Nations Regional Team (UNSDG) coordination mechanisms?

14. Objective: Interviewee recommendations

UNFPA CO Staff

RIAP Evaluation - KII Interview Protocol

Name of Interviewee

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your work with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA RO so please feel free to share your views and perceptions as we are sure they will enrich this evaluation.

Before we get started, perhaps you can introduce yourself and tell us a bit about your role with UNFPA

Relevance

Evaluation Question (EQ) 1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries? Were there critical gaps in the RP at the time of conceptualization?

How was the RP developed? How were you involved in the development of the RP?

How is it aligned with the priorities in the region/country?

How is the humanitarian/development context reflected in the RP? Is it sufficient? What could be done to enhance this?

What gaps continue despite having the RIAP in place? What can be done differently in the future to cover these gaps in [Select SRH-Gender-Youth – PD]

Do you find that the gaps are uniform across all thematic areas? Why / why not?

Evaluation Question (EQ) 2: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

How are CO programmes [Select SRH-Gender-Youth – PD] integrated within the RIAP?

How aligned is the RIAP in what concerns [Select SRH-Gender-Youth – PD] with UNFPA strategic plan on the subject at the Global level?

Evaluation Question (EQ) 3: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

What type of support does the RO provide the CO? what are the different modes of engagement? Which has been more successful? How is that measured?

What is the response time between the request for support and receipt of it? How flexible do you find collaboration with country/regional office?

To what extent has there been adequate amendments done in the RIAP to respond to changes in the context? (including COVID-19 – on-set of emergency like Sudan or Yemen floods…etc.)

Effectiveness

Evaluation Question (EQ) 4: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)? Have the RP activities contributed to enhanced results at country level?

What was the intended outcome of the RP?

What has been achieved from the RP [Select SRH-Gender-Youth – PD] to date?

How has the presence of the RIAP supported the work of the Country office in [Select SRH-Gender-Youth – PD]

In what way has the presence of an RIAP facilitated and/or hindered the achievement of results? Can you provide examples?

How has the activities and interventions of RIAP at the regional level affect the work at the country level?

In what way (if at all) have the partnerships established at the regional level a facilitating or a hindering factor in the achievement of results at the country level?

Evaluation Question (EQ) 5: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

How has the RIAP considered gender beyond having an outcome dedicated to it? (how is gender considered in other thematic areas)?

How have human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings?

In what way does having UNFPA as the co-chair of the GBV sub-cluster in humanitarian settings enable the advancement of gender equality and empowerment of women? How is it a challenge? How is that reflected/utilized by the RIAP?

Evaluation Question (EQ) 6: What are the strengths and weaknesses of the RP 2018-2021?
What explains achievement/lack of in some areas? What were the challenges? What were the enabling factors?

What is the value added of having a regional programme? What is the strengths and weaknesses of the model in general? Of the 2018-2021 in specific?

Efficiency

Evaluation Question (EQ) 7: How well did ASRO use its human, financial and technical resources to realize its contribution? What could be done to ensure a more efficient use of resources in the specific regional context?

How have financial resources been allocated?

Do you feel that the programmes are well staffed?

What could be done differently in future activities?

How can the regional office support the activities of the country office (probe financial, political support, Technical assistance…etc.)

Sustainability

Evaluation Question (EQ) 8: Did the RIAP incorporate measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed

What measures are in place to ensure sustainability at the country level for [Select SRH-Gender-Youth – PD]?

Were these measures part of the design and implementation phases? How?

What would continue at the national level for [Select SRH-Gender-Youth – PD]?

What technical or financial resources may be needed to ensure the sustainability of interventions?

UN Coordination, Complementarity, Flexibility
Evaluation Question (EQ) 9: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level?
How are the coordination mechanisms between UNFPA and other UN Agencies?

How does the coordination at the regional level affect the country level and vis-versa?

How does RIAP complement UNFPA and partners work at the regional and national levels?

How can RIAP adapted to changing contexts including the COVID-19 situation?

Evaluation Question (EQ) 10: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

What type of support did you receive from the Regional Office regarding ensuring complementarity of interventions and programmes within the country office?

Other than RIAP, are there any other joint UN programmes managed by the office? are they managed at the regional or country level?

What future joint programmes should be enhanced in the future in the area of [Select SRH-Gender-Youth – PD]?

How can the thematic areas be better integrated in the future?

Government and Partners

RIAP Evaluation - KII Interview Protocol

Government and Partners (IPs and others; UN and others)

Name of Interviewee

Position:

Country:

Date of Interview:

Interviewers:

Thank you very much for taking the time to talk with us about your collaboration with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. If you need to break off the interview at any point, we will re-schedule and continue later, as we know that time is limited, and lives are increasingly busy.

We also want to assure you that your answers are confidential and will only be analyzed by category of stakeholder. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so anything positive or negative would never affected your opportunity now or in the future for collaboration with UNFPA.

Before we start the formal interview, we would like to know your level of involvement with UNFPA

Relevance

Evaluation Question (EQ) 1: How relevant is the Regional Programme (RP) 2018-2021 to the priority needs of the Arab States Region and countries? Were there critical gaps in the RP at the time of conceptualization?

What are the activities/projects that you have collaborated with UNFPA RO / CO on?

How relevant are UNFPA [Select SRH-Gender-Youth – PD] for the priorities of your department/government office/organization?

What other priorities in the area of [Select SRH-Gender-Youth – PD] you believe UNFPA should be addressing?

Evaluation Question (EQ) 2: To what extent did the RIAP 2018-2021 support align with the Strategic Plan and Business Model?

What are the priorities of your office/department/organisation in what concerns [Select SRH-Gender-Youth – PD]?

How is the work of UNFPA in the area of [Select SRH-Gender-Youth – PD] aligned with your work? Can you give examples

Evaluation Question (EQ) 3: How flexible is the RIAP 2018-2021 in programme and budgeting to respond quickly and appropriately to changing policy, programming and humanitarian circumstances in the Arab States?

How flexible do you find collaboration with UNFPA RO/CO?

How flexible do you find collaboration with UNFPA CO/RO?

To what extent has there been adequate amendments done in work plans between you and UNFPA to respond to changes in the context including the on-set of a humanitarian crisis and/or a global pandemic?

Effectiveness

Evaluation Question (EQ) 4: To what extent has the RP in all programmatic areas accomplished its intended objectives and planned results (outputs and outcomes)? Have the RP activities contributed to enhanced results at country level?

What were the intended outcomes/outputs of your collaboration with UNFPA RO/CO?

What has been the achievements to date?

What gaps continue despite having Collaboration with UNFPA RO/ CO? What can be done differently in the future to cover these gaps in [Select SRH-Gender-Youth – PD]?

Evaluation Question (EQ) 5: To what extent has the human rights-based approach been implemented in RIAP 2018-2021 supported interventions?

How is gender being considered within your collaboration with UNFPA?

How have human-rights approaches been considered? What type of policy interventions have been promoted to ensure adequate considerations and attention is afforded to RBAs methods and approaches?

In what ways do gender and human rights considerations vary between humanitarian and development settings?

In what way does having UNFPA as the co-chair of the GBV sub-cluster in humanitarian settings enable the advancement of gender equality and empowerment of women? How is it a challenge? How is that reflected/utilized by the RIAP?

Evaluation Question (EQ) 6: What are the strengths and weaknesses of the RP 2018-2021?
What are the strengths and weaknesses of the work of UNFPA in [Select SRH-Gender-Youth – PD]?

Do you find that the gaps are uniform across all thematic areas? Why / why not?

Sustainability

Evaluation Question (EQ) 8: Did the RIAP incorporate measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of ASRO's interventions are sustained and owned by regional/national institutions, civil society and stakeholders after the interventions are completed

What measures are in place to ensure sustainability at the country level for [Select SRH-Gender-Youth – PD]?

What would continue at the national level for [Select SRH-Gender-Youth – PD]?

What technical or financial resources may be needed to ensure the sustainability of interventions?

Are the required resources similar/different between the different thematic areas? Why?

UN Coordination:

Evaluation Question (EQ) 9: To what extent did ASRO contribute to coordination mechanisms in the UN at the regional level?
To what extent there is coordination between your work and that of UNFPA?

How would you rate the coordination in the area of [Select SRH-Gender-Youth – PD]? What could be improved?

How does the coordination at the regional level affect the country level and vis-versa?

Evaluation Question (EQ) 10: To what extent did the regional office contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?
Other than RIAP, are there any other joint UN programmes managed by your office? are they managed at the regional or country level?

What future joint programmes should be enhanced in the future in the area of [Select SRH-Gender-Youth – PD]?

Annex 7: Country Office Survey Tool

EVALUATION OF THE UNITED NATIONS POPULATION FUND REGIONAL INTERVENTIONS ACTION PLAN FOR ARAB STATES 2018 - 2021

Preamble

The United Nations Population Fund (UNFPA) has commissioned this regional programme evaluation of the Arab States RIAP 2018 – 2021 in order to inform decision-making and next cycle programme development as per the Corporate Quadrennial Budgeted Evaluation Plan.

The evaluation has been commissioned in line with the Executive Board (EB) decision 2017/23. The evaluation will provide an assessment of progress towards the achievement of the RIAP 2018-2021 and offer an analysis of various internal and external factors supporting and inhibiting the implementation of the RIAP and the delivery of results during thus far. It will further provide a set of operational changes to be considered in the design and implementation of the next RIAP. It is against this background that you have been identified being situated in the UNFPA Country Office as a potential participant to this survey.

Participants take part in this survey under anonymity. In addition, your participation in this survey is voluntary. All information provided to the Evaluators will be kept strictly confidential and only be summarised and reported on in an aggregated manner. This is in compliance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG, and the United Nations Norms and Standards for Evaluation in the United Nations System. The cooperation by the UNFPA Country Offices to participate in this survey is highly appreciated.

The questionnaire includes a general section and then specific sections related to the key Regional Programme components: Sexual and Reproductive Health; Gender; Adolescents and Youth; Population and Development, and Humanitarian Assistance.

Please answer questions in the general section and as many programme component sections as possible. After completing one section, you will be prompted to complete additional sections. Each section will take approximately 10 minutes to complete.

Please read all questions very carefully - some wording is tricky! Your inputs are highly appreciated before close of business on **10 December 2020**. Thank you so much for your responses.

RESPONDENT INFORMED CONSENT

I am satisfied that I understand the aim and purpose of the evaluation, what participation will involve, and that I can withdraw at any time. I therefore consent freely and voluntarily to participate in the survey. Proceeding with the completion of this survey therefore implies that I consent to participate in the survey.

Geographical location

Country Office:

Position:

Number of months/ years with the UNFPA Country Office:

Months	Years

Please complete the following questionnaire with specific regard to the RIAP 2018-2021 Evaluation, by placing a **CROSS** in the appropriate box

X

A. GENERAL		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The Regional Office consulted effectively with my Country Office in developing the Regional Programme.**	☐	☐	☐	☐	☐
2.	**Planning for the Regional Programme gave adequate consideration to my Country Programme's needs and priorities.**	☐	☐	☐	☐	☐
3.	**The resource allocation mechanisms of the Regional Programme are clear and transparent.**	☐	☐	☐	☐	☐
4.	**The Regional Office has been instrumental in helping in resource mobilisation for my Country Programme.**	☐	☐	☐	☐	☐
5.	**I am aware of the advocacy priorities of the Regional Programme**	☐	☐	☐	☐	☐
6.	**The advocacy priorities of the Regional Programme are relevant in my country context.**	☐	☐	☐	☐	☐
7.	**My country's communication interventions are much improved because of the support of the Regional Programme.**	☐	☐	☐	☐	☐

A. GENERAL (cont.d)		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
8.	**The Regional Programme has provided an adequate level of support to address my Country Programme's monitoring and evaluation needs.**	☐	☐	☐	☐	☐
9.	**The Regional Programme has provided sufficient support in the development of my country's Country Programme Document (CPD).**	☐	☐	☐	☐	☐
10.	**The Regional Programme has provided sufficient guidance to Country Programmes on advancing the ICPD agenda, the MDGs and the SDGs.**	☐	☐	☐	☐	☐
11.	**The Regional Programme implementing partners (IPs) have provided very useful guidance to Country Programme's on advancing ICPD agenda, the MDGs and the SDGs.**	☐	☐	☐	☐	☐
12.	**The Regional Programme has utilised human rights-based approaches in programme design and implementation.**	☐	☐	☐	☐	☐
13.	**The Regional Programme has utilised gender-based approaches in programme design and implementation.**	☐	☐	☐	☐	☐
14.	**I hope that in the next Regional Programme (2022-2025): …** **_____**					

Will you respond to questions related to SRH?

B. SEXUAL AND REPRODUCTIVE HEALTH		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The SRH interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**	☐	☐	☐	☐	☐
2.	**The Regional Programme's interventions in SRH are well aligned with the UNFPA Global Strategy.**	☐	☐	☐	☐	☐
3.	**The Regional Programme was flexible in adapting to changes in my country in order to meet evolving SRH needs.**	☐	☐	☐	☐	☐
4.	**The regional SRH component has fully accomplished its intended objectives and planned results.**	☐	☐	☐	☐	☐
5.	**The results of the SRH component of my Country Programme are attributable the support of the Regional Programme.**	☐	☐	☐	☐	☐
6.	**HIV interventions were adequately included in the SRH component of the Regional Programme.**	☐	☐	☐	☐	☐
7.	**Humanitarian preparedness (MISP) interventions were NOT adequately included in the SRH component of the Regional Programme.**	☐	☐	☐	☐	☐
8.	**Child marriage interventions were adequately included in the SRH component of the Regional Programme.**	☐	☐	☐	☐	☐
9.	**The Arab Region made excellent use of its financial resources in implementing the SRH components of the Regional Programme.**	☐	☐	☐	☐	☐
10.	**The Arab Region made excellent use of its human resources in implementing the SRH components of the Regional Programme.**	☐	☐	☐	☐	☐
11.	**The SRH implementing partners working with the Regional Programme provide very useful support to my Country Programme's SRH work.**	☐	☐	☐	☐	☐
12.	**ASRO's SRH work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐

B. SEXUAL AND REPRODUCTIVE HEALTH (cont.d)		5	4	3	2	1
		Very large extent	Large extent	Moderate extent	Small extent	Very small extent
13.	**To what extent are conditions and mechanisms in place so that the benefits of the Regional Programme SRH interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**	☐	☐	☐	☐	☐
14.	**To what extent did the SRH component of the Regional Programme incorporate principles of gender equality in programme design and implementation?**	☐	☐	☐	☐	☐
15.	**The coordination mechanisms and partnerships that were developed at regional level were useful to the SRH work in my country.**	☐	☐	☐	☐	☐
16.	**I hope in the next Regional Programme (2022-2025), that SRH interventions will: …** **_____**					

Will you respond to questions related to Gender Equality?

C. GENDER EQUALITY		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The Gender Equality-related interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**	☐	☐	☐	☐	☐
2.	**The Regional Programme's interventions in Gender Equality are well aligned with the UNFPA Global Strategy.**	☐	☐	☐	☐	☐
3.	**The Regional Programme was flexible in adapting to changes in my country in order to meet evolving gender equality needs.**	☐	☐	☐	☐	☐
4.	**The Regional Programme's Gender Equality component has fully accomplished its intended objectives and planned results.**	☐	☐	☐	☐	☐
5.	**The results of my Country Programme in Gender Equality are attributable to the support of the Regional Programme's Gender Equality interventions.**	☐	☐	☐	☐	☐
6.	**ASRO made excellent use of its financial resources in implementing the Gender Equality components of the Regional Programme.**	☐	☐	☐	☐	☐
7.	**ASRO made excellent use of its human resources in implementing the Gender Equality components of the Regional Programme.**	☐	☐	☐	☐	☐
8.	**The coordination mechanisms and partnerships that were developed at regional level were useful to the Gender Equality work in my country.**	☐	☐	☐	☐	☐
9.	**The Gender Equality implementing partners working with the Regional Programme provide very useful support to my Country Programme's gender work.**	☐	☐	☐	☐	☐
10.	**ASRO's Gender Equality work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐

C. GENDER EQUALITY (cont.d)		5	4	3	2	1
		Very large extent	Large extent	Moderate extent	Small extent	Very small extent
11.	**To what extent are conditions and mechanisms in place so that the benefits of ASRO's Gender Equality interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**	☐	☐	☐	☐	☐
12.	**I hope in the next Regional Programme (2022-2025), that Gender Equality interventions will: …** **_____**					

Will you respond to questions related to Adolescents and Youth?

	D. ADOLESCENTS AND YOUTH	5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The Adolescents and Youth interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**	☐	☐	☐	☐	☐
2.	**The Regional Programme's interventions in Adolescents and Youth are well aligned with the UNFPA Global Strategy.**	☐	☐	☐	☐	☐
3.	**The Regional Programme was flexible in adapting to changes in my country in order to meet evolving needs of Adolescents and Youth.**	☐	☐	☐	☐	☐
4.	**The Regional Programme's work on Adolescents and Youth has fully accomplished its intended objectives and planned results.**					
5.	**The results of my Country Programme in Adolescents and Youth are attributable to the support of the Regional Programme's Adolescents and Youth interventions.**	☐	☐	☐	☐	☐
6.	**ASRO made excellent use of its financial resources in implementing the Regional Programme's Adolescents and Youth work.**	☐	☐	☐	☐	☐
7.	**ASRO made excellent use of its human resources in implementing the Regional Programme's Adolescents and Youth work.**	☐	☐	☐	☐	☐
8.	**The Adolescent and Youth implementing partners working with the Regional Programme provide very useful support to my Country Programme's adolescent and youth work.**	☐	☐	☐	☐	☐
9.	**The coordination mechanisms and partnerships that were developed at regional level were useful to the Adolescents and Youth work in my country.**	☐	☐	☐	☐	☐
10.	**ASRO's Adolescents and Youth work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐

D. ADOLESCENTS AND YOUTH (cont.d)		5	4	3	2	1
		Very large extent	Large extent	Moderate extent	Small extent	Very small extent
11.	**To what extent are conditions and mechanisms in place so that the benefits of ASRO's Adolescents and Youth interventions are sustained and owned by national institutions, civil society and stakeholders after the interventions are completed?**	☐	☐	☐	☐	☐
12.	**To what extent did the Regional Programme's Adolescents and Youth component incorporate principles of gender equality in programme design and implementation?**	☐	☐	☐	☐	☐
13.	**To what extent did the Regional Programme's Adolescents and Youth component incorporate principles of human rights in programme design and implementation?**	☐	☐	☐	☐	☐
14.	**I hope in the next Regional Programme (2022-2025), Adolescents and Youth interventions will…** _____					

Will you respond to questions related to Population Dynamics?

E. POPULATION AND DYNAMICS		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The Population Dynamics interventions of the Regional Programme were highly responsive to the needs of my Country Programme.**	☐	☐	☐	☐	☐
2.	**The Regional Programme's interventions in Population Dynamics are NOT well aligned with the UNFPA Global Strategy.**	☐	☐	☐	☐	☐
3.	**The Regional Programme was flexible in adapting to changes in my country in order to meet evolving needs in the area of Population Dynamics.**	☐	☐	☐	☐	☐
4.	**The Regional Programme's Population Dynamics component has fully accomplished its intended objectives and planned results.**	☐	☐	☐	☐	☐
5.	**The results of my country programme in Population Dynamics are attributable to the support of the Regional Programme's Population Dynamics interventions.**	☐	☐	☐	☐	☐
6.	**ASRO made excellent use of its financial resources in implementing the Regional Programme's Population Dynamics work.**	☐	☐	☐	☐	☐
7.	**ASRO made excellent use of its human resources in implementing the Regional Programme's Population Dynamics work.**	☐	☐	☐	☐	☐
8.	**The Population Dynamics implementing partners working with the Regional Programme provide very useful support to my Country Programme's population dynamics work.**	☐	☐	☐	☐	☐
9.	**ASRO's Population Dynamics work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐
10.	**ASRO's Population Dynamics work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐

E. POPULATION AND DYNAMICS (cont.d)		5	4	3	2	1
		Very large extent	Large extent	Moderate extent	Small extent	Very small extent
11.	**To what extent are conditions and mechanisms in place so that the benefits of ASRO Population Dynamics interventions are sustained and owned by national institutions, civil society and other stakeholders after the interventions are completed?**	☐	☐	☐	☐	☐
12.	**To what extent did the Regional Programme's Population Dynamics component incorporate principles of gender equality in programme design and implementation?**	☐	☐	☐	☐	☐
13.	**To what extent did the Regional Programme's Population Dynamics component incorporate principles of human rights in programme design and implementation?**	☐	☐	☐	☐	☐
14.	**I hope in the next Regional Programme (2022-2025), Population Dynamics interventions will... _____**					

Will you respond to questions related to Humanitarian Assistance?

F. HUMANITARIAN ASSISTANCE		5	4	3	2	1
		Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1.	**The Humanitarian interventions of the UNFPA Regional Programme were highly responsive to the needs of my Country Programme.**	☐	☐	☐	☐	☐
2.	**The Regional Programme was flexible in adapting to changes in my country in order to meet evolving humanitarian needs.**	☐	☐	☐	☐	☐
3.	**The Regional Programme has been quick to respond to humanitarian needs in the region.**	☐	☐	☐	☐	☐
4.	**The Regional Programme's Humanitarian work has fully accomplished its intended objectives and planned results.**	☐	☐	☐	☐	☐
5.	**The results of my Country Programme in humanitarian preparedness and response are attributable to the support of the Regional Programme.**	☐	☐	☐	☐	☐
6.	**ASRO made excellent use of its financial resources in implementing regional Humanitarian work.**	☐	☐	☐	☐	☐
7.	**ASRO made excellent use of its human resources in implementing regional Humanitarian work.**	☐	☐	☐	☐	☐
8.	**The Humanitarian implementing partners working with the Regional Programme provide very useful support to my Country Programme's humanitarian work.**	☐	☐	☐	☐	☐
9.	**The coordination mechanisms and partnerships that were developed at regional level were useful to the Humanitarian programme in my country.**	☐	☐	☐	☐	☐
10.	**ASRO's Humanitarian work is highly valued by external stakeholders in my country.**	☐	☐	☐	☐	☐

F. HUMANITARIAN ASSISTANCE (cont.d)		5	4	3	2	1
		Very large extent	Large extent	Moderate extent	Small extent	Very small extent
11.	**To what extent did the Regional Programme's Humanitarian work incorporate principles of gender equality in programme design and implementation**	☐	☐	☐	☐	☐
12.	**To what extent did the Regional Programme's Humanitarian work incorporate principles of human rights in programme design and implementation?**	☐	☐	☐	☐	☐
13.	**I hope in the next Regional Programme (2022-2025), Humanitarian Assistance interventions will..._____**					

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY

CENTRAL EDITING & QUALITY CONTROL (OFFICE USE)

Technical Editor	
Date	
Data Quality Manager	
Date	

Annex 8: List of Atlas Interventions

Donors	Intervention Area(s)	Implementing Agencies
SRH		
Project ZZT06TEC Year 2018		
MHTF (Maternal Health Trust Fund) UNFPA	SRH inequities in the Arab region	AUC SRC
Project FPRHCASR Year 2018		
UNFPA Supplies Trust Fund	1) Capacity Building on RHCS, 2) MISP Capacity Building, 3) SRH Integration into PHC	UNFPA, MENA HPF
Project RARB8HUM Year 2018		
UNFPA Innovation Fund	Innovation in using automated tools in humanitarian context	UNFPA
UNFPA Core Funds	SRH Inequities in the Arab region	AUC SRC
	MISP ToT	UNFPA
	Resillience	UNFPA
Project RARB8SRH Year 2018		
UNFPA Core Funds	SRH Integration into PHC	MENA HPF
	RMNCAH Strategy	UNFPA
Project FPRHCASR Year 2019		
RH Supplies Trust Fund	RHCS capacity building and advocacy	UNFPA
Project RARB8SRH Year 2019		
Innovation Fund UNFPA	Innovation, people on the move	UNFPA
UNFPA Core Funds	SRH Integration into PHC	MENA HPF

	SRH Inequities	UNFPA
	CSE	UNFPA
	Innovation	UNFPA
	RMNCAH	UNFPA
	Unintended pregnancies	UNFPA
	Advocacy (conferences)	UNFPA
Project RARB8HUM Year 2019		
UNFPA Core Funds	SRH Integration into PHC	MENA HPF
Project FPRHCASR Year 2020		
RH Supplies Trust Fund UNFPA	RHCS capacity building and integration of SRH	UNFPA, MENA HPF
Project RARB8SRH Year 2020		
UNFPA Core Funds	MDSR and CRVS linkages	UNFPA
	Covid-19 and RMNCAH	MENA HPF
	1) Human resources for health 2) health friendly budgeting 3) advocacy in relation to breast cancer	UNFPA
	Maternal health and Covid-19	UNFPA
Project RARB8HUM Year 2020		
UNFPA Core Funds	Menstrual hygiene management	UNFPA
UNFPA Core Funds	People with disabilities and SRH	UNFPA
Youth		
Atlas Project RARB8YTH 2020		
UNFPA core funds	Youth policies	AUB

UNFPA core funds+ OR	youth capacity development	AUB
UNFPA core funds	Comprehensive Sexuality Education	UNFPA
UNFPA core funds	HIV	UNFPA
UNFPA core funds	youth friendly services	UNFPA
UNFPA core funds	Youth strategies	UNFPA
Other Ressources	youth capacity development	NAMA
Atlas Project UBRAFARB 2020		
UBRAF (OR)	HIV	AUB
UBRAF (OR)	youth cavacity development	AUB
Atlas Project RARB8YPS		
UNFPA core funds	youth participation	LAS
UNFPA core funds + Other resources	Youth forum	UNFPA
UNFPA core funds	knowledge product	UNFPA
UNFPA core resources	Youth Peace and Security	UNFPA
Gender		
RARB8GEQ Year 2018		
Core Funds FPA80	SRHRR in Human Rights	UNFPA
RARB8GEQ Year 2019		
Core Funds FPA80	SRHRR in Human Rights	UNFPA
Core Funds FPA80	SRHRR in Human Rights	UNFPA - Arab Institute for Human Rights
RARB8GEQ Year 2020		
Core Funds FPA80	SRHRR in Human Rights	UNFPA
Core Funds FPA80	SRHRR in Human Rights	UNFPA - American University of Beirut
Core Funds FPA80	SRHRR in Human Rights	UNFPA - Arab Institute for Human Rights
RARB8GBV Year 2018		

Core Funds FPA80	GBV data and information	UNFPA
RARB8GBV Year 2019		
Core Funds FPA80	CM research	UNFPA - Women Refugee Comission
RARB8GBV Year 2020		
Core Funds FPA80	GBV	UNFPA - League of Arab States
ZZJ29ARB & GPECMARB Year 2018		
FGM funds ZZJ29	Enhancing awareness to eliminate FGM	UNFPA
CM funds GPECM	Policies, Strategies, Planning	UNFPA and WRC
ZZJ29ARB & GPECMARB Year 2019		
FGM funds ZZJ29	Enhancing awareness to eliminate FGM	UNFPA
CM funds GPECM	Policies, Strategies, Planning, Research	UNFPA - LAS - WRC
ZZJ29ARB & GPECMARB Year 2020		
FGM funds ZZJ29	Enhancing awareness to eliminate FGM	UNFPA
CM funds GPECM	Policies, Strategies, Planning, Research	UNFPA - LAS - WRC
CM funds GPECM	Policies, Strategies, Planning, Research	UNFPA - Arab Institute for Human Rights
PD		
Atlas Project (RARB8POP)		
UNFPA core funds	ageing policies	HelpAge International
UNFPA core funds	advocacy for ICPD	LAS
UNFPA core funds	advocacy for ICPD	LAS
UNFPA core funds	advocacy for ageing	LAS
UNFPA core funds	promoting and advocating for PAPFAM study	LAS

other resources	advocacting for Nairob Summit	ASIAN POPULATION AND DEVELOPME
UNFPA core funds	Migration	UNFPA
Atlas Project (RARB8DAT)		
UNFPA core funds	ICPD tool	AITRS
UNFPA core funds	Census	AITRS
UNFPA core funds	Ageing	UNFPA
Other resources	Civil Registry and Vital Statistics	UNFPA
UNFPA core funds	Nairobi summit commitments	UNFPA
UNFPA core funds	Population and Development Composite Index	UNFPA
Organizational Effectiveness and Efficiency (OEE)		
RARB8MEA (EVALYOUTH and Evaluation Winter School)		
UNFPA core funds	Evaluation	UNFPA
RIAP Output 4.3: Improved communication for results of regional interventions.		
Atlas Project (RARB8COM)		
	Support to country offices (Regional Comms Workshop)	UNFPA
	Adolescent girls' rights in CSE, education and health (Mariam campaign)	UNFPA
	harmful practices (SWOP 2020 launch)	UNFPA
	GBV, SRH, FP in humanitarian settings (A Woman Even Here Campaign)	UNFPA

Annex 9: Stakeholders Map

The stakeholder map will be updated with additional, more specific information when the information becomes available from RO.

Stakeholders	Who they are	What (their role in the intervention)	How (informational, data collection, etc.)	When (in what stage of evaluation)
UNFPA Regional Office Team	Duty bearers who have decision-making authority over the intervention	Management of the programme, implementation of some project activities (Supporting the implementing partners); coordinating with other humanitarian and development actors	Documentation review, KIIs during Design and Data collection, Survey	Data Collection
UNFPA Country Offices' Teams	Duty bearers who have decision-making authority over the intervention and Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Management of the programme, implementation of some project activities (Supporting the implementing partners); coordinating with other humanitarian and development actors	Documentation review, KIIs during Design and Data collection, Survey	Data Collection Phase
Donors	Duty bearers who have decision-making authority over the intervention	Intervention Donors	Data Collection	Data Collection phase (KIIs and FGDs)
Other Partners by Area of Intervention RIAP Output 1.1: Strengthened capacities of country offices and partners to address the unmet need for family planning through the integration of family planning/sexual and reproductive health services into the broader primary health care service package, in humanitarian and development settings.				

Sexual and Reproductive Health (SRH)	MENA HPF American University in Cairo – Social Research Center League of Arab States CO in Humanitarian Settings Ministry of Health - in different countries Ministry of Health - Maternal Health Ministry of Health - Policy AWAN IPPF Custodians of MDSR and CRVS Persons affected by humanitarian issues in the region	Stakeholder in the delivery of the services, implementing project activities, Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Documentation review, Data collection through KIIs and FGDs when and where possible, survey tool for COs	Data Collection phases
RIAP Output 2.1: Increased capacity of country offices and partners to implement programmes that enable adolescents RIAP Output 2.2: Increased opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security				

Youth	American University of Beirut NAMA League of Arab States WFP/UNESCO (Youth Friendly Spaces) Arab Population Council (Youth Competition) UN Regional Partners	Stakeholders in the delivery of the services, implementing project activities, Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Documentation review, Data collection through KIIs and FGDs when and where possible	Data Collection Phase
RIAP Output 3.1: Strengthened capacities of country offices, human rights entities and partner organizations to advance women and adolescent girls' sexual and reproductive health, reproductive rights and gender equality, particularly for the furthest behind in humanitarian and development settings. RIAP Output 3.3: Strengthened capacities of country offices and partners to generate evidence to better prevent and respond to female genital mutilation and child, early and forced marriage in humanitarian and development settings.				
Gender	Arab Institute for Human Rights American University of Beirut Women Refugee Commission League of Arab States UN Women Actors in Humanitarian Settings	Stakeholders in the delivery of the services, implementing project activities, Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Data collection; KIIs and FGDs	Data Collection Phase
RIAP Output 4.1: Improved capacities of country offices and partners to utilize demographic intelligence for mainstreaming the International Conference of Population and Development- based Sustainable				

RIAP Output 4.2: Enhanced capacities of country offices and partners to generate and utilize population data for monitoring and reporting on progress toward the achievement of the Sustainable Development Goals				
Population and Development (PD)	HelpAge League of Arab States ASIAN Arab Countries Arab Parliaments UNHCR (migration) Arab Institute for Training and Research in Statistic ESCWA League of Arab States IDRC IOM OCHA	Stakeholders in the delivery of the services, implementing project activities, Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Data collection; KIIs and FGDs	Data Collection Phase
Other Relevant Stakeholders Humanitarian Coordination **UN Coordination**				

GBV Sub-working group Regional Gender Task Force Regional in Humanitarian action working group	Stakeholder in the delivery of the coordination of service delivery.		Documentation review, Data collection; KIIs	Field work phase
Affected Populations				
Refugees and IDPs	Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Recipients of project interventions in multiple locations (SRH; GBV case management, CP and others)	Documentation review, Data collection: FGDs; Case studies	Data Collection Phase
Women, girls, young people	Rights holders (individually) who are the intended and unintended beneficiaries of the intervention;	Recipients of project interventions in multiple locations (SRH; GBV case management, CP and others)	Documentation review, Data collection: FGDs; Case studies	Data Collection Phase

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.2019-23-10 - انشراح أحمد- التقرير العربي: أربعون عاما على اتفاقية القضاء على كافة أشكال التمييز ضد المرأة

2019-2030 صندوق الأمم المتحدة للسكان- الخطة الاستراتيجية العربية متعددة القطاعات لصحة الأمهات والأطفال والمراهقات صندوق الأمم المتحدة للسكان- تحقيق الصحة الجنسية والانجابية والحقوق الانجابية في العالم العربي من خلال برنامج عمل المؤتمر الدولي للسكان والتنمية وأجندة 2030: دور الشراكات الاستراتيجية. 3-5 ديسمبر 2018- دبي- الامارات العربية المتحدة.

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