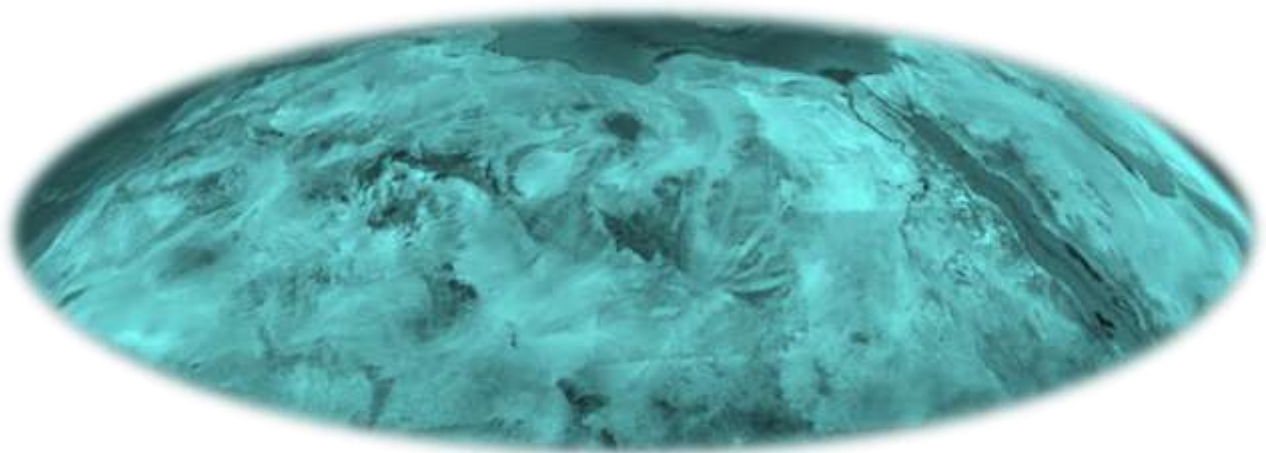# Summative Evaluation

Arab States Regional Programme 2008-2012

August 2013

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[1] *see Annex XVI for the profiles of team members*

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Acronyms	
ARO	Africa Regional Office
ASRO	Arab States Regional Office
AU	African Union
AUB	American University of Beirut
AUC	American University in Cairo
AWP	Annual Work Plan
CA	Christian Aid
CAPMAS	Central Agency for Public Mobilization and Statistics
CAWTAR	Centre of Arab Woman for Training and Research
CB	Capacity Building
CCA	Common Country Assessment
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CST	Country Support Team
DAC	Development Assistance Committee
DfID	Department for International Development
DFR	Development Results Framework
DOS	Division of Oversight Services
DRD	Deputy Regional Director
DRF	Development Results Framework
EBP	Evidence Based Programming
ECA	UN Economic Commission for Africa
EMRO	Eastern Mediterranean Regional Office
EQA	Evaluation Quality Assessment
ERG	Evaluation Reference Group
ESCWA	UN Economic and Social Commission for Western Asia
EU	European Union
FCR	Findings Conclusions and Recommendations
FGM	Female Genital Mutilation
FIGO	International Federation of Gynecology and Obstetrics.
GBV	Gender Based Violence
HRBA	Human Rights Based Approach
ICPD	International Conference on Population and Development
ILO	International Labor Organization
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
IPs	Implementing Partners
IRCT	International Rehabilitation Centre for Torture
KPI	Key Performance Indicator
LAS	League of Arab States
LMAC	Lebanon Mine Action Centre
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MECC	Middle East Council of Churches
MENA	Middle East and North Africa
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio

Acronyms (continued)

MOPAN	Multilateral Organization Performance Assessment Network
MRF	Management Results Framework
MTR	Mid-term Review
NCA	Norwegian Church Aid
NCLW	National Council for Lebanese Women
NGO	Non-Government Organization
OECD	Organization for Economic Cooperation and Development
OF	Obstetric Fistula
OMP	Office Management Plan
OPT	Occupied Palestinian Territory
PAD	Performance Appraisal and Development
PAPFAM	Pan-Arab Project for Family Health
PD	Programme Division
PDS	Population and Development Strategies
PESS	Population Estimates Sample Survey
PfD	Partners for Development
PO	Partner Organization
PoA	Plan of Action
RBM	Results Based Management
RBM&E	Results Based Monitoring and Evaluation
RD	Regional Director
REAP	Regional External Advisory Panel
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RHR	Reproductive Health and Rights
RO	Regional Office
ROAR	Regional Office Annual Report
RP	Regional Programme
RPAP	Regional Programme Action Plan
RPM	Regional Planning Meeting
SCS	Save the Children Sweden
SIDA	Swedish International Development Authority
SP	Strategic Programme
SRH	Sexual and Reproductive Health
TA	Technical Assistance
TBD	To Be Determined
TD	Technical Division
TOR	Terms of Reference
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WRF	World Rehabilitation Fund

Executive Summary

The overall objective of the evaluation is to review the achievements and challenges of the ASRO programme in its programme cycle from 2008 to 2012 and assess the contribution of the Arab States regional programme to UNFPA strategic plan outcomes.

The methodology employed has involved a mixture of:

- ❖ face-to-face interviews with key informants from within the UNFPA regional office and sampled country offices (COs)
- ❖ a questionnaire sent to 25 country office (CO) managers in 14 countries covering the same topics and utilizing the same interview guide as the face-to-face interviews
- ❖ collation and analysis of the regional and country office annual reports (ROARs and COARs) from 2009-12
- ❖ a comprehensive review of all annual work plans, trip reports, workshop reports, activity reports, policy briefs and concept notes of RO personnel provided to the evaluation team (ET)
- ❖ reflection on the regional programme action plan and findings and recommendations of the mid-term review of the Regional Programme (RP) and of the Regional External Advisory Panel (REAP)

Findings from the evidence gathered have been catalogued under the OECD DAC categories of relevance; efficiency, effectiveness, and sustainability, in addition to being detailed for every question posed by the Evaluation Reference Group (ERG) (see Annex XIII for the complete list of questions).

Establishment of a fully operational Regional Office (RO) in Cairo faced many challenges. These included, two years of operation in split locations, New York and Cairo, difficulties with the signing of the country agreement with the Government of Egypt which resulted in delays in recruitment of national support staff, and a period in February 2011 when the office was temporarily relocated to New York, which further delayed recruitment of operations staff. Problems with recruitment of new and replacement international staff further exacerbated the staff shortages in the regional office and put pressure upon staff in place to undertake multiple responsibilities including both technical and managerial roles. Despite the HR recruitment difficulties that appear to be endemic to the organization[i] there have been improvements in recruitment of-late and the majority of positions are now filled, including those of gender and policy advisors.

Despite the difficulties faced ASRO, with a team of talented and highly capable individuals committed to delivering high quality services to the region, has been able to improve its levels of service delivery over time. In the face-to-face interviews with key informants in Country Offices (COs) the information obtained points to an overall positive level of satisfaction with the support obtained from ASRO. This triangulates with information provided in the Country Office Annual Reports (COARs) from 2009-2012

indicating a rising trend of satisfaction over time. The percentage of E+G[2] ratings has risen by 21% for relevance, 29% for quality, 21% for timeliness and 23% for impact on quality of the country programme over the four years of standardized reporting, from 2009 to 2012[ii]. This finding is further triangulated with analysis of the responses to the email questionnaire sent to CO Managers. The responses indicated a generally positive rating of the Regional Office (RO) capacity building initiatives as well as their efforts in advocacy and research, and in strategic positioning of the organizations within the region. In contrast the managers rate ASRO as less successful in their partnership strategy with mixed reviews for certain aspects of regional programme (RP) management of partnerships, particularly in identification of 'non-traditional' partners to work with. There was a somewhat negative perception of the Regional Programme's track record of generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health (Annex V) providing an opportunity for further improvement in this area in future.

Analysis of the regional office's contribution to UNFPA's global Development Results Framework (DRF) performance values for the 14 countries of the region[3] is encouraging in revealing a positive and proportionate contribution for global development results by the region. Djibouti, Sudan, Somalia and Yemen figure prominently among the region's countries, when ranked by number and types of contribution to achieving global development results targets (Annex VII). These countries have discriminately higher levels of maternal mortality relative to the other countries in the Arab States region (Figure 1) reflecting their stage of economic development and the resulting effects on quality of social service delivery. Analysis of trip reports and travel by senior advisors demonstrates that there has been special emphasis placed on these countries. The overall finding is that there has been a level of focused assistance to these countries commensurate with their specific needs and in line with UNFPAs strategy to provide special assistance to those countries with greatest need.

Despite the successes of the RP over the 2008-12 cycle of implementation the programme has undoubtedly faced challenges in addition to the establishment problems of the office, the most obvious of which is the level of instability within the region, with all the negative consequences associated. Numerous examples of this include Palestine, Syria, Yemen, Libya and Egypt itself, with the regional team being relocated to New York at one time. Work in many of the countries of the region has been challenging but ASRO personnel have never shirked their responsibilities and have always travelled and worked in all countries when allowed to do so by the UN security teams.

Within the area of capacity building (CB) the remit for design and development of CB initiatives has largely fallen to the regional advisors. They have focused primarily on the delivery of discrete and limited-duration training 'events' such as the RBM&E training workshop of 2010 managed by the M&E Advisor[iii]. Selection of appropriate participants

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[2] Excellent and Good ratings combined as representing a positive level of satisfaction with services provided
[3] now 15 with the commencement of operations in Libya

has been systematic and effective, with evidence of measures taken to prevent nominations of inappropriate individuals by partner organizations.[4] CB initiatives have, in the main, targeted individuals and not institutions in the belief that individuals will return to influence outcomes within their respective organizations and to some extent this has occurred.

Participants generally report positive outcomes from participation in such CB events, not the least of which is the opportunity to interact and share experiences with colleagues from other countries. The trainings are universally perceived to be relevant and of high quality and delivered by acknowledged experts in the field. Nevertheless, the evaluation team (ET) has concluded that the focus areas for trainings have tended to be more supply-led than demand-driven. As such they represent 'offerings' provided to the COs and partner organizations, invariably of a generic nature, but nonetheless appreciated by those who are invited to attend for both their content and the quality of delivery. There are examples of positive follow-on outcomes such as the development of Policy briefs for RH, which have the potential to improve institutional capacity both within COs and partner organizations (POs). The central question remains however as to whether the empowerment of individuals through these trainings has served to contribute to strengthening organizational capacities, and further whether this is the most effective mechanism for capacity building of both UNFPA CO personnel and those of partner organizations across the region.

Within the areas of advocacy and research ASRO has employed capacity development; evidence-based advocacy and policy dialogue; and building partnerships as its main inter-related strategies to address and respond to the challenges identified for the region. There is evidence that the regional programme has built on its previous achievements and partnerships with the parliamentarians and ministers of health and finance to use the results of research to influence resource allocation to reproductive health and gender budgeting and to influence legislative change. The regional programme has provided technical support to regional and national partners to conduct advocacy campaigns to enhance public and policy awareness of sexual and reproductive health (SRH) rights of vulnerable groups and youth. Further, it has developed and supported partnerships among NGOs working with young people to increase their demand for reproductive health services and to facilitate experience sharing and support.

Building on the important role of the regional media and within a comprehensive regional communication strategy, the programme has raised awareness of key population challenges in the Arab region, including the reproductive rights of vulnerable groups as well as issues concerning gender based violence (GBV). There is however need to document the advocacy processes employed and the best practices developed and this is not being done in all cases. The lack of adequate documentation compromises ASROs ability to maintain institutional memory in order to build on lessons

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[4] with a strictly limited number of exceptions

learned and to adequately trace the impact of the advocacy initiatives within the countries involved.

There is evidence that RP management has invested considerable effort in providing support to country offices across a wide range of areas, and this is reflected in the COAR reporting in Annex VI. The lack of results based management in directing the regional programme towards results and not merely activity achievement has been recognized by RP management but remains a challenge to-date. The Deputy Regional Director as a seasoned evaluator is taking steps to address this deficiency. Evidence for this includes the initiatives which have taken place in 2012 in linking the Performance Appraisal Documents (PADs) to the ASRO Office Management Plan (OMP) and the Development and Management Results Frameworks (DRF and MRF) of the global strategic plan.

The Regional Office Annual Report (ROAR) of 2012 reflects the changing focus of reporting to include development as well as management results in line with the revised strategic alignment globally. There is further supporting evidence to suggest that the revised strategic alignment of UNFPA following the strategic plan (SP) mid-term review is now beginning to become an operational reality in the RO and COs. Nevertheless, there remains the opportunity to press forward with this initiative in supporting the Country Offices (COs) to realign their programmes to better reflect the needs of the country through better causal analysis and not simply discrete pillars of SRH, PDS, Gender, Youth and HIV/Aids and humanitarian assistance.

Greater focus and specialization of mandate may be threatening to some and there is still a tendency to maintain a 'sprinkling' of all areas of intervention within every country programme document (CPD). This provides justification for additional investment in regional office support to improved programme design at the country level, and this in turn suggests the need for a dedicated programme support function within ASRO focussing on delivering a systematic and higher level of support to COs in the design and management of their country programmes.

ASRO has played an active role in coordinating with the UN agencies and regional partners in the area of ICPD[iv]. One illustration of this involves several initiatives in 2012 including for example the development of a roadmap for ICPD review in the Arab states in partnership with ESCWA, ECA, League of Arab States and African Union. The RO has played a key role in supporting UNDAF work in countries of the region, including Syria, Iraq and Egypt. Actionable recommendations of the evaluation include the establishment of a RO programme support unit (PSU) with specific responsibilities to support COs in their Country Programme designs and results based management and monitoring and evaluation activities. The unit would be staffed by experienced CO Managers, including former Assistant Representatives. The HR function of UNFPA requires considerable improvement so that key staff positions can be filled in a timely manner and incumbent staff can be allowed to focus and concentrate on their primary responsibilities.

1. Introduction

The Arab States Regional Programme is one of five UNFPA regional programmes[v]. It encompasses the three pillars of the UNFPA Strategic Plan, Population and Development, Sexual and Reproductive Health and Rights, and Gender Equality including the Empowerment of Women. It is the regional arm of the UNPFA global programme the goal of which is outlined in the inset.

> *"UNFPA's goal is to achieve universal access to sexual and reproductive health (including family planning); to promote reproductive rights, reduce maternal mortality and to accelerate progress on the ICPD Agenda and MDG 5 (A and B) in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents) enabled by our understanding of population dynamics, human*

The Regional Programme (RP) endeavours to be at the forefront of emerging issues, advocating for them to be tabled on the agenda of governments and donors. The core strategies of the RP involve investing in: capacity development, advocacy, research and partnership. One of the key objectives of the RP is provision of support to UNFPA's work in the Country Offices (COs). Support takes the form of developing regional capacity in policy and programme formulation and implementation as well as monitoring and evaluation. By providing this support to the COs the programme aims to assist countries within the Arab States region to effectively deliver upon internationally agreed goals, including the ICPD and MDGs.

1.1 Objective and Scope of the Evaluation

The overall objective of the evaluation is to review the achievements and challenges of the programme since its inception in 2008 to the present and assess the contribution of the Arab States regional programme to UNFPA strategic plan outcomes.

Specific objectives include:

❖ Determining the extent to which UNFPA regional programme objectives have been achieved
❖ Analyzing the factors that have facilitated or hampered achievements
❖ Analyzing the technical assistance modality and the quality assurance process provided
❖ Identifying good practices undertaken as well as challenges encountered
❖ Helping to improve the efficiency and effectiveness of the programme in the next cycle of the RP
❖ Providing lessons learned to assist in the design of the next RP cycle

This is an end-term or 'summative' evaluation which will provide guidance to designers of the next regional programme cycle. The geographical scope of the evaluation has

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included evaluation team (ET) field visits to six country offices (COs), Djibouti, Egypt, Iraq, Jordan, Lebanon, and Somalia. The methodological design can be characterized as 'emergent[vi] with sufficient flexibility to make a number of changes to the information gathering instruments as the evaluation progressed, in order to best respond to the questions posed by the Evaluation Reference Group (ERG). For example, since one of the team members was returning to Lebanon during a break in the evaluation schedule there was an opportunity to include UNFPA Lebanon CO in the face-to-face interview process.

The current ASRO Deputy Regional Director was the former CO Representative for Morocco and Country Director for Tunisia. During the course of the interview the team was able to capture both perspectives of the RO and COs from the Maghreb region. The team decided during the course of the evaluation exercise to field an email questionnaire to CO managers and key personnel in all countries in the Arab States region to further triangulate and validate the findings from the primary and secondary data analysis activities that were being undertaken.

Triangulation was not a summative process and there was no implicit weighting of results obtained from any one data source, but rather information from independent data sources were used to corroborate findings from any one source, thereby adding to the reliability and validity of the findings. Considerable analysis of both quantitative and qualitative information has been undertaken by the evaluation team in order to establish a fair and objective position on each of the issues addressed in the evaluation terms of reference.

Map 1 : Country Offices Covered by the Arab States Regional Office

Key: ○ = COs visited by the evaluation team

1.2   Duration and Level of Effort

The evaluation began on 1st December 2012 and with a first draft report completed and submitted on Monday 11th February 2013. Annex X details activities undertaken chronologically. The level of effort (LoE) involved in the evaluation was 126 person-days, comprising 42 days for each of the team members.

1.3   Principal Evaluation Questions Answered

The evaluation terms of reference posed a wide range of questions to the evaluators, and these are detailed in Annex 1.

The questions covered the following areas of interest:

- ❖ Capacity Development
- ❖ Advocacy and Research
- ❖ Partnerships
- ❖ Regional Programme management
- ❖ Strategic Alignment of UNFPA within the region

Four OECD DAC criteria were included: relevance, efficiency, effectiveness and sustainability.

1.4   Structure of the Evaluation Report

The report contains a description of the evaluation methodology, including the involvement of stakeholders and the elements of the evaluation design. This is followed by a description of the sample selection and the data collection methods and instruments applied. The methods of data analysis are described together with the limitations that were imposed on the evaluation. Findings and conclusions are then presented with the responses grouped according to the areas of interest and with each sub-divided in relation to the OECD DAC criteria of relevance, efficiency, effectiveness and sustainability. The next section presents recommendations that follow from the findings and conclusions. Supporting annexes provide *inter alia* details of persons met (Annex II) and documents consulted (Annex III).

2. Evaluation Methodology

2.1 Conceptual Framework and Evaluation Approach

There were 26 principal evaluation questions encompassing capacity building, advocacy and research, partnerships, management and strategic alignment as well as the four OECD DAC criteria of relevance, efficiency, effectiveness, and sustainability. The number of questions by area of interest and OECD DAC criteria is shown in Table 1. The actual questions posed by the Evaluation Reference Group (ERG) are detailed in the terms of reference in Annex 1.

Table 1: Number of Evaluation Questions by Criteria and Area of Investigation

Area/Criteria	Relevance	Efficiency	Effectiveness	Sustainability	All
Capacity Building	4		7	2	13
Advocacy & Research			3		3
Partnerships			2		2
Management		2	4		6
Strategic Alignment	1		1		2
All	5	2	17	2	26

Source: Evaluation ToR

The team used the following approach in interviewing Country Office (CO) and partner organization (PO) key informants:

1. Face-to-face interviews with ASRO teams in Cairo
2. Face-to-face interviews with CO teams for Djibouti, Egypt, Iraq, Jordan, Lebanon and Somalia
3. Face-to-face interviews with POs in countries visited depending upon their presence and availability from the list set out in Annex XIV

At the initial meeting with the ERG the viability of sending out questionnaires to all country offices (COs) and partner organizations (POs) was discussed. It was noted that questionnaires administered by this means to the COs may result in low response rates or delays in responding due to the nature of CO work demands and their existing reporting burden, and some element of fatigue from incessant information demands from HQ.

In the course of the field work the evaluation team made a decision to field an email questionnaire for the purposes of triangulation and validating the findings from the face-to-face interviews. Both the face-to-face interviews and the email questionnaire were based on the same semi-structured interview guide provided in Annex IV. It is acknowledged that this is a complex instrument, reflecting the plethora of questions posed by the ERG to the team. Some respondents to the email questionnaire did make the comment that there were many questions posed. This may have deterred some of the potential respondents from returning the questionnaire. However, it was obligatory

for the evaluation team to respond to all questions posed by the ERG, and the principal means of responding was to elicit information from the COs and POs.

2.2   Strategy for ensuring evaluation utility

Article 18 of the UNFPA evaluation policy states "*UNFPA seeks to strengthen evaluation in order to strengthen accountability for results and ensure that evaluation results are used by management to inform decision-making and contribute to more effective programming*". The term 'results' is used twice in the article but with different meanings in each case, the former being the results achieved by programmes, and the latter, evaluation results meaning the findings, conclusions and recommendations (FCR) of an evaluation. In practice, although evaluations may be rigorous in design and execution, many are inconsequential and few influential in their utilization for the betterment of programmes. Some of the reasons explored for underutilization of evaluations discussed in a recent World Bank symposium are set out in the inset box.

Reasons why Evaluations may be Underutilized

1. Evaluation seen as a threat
2. Limited consultation with, and feedback to, clients
3. Rigid design that cannot be adapted to client needs or changing circumstances
4. The evaluation does not address the priority information needs of clients
5. The information is not analyzed and presented in the way that clients want

The team was resolute that the evaluation should not, in any way, be perceived negatively by participants, but rather as one means to contribute to positive outcomes for the RP and stakeholders. There was continuous consultation with and feedback to clients during the process. The design was flexible and adapted to changing circumstances and experiences during the course of the evaluation. Through continuous consultation with the client and stakeholders the team ensured that priority needs were being addressed. Multiple modalities of presentation of information have been used to best communicate the information to clients.

2.3   Engaging Stakeholders in the Evaluation Design

The engagement of stakeholders during the stages of the program evaluation was crucial as they had the best ideas on how to assess the current progress and on areas for improvement of the programme. Stakeholder participation throughout the evaluation cycle ensured the effective use of lessons learned in future decision-making, ownership, learning and sustainability of evaluation results.

2.4   Ensuring data quality for all deliverables

The evaluation team committed to deliver credible and quality evaluation deliverables through the adoption of a reliable, traceable and effective evaluation process that was transparent to all stakeholders.

The different elements of the process included:

- ❖ The development of a structured framework outlining the type of information to be collected, tools to be used for data collection, sources of the required data, how the tools will be tested and data validated and presented.
- ❖ The adoption of an ethical framework in compliance with the United Nations Evaluation Group (UNEG) standards aimed at ensuring that ethical standards were maintained throughout the evaluation process.
- ❖ The efficient use of a time management approach by the evaluation team through the allocation of time periods for the different tasks of the evaluation to ensure a proper attribution of time to each of the evaluation deliverables.
- ❖ The conduct of "after task review and analysis" among the evaluation team that allowed for specification of the; (i) key learning points from the conducted task, and (ii) any actions for improving the team approach, methodologies and processes.
- ❖ Frequent consultation with the RO and COs concerning the appropriateness of the approaches adopted by the evaluation team, with the flexibility to adapt as the process unfolded.

2.5   Ethical Considerations

The team adopted the following procedures to secure informed consent, confidentiality and privacy during and after discussion of sensitive issues with beneficiaries and other members of the public:

The evaluators worked in line with the "Ethical Guidelines for Evaluation" (UNEG, 2007) with the following approach adopted while conducting interviews, meetings and focus group discussions with the concerned stakeholders:

- ❖ Ensuring a communication approach that respects the socio-cultural profile of each of the participants
- ❖ Providing a proper introduction of the purpose and objectives of the evaluation
- ❖ Getting the consent to be interviewed of each concerned individual
- ❖ Emphasizing that the data and information are collected solely for the purpose of the evaluation and will be presented in a way that will not allow the linking a specific piece of information to an individual
- ❖ Avoiding mentioning individual names in the presentation of results, although with reference made to target groups or staff cadre only
- ❖ Highlighting to the interviewees that they have the complete freedom not to answer any question they do not feel comfortable answering and the right to end the interview at any point in time without any implications
- ❖ Transcripts of interviews' and meetings' are being kept in a confidential place until the approval of the final report, and following this they will be destroyed

2.6 Performance measures and standards

The team developed a matrix of performance measures and standards based on the twenty-six questions posed in the ToR (Annex VIII). The preliminary measures and standards used for the evaluation were grouped by focus area of capacity development, advocacy and research, partnerships, and regional programme management and by the OECD DAC criteria of relevance, effectiveness, efficiency and sustainability. The team applied a rating to each of these measures, and the matrix forms the basis for the narrative of findings, conclusions and recommendations in this report. The Country Office Annual Review (COAR) provided a first indication of CO satisfaction with the support provided by the RO over the period 2009-12.

Table 2: COAR information from Qu's. 16a and 16b Consolidated*

#	Key to Areas of RO Programme Support	Relevance	Quality	Timeliness	Impact
A:	Strategic guidance on CCA/UNDAF, country programme formulation and implementation	E	G	S	S
B:	Technical contribution to the other programming process				
C:	Coordination of inputs from other HQ Divisions (PD, TD, DOS etc) for improved quality of programming	S	S	P	P
D:	Joint review of the CP and projects in terms of their relevance and effectiveness	G	G	G	G
E:	Support to CP monitoring and evaluation activities	G	G	G	G
F:	Political support to help better position CP vis-a-vis the government in the national development context				
G:	Support to the UN Country team	E	E	E	E
H:	Other, please specify				

hypothetical assessment for purposes of illustration

2.7 Limitations of the methodology

The sample of countries visited in the region was made as much for logistical reasons as for representativeness of population under investigation. Ideally, the team would have selected the countries after initial reference to the documents provided during the inception phase, but this was not possible given the lead-time required for arranging visas for team members, and the logistics of travel planning.

The response rate to the email questionnaire to country office managers was 40% of individuals mailed, and 50% of countries. Given the relatively low response rate there is always the potential for bias in response, if there is some systematic bias relating to those responding in relation to those who ignored the request for information. While there was no reason to believe that any such bias was present, nevertheless, the team were careful to triangulate the findings from the email questionnaire with the information provided from the face-to-face interviews and ratings and comments from the country office annual reports (COARs).

The desk review involved reading a profuse number of miscellaneous documents, including trip reports, workshop reports, policy briefs, mid-term reviews, evaluations, and other operational documents as detailed in Annex III on page 71. All documents provided were reviewed and addition documents including the COARs, ROARs and OMPs were requested from and provided by the ERG. Despite this, it was not possible to gather all of the historical background to the regional programme, and the team relied upon key informants with knowledge of the former structures of geographic divisions and Country Support Teams (CSTs) to guide them on changes to the regional programmes historically.

ASRO invited the former Monitoring and Evaluation Advisor to lead the evaluation, which ostensibly could have created a conflict of interest and a lack of independence in the evaluation. This was discussed and acknowledged by all parties as a possible threat to the evaluation but ASRO was particularly concerned that someone with a detailed understanding of both UNFPA and ASRO participate, and was willing to trade-off the advantages of having a former organizational 'insider' lead the evaluation against any possible real or perceived threat of lack of independence. The evaluation exercise was led by the former ASRO Monitoring and Evaluation Advisor, thus raising the question of independence of the exercise.   As an experienced evaluator the team leader took steps to ensure that any potential threats to independence were mitigated, and this included recusing himself from evaluating activities that he had been directly involved with, assigning the review of these to another team member.

2.8   Data collection methods and instruments

Both quantitative and qualitative research methods were applied in this evaluation. Information was collected using a combination of methods:

❖ Documentation review and secondary data (see documents consulted in Annex III), including analysis of Country Office Annual Reports (COARs) pertaining to their assessment of areas of support provided and an overall assessment of Regional Office (RO) relevance, quality and timeliness of support and the impact of the support on the country programme (CP), and the Regional Office Annual Reports (ROARs)

❖ Key informant interviews: A semi structure interview guide was employed in face-to-face interviews with key informants (Annex IV) from sample Country Offices and Partner Organizations

❖ An email questionnaire was sent to 25 CO Managers, including Representatives, Deputy Representatives and Assistance Representatives from all 14 countries.

3. Findings and Conclusions

3.1 Introduction

The region is beset with challenges, not the least of which is the humanitarian emergencies that have arisen. The statement of 2008 in the regional programme action plan (RPAP) holds as true today as it did then:

"The region is buffeted by some of the most complex emergency, conflict and security situations in the world today." (parag. 12 pg. 7)

Table 2: Countries supported by ASRO by Income Category and Fragility

	Income category[5]			
	High	Upper middle	Lower middle	Low
Fragility	Oman +GCC	Algeria	Morocco	
		Jordan Lebanon	Djibouti [Egypt]	
		Tunisia Libya	Yemen Sudan Palestine Syria Iraq	Somalia

Note: Countries in red classified as fragile[6]

Table 2 provides an indication of the challenge of both poverty and fragility for the ASRO supported countries in the region.

In addition to humanitarian challenges being faced by the region, one of the immediate responses from the evaluation participants when interviewed was to highlight the heterogeneity of the region, and draw attention to the specific needs of particular clusters of countries. One example is the cluster of Yemen,

Figure 1: MMR Estimates by Income for Arab States Countries 2008
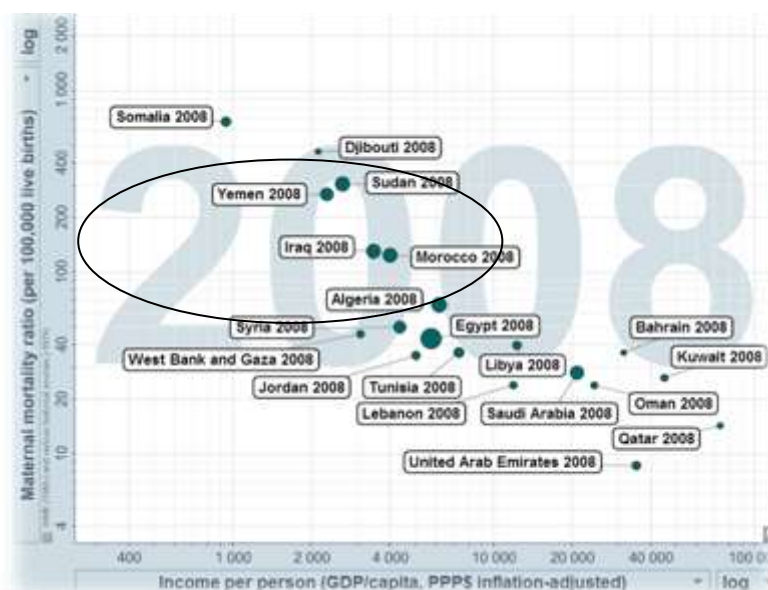
Source: www.gapminder.org

Sudan, Djibouti and Somalia, with its specific challenges in reduction of maternal mortality rates as illustrated in Figure 1 for 2008 mapped against per capita income estimates.

Despite the formidable challenges presented by the region ASRO has been able to record substantial achievements in support of country offices and partner organizations. The following sections highlight some of the most significant achievements and also present some of the most significant challenges faced. The findings and conclusions are developed in response to the questions that were posed by the Evaluation Reference Group detailed in Annex XIII.[7]

3.2   Capacity Building

Background

Capacity building (CB) is a long-term process of learning and adaptation to change, mostly achieved through "*learning by doing*". Success in CB is governed by the participation in and ownership of the process by key stakeholders. CB is demand-driven as well as supply-led. Individuals, organizations and communities' capacities are developed through their interaction with other entities in the larger system to which they all belong.

CB has been a central objective of the ASRO programme. CB activities including technical assistance (TA), training and brokering were implemented within the context of the different UNFPA focus areas (PD, RHR and Gender Equality) as well as Humanitarian Assistance, Results-based monitoring and evaluation and programme management.

Relevance

ASRO CB initiatives have been based on a critical assessment of the existing needs of the whole region while taking into consideration the governmental needs and priorities. In some instances these might not be necessarily and always responsive to the real existing needs at the national level. COs were actively engaged in assessing the CB needs of their partner organizations as well as of their local staff needs in the regional planning meetings (RPMs). Through their continuous consultation with the COs, the RO with the COs has attempted to respond to the identified needs in the context of national priorities and regional and global trends, and the latest research and scientific thinking. Fulfilled needs, as mentioned by counterparts, related mainly to increasing capacities, to a varying extent, associated with; (i) collecting and analyzing disaggregated data; (ii) developing policy briefs and plans to address population and health issues; (iii) advocating for, and supporting programs development and implementation for SRH

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[7] The questions are referenced in the text in square brackets and the numbers relate to those in Annex XIII

services; (iv) integrating SRH and GBV in emergency situation; (v) working with youth on SRH issues and HIV/AIDS prevention; (vi) raising awareness of GBV prevention.

This approach has resulted in the regional office conducting several training activities, listed in the following paragraphs, at the regional level in addition to providing needed technical assistance to the different countries as requested. Documentation of this approach highlighting the strategy followed by the RO in terms of building the capacities of the partner organizations as well the COs personnel was found by the evaluation team to be limited with the exception of strategy development and documentation of the youth program which is more detailed in comparison.

ASRO has attempted to respond to the CB priorities at country level through technical assistance (TA) provided by ASRO technical advisors to the Country Offices (COs) and their Implementing Partners (IPs). This has encompassed a wide range of support to CO personnel in developing common country assessments (CCAs) UN development assistance frameworks (UNDAFs), country programme documents (CPDs), country programme action plans (CPAP) and country programme (CP) midterm reviews (MTRs) and evaluations including country programme evaluations in the penultimate year of the programme cycle (CPEs). This is in addition to responding to specific technical needs related to the different focus areas in reproduction health (RH), youth and HIV/AIDS, humanitarian assistance (HA) and the censuses and population estimates surveys to be conducted in Somalia and Iraq. The main focus areas that were addressed related to the specific needs addressed through the capacity building activities, as mentioned in the previous paragraphs. The concerned technical advisors ensured that there was engagement of relevant implementing partners (IPs) at both country and regional levels during the course of these activities.

Trainings have been provided to CO personnel on results-based management (RBM), monitoring and evaluation (M&E), evidence based programming (EBP), humanitarian issues, Minimum Initial Service Packages (MISPs) and to the IPs on maternal health, budgeting of reproductive health (RH) services and focussing particularly on RH costing, policy-oriented communication, reproductive health commodity security (RHCS), youth and HIV/AIDS.

The design of trainings was in response to perceived common needs among the different countries in the region, and was to a certain extent generic in nature. Countries like Yemen, Somalia, Sudan and Djibouti have additional specific training needs which have been articulated. Some francophone countries have requested that trainings be conducted in the French language and where this has been done, as in the delivery of the policy-oriented communication workshop for RH which had separate trainings in French and English, it has been greatly appreciated. The regional midwifery workshop targeting Djibouti, Egypt, Morocco, Oman, OPT, Somalia, Sudan and Yemen is one example of a training targeted to a 'cluster' of countries with commonalities within what is a very heterogeneous region in terms of the status of countries, particularly in relation

to MDG5 maternal health. While these efforts are commendable, findings from the country visits suggest that more focused training is needed for clusters of countries. Suggested training related to focusing more on maternal health issues and AIDS/HIV that are particular to Yemen, Somalia, Sudan and Djibouti; and to provide additional generic training on gender issues. The need for a more area/country specific humanitarian response training was also emphasized. Conducting training on programme management and M&E was also proposed by almost all COs met. [7].

ASRO CB initiatives were in line with the regional programme action plan (RPAP) and targeted the appropriate individuals using well-defined criteria in the nomination process, in coordination with the country offices (COs). In some instances, limited coordination with the COs occurred resulting in inappropriate selection of individuals, but this is the exception rather than the rule. This occurred mainly where a UNFPA regional partner drew upon its own regional network of national organizations and failed to adequately consult with the UNFPA country office personnel. In some instances government officials in some countries interfered in the selection process resulting in inappropriate selection of participants from within partner organizations [2 & 9].

The knowledge and skills offered by the CB initiatives including both TA and training was found to be appropriate and responded to some of the existing needs of the targeted groups including national counterparts and CO staff. ASRO relied on professionally qualified technical advisors and trainers and this has ensured the provision of high-quality and useful products. However, there is little evidence of any follow-up mechanism to assess the effects and impact of these CB initiatives on individual or organizational performance. As such, the training activities and events have been pursued as an end in themselves, and not perceived as an intermediate output in the chain of results culminating in enhanced organizational capacity of both COs and partner organizations. It is necessary to assign a party or parties with the responsibility for monitoring the effects and impact of the trainings provided by ASRO and this should form an integral component of the monitoring and evaluation system [3 & 10].

Effectiveness

A key dimension of capacity development is the planning, implementation, and monitoring and evaluation of CB interventions to ensure that CB initiatives are being effective in strengthening organizational capacities of COs and IPs. ASRO CB interventions have contributed to upgrading the capacities of the COs and IPs as pinpointed by the CB recipients themselves. Nevertheless, and as mentioned in the section above, additional CB initiatives are perceived to be still needed by the COs as well as the IPs to enable them be better equipped to assume their roles in the sector.

One example of the strategy for using discrete trainings as tools for capacity building is the RBM&E capacity building of CO personnel which is illustrated in the results chain for shown in Figure 2.

Figure 2: Illustration of an ASRO CB Initiative

UNFPA Arab States Regional Office (ASRO)
Results-Based Monitoring and Evaluation

Manager(s): M&E Adviser

RBM&E systems fully operational in each CO

ME1: % of RBM dashboard coloured green

RBM&E plans translated into operational RBM&E systems

Activity managers do not abrogate all RBM&E responsibilities to the M&E focal point

RO and CO M&E plans developed in a participatory manner

M&E plans developed with facilitation by core group of M&E focal points in their respective COs

M&E plans developed with facilitation by core group of M&E focal points in their partner COs

ME2: number of detail assignments undertaken in RBM&E providing peer support to M&E focal points

ME3: % of M&E plans developed by more than one individual within the CO and RO

Follow-on mentoring and peer-group support to M&E personnel

Core group of M&E focal points are provided with advanced training

Training is sufficiently practical and operationally oriented to enable participants to develop operational RBM&E systems

CO managers may select M&E focal points from existing personnel simply as a matter of administrative convenience, irrespective of whether they will be champions or not

Selection of RBM champions among M&E personnel

Adequate training of CO managers and M&E personnel

ME4: % of ten-steps topics where M&E focal points and programme managers rate their knowledge of how to develop an operational RBM&E system as > 3 (Likert)

CO managers may not remove other work responsibilities

Commitment of RO and CO managers to RBM&E

ME5: % of dedicated M&E staff OR Asst. Reps. taking on responsibility for RBM&E

ME6: % of CO and RO programme budgets devoted to RBM&E

Key
Indicator of results achievement
question / risk
LFM assumption

Sensitization of the benefits of an operational RBM system

Sensitization of RO and CO managers may not be sufficient to obtain real commitment to operational results-based management and results-based monitoring and evaluation?

There was an assumption in the CB initiative that training of individuals in RBM&E techniques would translate into improved RBM&E operational capacity of COs. Two individuals were selected from each CO as participants for the first training and a subgroup for the second conducted jointly with the Africa Regional Office (ARO). In retrospect, there was insufficient attention paid to assessing the needs of the COs prior to the trainings provided. The underlying assumption was that short-term training of individuals would certainly translate into improved operational RBM&E systems; but while participants benefited from the trainings this proved not to be the outcome.

As in this illustration, some CB interventions achieved their planned outputs but these were at the level of activities and outputs rather than outcomes [1]. A more in-depth assessment of needs will allow ASRO to re-visit its CB program priority areas and ensure a better focus on planned results.

The ultimate goal of any capacity building strategy is to develop the capacity of the organization as well as its staff members. CB initiatives' recipients did feel that training events contributed to improving their knowledge, attitudes, and technical skills in youth, RH, PDS, and Humanitarian issues, as previously elaborated. They also felt empowered by the training process and were able to provide examples where this had improved performance in their assignments and in taking job-related decisions. The Ministry of Health Officials in Jordan and Djibouti emphasized that they adopted the knowledge and skills acquired through ASRO CB interventions in areas of work that does not relate to the work of UNFPA. This helped them in upgrading their professional performance.

Building upon these achievements, additional and more focussed training and TA is required to upgrade their competencies. One area that was singled out for special

attention was in gender. Participants felt that the event that was organized in 2009 of information sharing among gender focal points from COs was useful and should have been repeated in subsequent years.

The organizational culture as well as the structure of each organization and the political will to make changes, dictated the extent to which the knowledge and skills acquired by the individual have been transferred to an organization. Some examples of positive organizational outcomes were reported within the Ministries of Health in Djibouti and Jordan and within the Jordanian Higher Population Council [4].

ASRO CB initiatives have invariably been strategic in nature and have complemented the CB efforts invested by UNFPA and partner organizations at the country level. The COs and partner organizations have valued the RO efforts invested at this level. Nevertheless, the complementarities of CB initiatives among all service providers could be enhanced through a coordinated in-depth needs assessment at the country level [5].

There is evidence that CB initiatives which focused on improved operational management of UNFPA CO staff members have contributed to increasing their knowledge and skills including, planning and programming, financial management and monitoring and evaluation in addition to the different program focus areas. Some had strictly limited impact, such as the RBM&E trainings which focused on the adoption of visual logical frameworks utilizing doview software. COs did not adopt this innovative approach, and there was limited impact reflected in changes to the development of M&E systems in country programmes (CPs) and in fulfilling ASRO plans to make programmes more results-focused. The need for additional technical support was expressed by the CO staff members mainly in what relates to receiving further guidance and coaching in RBM&E in addition to more CB in the conceptualization of programs' and in their planning and implementation [8].

Efficiency

A proper use of resources including financial, human and information resources ensures the achievement of efficient results. There is evidence pointing to the three CB modalities adopted by ASRO, including TA, training and to a lesser extent brokering of TA, contributing to national capacity development. Participants expressed their need for all three modalities since they believe that they do complement each other. TA was valued for its one-to-one and focussed approach and training for its structured approach and for bringing different countries together. Trainings were seen to be vehicles for sharing of knowledge, experiences, successes and challenges and lessons learned. There were instances where highly specialized TA was required such as in Obstetric Fistula (OF) and the RO assisted the CO in identifying the needed experts. Participants expressed the need for additional meetings which cluster together countries that share similar problems and issues. One example that was repeatedly mentioned was the common issues of Djibouti, Somalia, Yemen and Sudan [6].

South-South (SS) Cooperation is defined by UNFPA as *"a process whereby two or more developing countries pursue their individual and/or shared national capacity development objectives through exchanges of knowledge, skills, resources and technical know-how, and through regional and interregional collective actions, including partnerships involving Governments, regional organizations, civil society, academia and the private sector, for their individual and/or mutual benefit within and across regions"* and Triangular cooperation that refers to South-South cooperation arrangements that also involve support from one or more developed countries and/or from one or more multilateral organizations have been singled out as a valued contributors to building local capacities.

Some examples of effective SS and Triangular cooperation have been brought to the attention of the evaluation team, such as the collaboration between CAPMAS in Egypt and the Iraq Census authority, relating to the Iraqi Census CB activities and between Egypt and Sudan through the exposure provided to Sudan of experiences in maternal health in Egypt. Countries such as Djibouti expressed their needs for South-South and Triangular cooperation involving sharing experiences with other countries outside the Arab States region, such as Senegal, Mauritania and neighbouring Ethiopia. In one example the UNFPA Representative for Somalia had brokered a visit of CO and IP personnel to Brazil to learn from their experience of conducting population estimates surveys (PES) in inaccessible areas. This study tour was considered to have been of high value by participants and directly applicable to the conducting the PES in Somalia.

The timing of the conducted trainings and workshops contributed to their efficiency through ensuring the engagement of almost all concerned. ASRO planned the majority of its training to be held in a period away from the end of the year when all countries are consumed with the year-end closure.

ASRO has invested some effort in developing and regularly updating a roster of experts for provision of TA around the region. Despite this, participants in the evaluation within the COs in particular expressed strictly limited knowledge and use of the roster, even though they felt that there was need for a fully operational roster that would be of value to their programmes. They confided that they are currently relying upon their own networks of national experts or on those suggested by other COs who had positive experiences with them.

Efficiency of operation requires the adoption of documented policies, rules, regulations and procedures pertinent to a comprehensive CB approach and process. ASRO has developed some documentation to this effect, but this is not sufficiently comprehensive to ensure that CB procedures and processes are adequately documented.

Sustainability

To ensure the sustainability of the Regional Programme CB initiatives it is necessary to ensure that there is an alignment between those initiatives and stakeholders' needs. Evidence from evaluation participants suggest that CB initiatives did respond to some essential needs at the regional level. However, this was not undertaken in such as way that allowed the RP to pro-actively engage local partners in identifying their specific needs nor did it classify those needs by order of priorities that needed to be addressed. One exception to this was the youth program which was more effective in identifying needs of youth participants and then seeking to satisfy those needs.

ASRO provided guidance, training and TA to COs to build positive relationships with the concerned national governmental and non-governmental bodies. It collaborated with them to engage in policy dialogue to ensure ICPD issues were reflected in national and UNDAF priorities and it did provide technical leadership for address those national priorities. The TA provided by the ASRO PD adviser to the Somalia CO in moving the Population Estimates Sample Survey (PESS) Survey with the Somali officials is one notable example of such a contribution by ASRO. However, the extent of success of such initiatives conducted by the COs at the national level is governed by the political will to instigate such an engagement and the influence of the Arab springs events and related emerging national priorities that need to be addressed [11].

ASRO succeeded in building relationships with other regional partners and UN agencies through developing roadmaps for ICPD review in the Arab states in partnership with ESCWA, ECA, LAS and the African Union. These were aimed at generating evidence regarding regional priorities. Other examples include ASRO partnership with CAWTAR to create the Arab Women NGOs Coalition in support of the ICPD beyond 2014, OXFAM/GB in developing a GBV prevention program in Iraq, Jordan, Lebanon and OPT, and ILO to address youth empowerment, employability, and skills development. Proactive partnerships to complement efforts is also well established with the different COs and other UN agencies working on similar areas of interest like UNDP, WHO, UNICEF, and ILO among others [22].

ASRO has invested in building national capacities at the individual level with an ultimate aim to translate this capacity to the institutional level. Evidence from the field investigations indicate that the transfer of the acquired knowledge and skills by the individuals to their institution was sporadic in nature and affected by several factors. These included the will of the decision makers within the concerned institutions to benefit from and spread the acquired benefit to all concerned.

ASRO CB interventions at the regional level succeeded in accomplishing the development of policy briefs essential for strategy development, three RHCS strategies in Iraq, Sudan and Yemen, a Youth strategy, a newsletter documenting ASRO good practices, the online resource centre on gender equality and women's empowerment,

the toolkit for humanitarian settings, management and various M&E tools. However, a clear and documented strategy for CB including a phasing-out strategy is lacking. Clear mechanisms to document and share best practices among the different countries are also lacking. Experiences are mainly shared during the training workshops attended by the different national counterparts, through the newsletters and personal initiatives.

ASRO is working with some regional partners to be a source of technical support to the different countries of the region. Whether the identified regional partners are able to address prevailing needs among the regional countries is subject to a more structured countries' need assessment to be undertaken by ASRO. Capacity building of CO staff members is also essential to sustain the CB initiatives results. ASRO conducted many CB activities at the management and technical level but no structured plan is available at this level to ensure the comprehensiveness and adequacy of related interventions.

The availability of an operational roaster of experts is required and when fully operational will contribute to the sustainability of the CB initiatives results. ASRO succeeded to some extent in promoting ownership of the achieved results among different countries. Examples of ownership of results include the survey conducted in Somalia, the RHCS strategies developed in the three noted countries, the adoption of the acquired knowledge and skills through ASRO CB interventions in areas of work that does not relate to the work of UNFPA as revealed by the Ministry of Health Officials in Jordan and Djibouti.

3.3   Advocacy

Introduction

A short, general definition of advocacy is given in the *Oxford English Dictionary* as *"... pleading in support, supporting or speaking in favour of (someone, a cause or policy)...".* Advocacy can therefore take many forms, however its aim is always to prompt an action by some party to benefit another. The identification of the advocate, the beneficiary group and the target of the advocacy is dependent upon the advocacy issue in question. Public advocacy refers to the process of seeking to affect a change in public opinion or attitude and through doing so to prompt a change in behaviour that will bring benefits for a community or group[8]. The Advocacy involves specific, short-term activities to reach a long-term vision.

The regional programme has employed capacity development; evidence-based advocacy, policy dialogue; and building partnerships as its main inter-related strategies to address and respond to the challenges identified in the region. The regional programme has built on its previous achievements and partnerships with the parliamentarians and ministers of health and finance to use the results of research to

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[8] The Centre for Development and Population Activities "CEDPA": Cairo, Beijing and Beyond: A Handbook on Advocacy for Women Leaders (1995).

influence resource allocation to reproductive health and gender budgeting and to influence legislative change.

The regional programme has provided technical support to regional and national partners to conduct advocacy campaigns to enhance public and policy awareness of SRH rights of vulnerable groups such as migrant workers, internally displaced and sex workers and youth. Further, it has developed and supported partnerships among NGOs working with young people to increase their demand for reproductive health services and to facilitate experience sharing and support. For example Y-PEER Egypt has achieved a remarkable level of organisational capacity within a short period of time. It has developed a solid national network of 32 NGOs that comprise an extensive network of volunteers with experience in project planning, implementation and management, youth education and empowerment and volunteer capacity. Through advocacy a growing awareness of SRH rights and health rights in general, equipped with leadership and communication skills, they have empowered young people to lobby for improved SRH services and education. Another example is the continued ASRO partnership with the Centre for Arab Women for Training and Research (CAWTAR) on advocacy for women's rights.

Building on the important role of the regional media and within a comprehensive regional communication strategy, the programme has raised awareness of key population challenges in the Arab region, including the reproductive rights of vulnerable groups as well as issues concerning gender based violence (GBV).

Relevance

A review of the advocacy interventions in the regional programme (RP) has shown that there were established criteria governing the selection of advocacy workshop participants. One example that illustrates this is where participants have been required to bring with them sufficient data on specific issues related to sexual and reproductive health (SRH) to actively participate during the workshop and develop advocacy materials. This demonstrates the importance of putting a condition such as availability of data from the target country before the workshop which increases its effectiveness through enabling the participants to apply the learning experience gained during the workshop in a real case and prepare an action plan after the workshop. [12]

While the availability of adequate data is an important criterion in the selection of advocacy topics, there are other criteria of equal merit, including; the number of individuals affected by the issue; the importance of the issue in its potential to impact on population and reproductive health; the linkage between the issue and ASRO's mission and mandate; the linkage between the issue and national population and development objectives; the extent that the issue is amenable to an advocacy intervention; the potential for the issue to mobilize a large number of interested partners and stakeholders. [12]

ASRO has played an active role in coordinating with the UN agencies and regional partners in the area of ICPD[vii]. One illustration of this involves several initiatives in 2012 that were undertaken to strengthen inter-linkages between population dynamics and the needs of young people under the umbrella of ICPD. ASRO continued to work with regional partners and national entities, through COs, to ensure proper reflection of the UNFPA mandate in national and sectoral plans. ASRO supported the regional inter-agency programme on international migration surveys in Mediterranean countries in collaboration with ESCWA, EU, ILO, IOM, LAS, UNHCR and World Bank. [12]

According to the Multilateral Organization Performance Assessment Network (MOPAN) assessment UNFPA's strengths in relationship management lie in its support for national plans and strategies and its contributions to policy dialogue.[9] ASRO conducted three regional workshops with the aim of building the capacity of COs and POs to package and communicate research findings to policy-makers. This resulted in the formulation of policy briefs and presentations that provide evidence to policy makers to support reproductive health (RH) programs in Djibouti, Egypt, Iraq, Jordan, Morocco, OPT, Somalia, Sudan and Yemen. A policy paper that documents best practices and policy challenges including addressing unmet need for family planning (FP) in the region was also prepared and disseminated to all the countries. [12]

Efficiency

An advocacy strategy is a combination of approaches, techniques and messages by which the planner seeks to achieve the advocacy goals and objectives. Key steps for strategy formulation include: Identification and analysis of advocacy issues; Identification and analysis of stakeholders; formulation of measurable objectives; developing core advocacy messages; developing the strategy (approaches, techniques, messages and materials); developing an advocacy action plan; and planning monitoring and evaluation.

ASROs principal strategy for advocacy is to improve communication skills and tools for the target country participants. The development of communication skills and tools is one major component of the advocacy strategy and process, nonetheless, it is more important to equip the participants with all components of the advocacy process and build their capacity in the advocacy cycle in order to enable them to replicate the same experience with other issues. The interviews with the advocacy workshop participants indicate their need to better understand the advocacy cycle and related steps such as: how to identify advocacy issues, relationship between different stakeholders while implementing advocacy campaign, how to build constituency, and monitor and evaluate the impact of the advocacy campaign. [12]

The design of the advocacy workshop relied mainly on the government officials to prepare policy briefs to be presented to the decision maker in order to improve the

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[9] MOPAN Common Approach, United Nations Population Fund (UNFPA) 2010 January 2011 available at (www.mopanonline.org), p.viii

policy making process in the area of UNFPA mandate. However, there is a need to broaden the scope of advocacy stakeholders' involvement in the advocacy process. It is understandable that the existing context may not be ideal for practicing advocacy, especially in those country that witness political instability, however, drawing the attention of different stakeholders such as civil societies to the importance of their role in marinating advocacy as strategy to change the policy will be important. [12]

Most of the advocacy activities relied on the local resources through using the available data to develop the policy brief. In addition, participants use their local resources to carry on the orientation session for other colleagues from the same organizations. [12] At the end of the advocacy workshop each group developed an action plan to further develop the draft policy brief and how to communicate it to the policy makers in their countries. The action plans were discussed with others and improved based on the feedback. [12]

Effectiveness

The interviews with advocacy workshop participants provide an indication that participants acquired knowledge and skills concerning advocacy communication and how to prepare and present policy briefs. There is still a need for a further strengthening of participants understanding of holistic approaches to advocacy indicating the need for further follow-up work in CB. The review of the documents did not show pre- and post-assessment of knowledge and skills. It is recommended to have an organizational assessment of the target organizations before and after involvement in the advocacy activities to assess the extent the interventions have impact on them. [12]

The Regional Program Action Plan (RPAP) emphasized the need to conduct an evaluation of the awareness raising and demand creation initiatives and their impact on knowledge and behaviour change among their target audience. Review of the Y-PEER Evaluation reports[viii] indicates that an evaluation has been conducted to assess the Y-Peer contribution in the area of advocacy. The evaluation reports analyzed the advocacy strategies that employed by Y-Peer and examined its relationship with other components, in particular SRH and stated that, *"It is difficult to completely separate the work of Y-PEER from that of the UNFPA's previous and current reproductive health programs."* However, there appears to have been no systematic evaluation of the advocacy activities conducted in the area of SRH. It is crucial to conduct such an evaluation in order to ensure that the advocacy strategy leads to achieving ASRO's objectives, and to identify lesson learned leading directly to a revised action plan. [12]

Most of the advocacy workshop participants received technical assistance and follow-up sessions after the workshop from the ASRO advisor and Country Office staff to enable them to complete their policy briefs and present them to decision makers. Despite these commendable initiatives, there remains the need to a systematic follow–up in order to institutionalize the effect of the advocacy concept within the target organization. This requires greater cooperation between ASRO and country offices in the follow-up process and providing technical assistance to the target organizations in this regard.

Most of interviewed country office staff members expressed the need to have a more advanced training course on the issue of advocacy to be able to provide technical assistance to the target audience. In addition, there is a need for advocacy tools that they can use while working with partners. [12]

Some of the planned policy briefs are in draft form, in the process of being finalized (Sudan, Yemen, Somaliland, and Egypt). Morocco printed its policy brief, while Iraq and Palestine are in the process of initiating their first drafts. Although most of the policy briefs are still being finalized, in some countries, for example in Hargeisa, Somalia, the advocacy groups have already discussed their policy briefs with the decision makers. [12]

Sustainability

Many of the advocacy workshop participants stated that they replicate the experience of developing policy briefs, and they start to use it as a means to assist policy maker in developing some other policy briefs. An example which illustrates this is the Ministry of Health in Djibouti which used the same experience to develop policy briefs for other advocacy issues. However, the review of the documents did not reveal the existence of a systematic plan to assist the workshop participants to institutionalize the policy brief process within the organization. [12]

ASRO mainly used the policy briefs and workshop report as the main documentation mechanism of the policy workshop. There is no systematic documentation of the advocacy process that reflects the progress either with participants or their organizations. There is a need to document the advocacy process and best practices in order to maintain the ASRO institutional memory and to trace the impact of the advocacy.

Even though the ASRO documents did not include a sustainability strategy, the interviews with advocacy target group indicate that participants have taken some measures to transfer the acquired knowledge and skills pertinent to the advocacy process to their organizations such as: conducting learning sessions with other colleagues in order to transfer knowledge to them, conducting sessions with policy makers in their organizations and convincing them of the importance of using policy briefs, replicating the experience with other advocacy issues. [12]

Most of the participants in the advocacy workshop confirmed the value of the workshop in developing and promoting communication and networking with other colleagues from other sectors. Since most of the policy briefs are still to be finalized this makes it challenging to identify to what extent the advocacy activities have created an enabling environment. However, the indications from interviewed participants point to the potentially positive impact of the policy briefs as valuable tools for presentation and discussion with decision makers. [12]

3.4   Research

Relevance

The review of the research activities indicated that the selection of the research issues was based on the country priorities; consultation with country offices and partners; and coordination with UN and development agencies such as League of Arab States (LAS). Most of the research topics selected are related to the ICPD agenda and target directly some challenge faced by the country offices such as fertility stagnation. Examples of research topics are Youth; Maternal health; Ageing; Fertility stagnation; and GBV in humanitarian settings.

COs indicated that there is an increased demand for the ASRO advisors to provide technical assistance to either COs or governmental partners. Meanwhile, there is a concern related to the delay in response to the technical assistance requests as a result of lack of ASRO human resource capacity. ASRO team believes that the major problem with provision of timely TA is inadequate planning and lack of clarity when submitting TA requests on the part of the CO. Most of the ASRO research activities are still to be finalized, including those on ageing and maternity health; and therefore it is too early to assess whether the research findings will be used to advocate for policy in relation to the ICPD countries [13-14]

Efficiency

ASRO in coordination with PAPFAM and AUC created a solid base for research. The Social Research Centre at the AUC provided training and technical assistance to researchers and Government officials working in population/health, and researchers in Egypt, Syria and Jordan, and PAPFAM developed the needed tools and guidelines for data collection and designing questionnaires. The technical assistance assisted each country to adapt the tools to the context of each country situation.

Some of the governmental partners expressed their need for a different approach to build their capacities in areas of the ICPD agenda such as the need to have a long-term consultant to be based at a concerned ministry in order to share experience with its staff by using on-the- job training. There is a need to give more attention to the process of building the capacity of the national universities and research centres instead of just using individual researchers from the target countries. An example which illustrates this is the twinning arrangement initiated by Iraq CO between CAPMAS in Egypt and statistical bureau in Iraq. While it is important to consider the cost effectiveness of the twinning experience, nonetheless, taking into consideration the situation in the Arab region in particular Iraq and Egypt, the team consider that the experience could be used as a pilot will be used in future [13-14]

Effectiveness

Most of the individuals who participated in research activities benefited from the training sessions and used the experience acquired in conducting other research activities such as questionnaire design. It is a challenge to the evaluation team to identify to what extent the research results are used to support the advocacy activities as there is no evidence in this regard.

Sustainability

The Regional Program Action Plan (2008-11) envisaged that, "*The programme will strengthen partnerships with research institutions and think tanks, and build their capacities to produce quality operational research and policy documents and position papers to respond to regional and national priorities in population, RHR, and gender in the region. The identified institutions and think tanks are expected to lead in this process and provide capacity building to national institutions in order to strengthen national capacities in policy dialogue and advocacy. Centres of excellence will be especially instrumental in addressing the general shortage of skilled demographers and population experts in the region as well as centres working with young people".* This vision has yet to be realized within the regional programme and there is a need for greater focus on building the capacity of national research centres. There is a need to return to the foundations of this strategy in developing a comprehensive capacity building plan for the national partners. [13-14]

3.5   Partnerships

Relevance

Johnson & Scholes (1999) define the stakeholders as an "Individuals or groups who depend on the organisation to fulfil their own goals and on whom, in turn, the organisation depends". In fact organizations are dedicated to carry stakeholders mapping and analysis in order to understand the socio/economic/political context; identify potential strategies; identify the orientation of different stakeholders; establish socio/economic and political priorities and trends; identifies the relationship that needs to be established with the various groups of stakeholders; and Identifies key blockers & facilitators of change.[10]

The evaluation revealed the absence of a systematic stakeholder analysis even though the Regional Programme Action Plan (2008-11) emphasized the importance of "*strengthening partnerships and expanding beyond the traditional partners with policy makers and opinion leaders, especially regional parliamentarian forums; faith-based and inter-governmental organizations, civil society institutions, regional media, and academic*

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[10] Johnson, G., Scholes, K. 1999. Exploring Corporate Strategy. Hemel Hempstead: Prentice Hall Europe

centres as a means to informed advocacy, awareness raising, and knowledge building". Further "*the programme will start with conducting a mapping of partners working in the area of PDS, RHR, and gender and will complement this with a more in-depth assessment of the identified potential partners. The programme will continuously scan and update its database of partners and potential partners in cooperation with the country office with the aim of increasing ownership of the ICPD and MDG agenda among a critical mass of partners in the region to ensure sustainability of population, RHR, and gender priorities in the region*".

In actuality, the selection of partners, such as Social Research Centre at AUC, and AUB, has relied upon the previous experience of the regional programme in identifying and working with partners with long-established relationships with the former country support team (CST) and geographic division, the two entities that preceded the regional organization. Technical Advisors were encouraged to search for new partners, with some results, but there was no comprehensive stakeholder analysis undertaken on which to build a partnerships strategy. It is crucial for ASRO to distinguish between different types of partners and to identify the conceptual framework to work with each of them. For example working with implementing partners such as AUC and CAWTAR, may need a different approach than working with governmental department or ministries or even universities and research centres.

ASRO does have a tool for assessing the capacity of organizations and then for selecting entities to become Implementing Partners, although the tool did not appear to be fully utilised at this time. The team found one example of the use of the tool with the Centre of Arab Women for Training and Research (CAWTAR). Although it was the intention to develop a capacity building plan based on the findings of the assessment, the process ended with the assessment report. There is no data base of the partners and their classification, although review of the documents reveals that there are active implementing partners, and national partners which involved in ASRO activities. [15]

Efficiency

The selection of the regional implementing partners was mainly conducted by ASRO with consultation with the COs. However, it is likely that conducting a stakeholder mapping in a coordinated efforts with the COs will lead to the identification of new implementing partners. In the case of selection of national partners for participation in training activities, there is full coordination and cooperation between ASRO and COs. The coordination was done through the adoption of a nomination process and in some cases through follow-up after the ASRO regional events. There is at the minimum a memorandum of understanding and in some cases a more formal contractual agreement between ASRO and RP partner organizations. [15]

Effectiveness

Interviews with some implementing partners (AUC, AUB, and PAPFAM) and national partners (Ministries) indicate that they are well aware of the overall goal of their partnership with ASRO and that they are willing to maintain this partnership. Nonetheless, some of the implementing partners felt that the present year-by-year contracts in operation did not provide them with the ideal opportunity to make long-term strategic commitments. They suggested that have a commitment with a long-term time horizon would be more conducive in assisting them better plan for the future. [16]

The COs play a major role in facilitating the relationship among different national partners within the same country. In most cases the CO facilitates meetings amongst national partners to finalize tasks after regional events, examples being those of developing policy briefs and conducting operational research and surveys. [15]

Implementing partners' emphasize the importance of continuing their association with ASRO, particularly given the new developments and changing political and social environment in the region. Respondents from the different ministries and governmental bodies interviewed confirmed their organization's commitment to continue to allocate funds to support the ICPD agenda. [16]

Sustainability

There is no systematic capacity building plan for partner organizations based on needs identification. In most cases the capacity building activities centre on individuals and not organizations and this creates a risk in building sustainability and in development of a clear phase-out strategy. ASRO needs to build a comprehensive approach to capacity building. [16]

There is no evidence in the documentation of best practice in the area of partnership, and accordingly it is challenging to identify to what extent partners are ready to phase out from ASRO support or whether they have the capacity to continue with the ICPD agenda independently. [15]

There is coordination between ASRO and COs to enhance the partnership at the regional and country levels. Nonetheless, there is a need to clarify the role of ASRO and COs in this regard as some county offices indicated that in some cases regional partners contact national partners to organize activities without coordinating with the CO. [15]

3.6   RP Management

Background

The issue of building capacity of institutions and not just of individuals has been a recurring one. In the Regional Programme Action Plan (RPAP) document there is discussion about exploring new partnerships and further institutionalizing interventions:

"One of the constraints faced by the 2004-2007 programme was the difficulty in institutionalising interventions in reproductive health and rights in the absence of strong regional partners in this field. It is therefore important for the sustainability of the new regional programme to explore early on, new partnerships in reproductive health and rights and build their capacities as centres of excellence in the region." (RPAP parag. 32, pg. 11)

The issue also was raised during the Mid-term review and by the Regional External Advisory Panel (REAP):[11]

"...in order to go beyond ongoing conventional partners, it is important to develop common areas of interest and to design joint projects with clear ... objectives and target audiences. ...collaboration should be widened to include all parties that are contributing to the activities that coincide with the overall scope of UNFPA activities." (ASRO MTR, section. 7.3 pg. 31)

"Sharing a roster of individuals does not look like the best modality because without the institution's support, backing and quality assurance of TA provided; accountability and sustainability may be at question." (Report of Regional Programme Mid-Term Review and Partnerships meeting, 16-17 June, 2010 pg. 13)

"ASRO needs to do a mapping of centres of excellence and place institutions and not individuals on their roster [to] help them to identify experts to provide TA and venues for training." (Minutes of session by the REAP at the Partnership meeting)

Relevance

Country Offices (COs) report an overall positive level of satisfaction with the support they receive from ASRO. The Country Office Annual Reports (COARs) for 2009-2012 indicate a rising trend of satisfaction with the percentage of E+G[12] ratings rising by 21% for relevance, 29% for quality, 21% for timeliness and 23% for impact on quality of the country programme over the period 2009 to 2012 (Annex VI). In support of this finding, responses to the email questionnaire sent to CO Managers during the course of the evaluation indicate a generally positive rating of the Regional Office (RO) capacity building initiatives and the same for their efforts in advocacy and research, as well as strategic positioning.[24] There is lesser satisfaction with the ROs partnership strategy, and mixed reviews for certain aspects of regional programme (RP) management, with a negative perception of RP leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health (Annex V). [18]

ASRO is evidently making its contribution to UNFPA's global strategic plan as evidenced by the breakdown of the global Development Results Framework (DRF)

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[11] consisting of three eminent figures in the region Dr Huda Rashad (AUC), Dr Huda Zoreyek (AUB) and Dr Gamal Serour (FIGO President and Chair)

[12] Excellent and Good ratings combined as representing a positive level of satisfaction with services provided

performance values for the 14 countries of the region[13]. Djibouti, Sudan, Somalia and Yemen figure prominently among the region's countries when ranked by number and types of contributions to achieving development results targets (Annex VII). This implies not merely a significant development need of this subgroup of countries, with discriminately higher levels of maternal mortality compared to the other countries in the Arab States region (Figure 1), but also a level of focused particular assistance to these countries commensurate with their specific needs.

The current mechanism to identify COs technical assistance needs is to request TA needs from Country Offices by email and then incorporate these into the regional plan. This is then shared with the COs to obtain their comments and is further validated at the Regional Planning Meeting (RPM)[14]. The Regional Office (RO) may look to the other UNFPA regional organisations in their approach to identifying and prioritizing the TA needs of COs, and this may form part of the planned comparative review of the five ROs which is being planned for this year.

ASRO has been heavily involved in support to the common country assessment (CCA) process and development of the common UN development assistance frameworks (UNDAFs) in the countries around the region, including Syria, Egypt and Iraq. COs have been provided with strategic guidance on CCA/UNDAF as required and the Regional Director and Deputy Regional Director have actively promoted ASRO involvement in the CCA/UNDAF processes in countries around the region. Table 3 provides an indication of country support to not only the CCA/UNDAF processes, which are periodic in nature, but in UNFPA CP formulation and implementation. [22]

Table 3: CO support from RO on CCA/UNDAF
Country programme formulation and implementation

Country	2010	2011	2012
Algeria	✓	✓	✓
Djibouti		✓	✓
Egypt	✓		
Iraq	✓	✓	✓
Jordan		✓	✓
Lebanon			
Morocco	✓	✓	
Oman			
Palestine	✓		✓
Somalia	✓		
Sudan		✓	✓
Syria	✓		✓
Tunisia	✓		
Yemen	✓		

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[13] now 15 with the commencement of operations in Libya
[14] personal communication with the ASRO Deputy Regional Director

Efficiency

ASRO faced particular difficulties for an extended period of time during the programme cycle in operating from the two locations of UNFPA HQ in New York and a temporary regional office based firstly in offices rented at the World Food Programme regional office (WFP) and then latterly the World Health Office regional office (WHO EMRO) in Cairo.

While the Regional Director, RH Advisor, HIV/Aids and Youth Advisor and other key personnel remained in New York the Deputy Regional Director, PD Advisor, Security Advisor, Gender and Humanitarian Assistance Specialists and other professional staff operated from Cairo. The difficulties this created were well recognized and acknowledged by both ASRO management and HQ management. In the 2009 ROAR particular mention was made of the split affecting coordination and information sharing among programme advisers and specialists.

There was considerable uncertainty over the permanent establishment of the RO in Cairo owing to the intransigence of the Egyptian Government. This affected both morale and longer-term planning of operations, until finally an agreement was made with the Government and the regional office became properly established as a permanent office based in Cairo. Ironically, when the Regional Director and other HQ-based RO personnel transferred to Cairo there was almost immediately further disruption of the office with the evacuation of the majority of personnel to New York during the month of February, 2011. One expectation was that travel costs would be reduced by the permanent establishment of the regional office in Cairo. There was an 80% reduction in travel costs from 2010 to 2011 but then a return to 2010 levels in 2012. There are many issues to be considered including changing staffing levels which prevent any conclusive statements being made (Annex XIX).

COs report their satisfaction with direct TA and trainings provided by the RO, and this is reflected in face-to-face interviews, in responses to the email questionnaire to CO managers, and in the Country Office Annual Reports (COARs). COs have expressed some dissatisfaction with the responsiveness and ability of the regional office to identify and broker their TA demands. One example from Annex VI on page 111 well illustrates this:

> *"... the regional office has provided adequate and timely support. There is the problem of TA in French language medium and the difficulty of finding experts for specialized requirements"*
>
> *Morocco COAR 2010 (abridged and translated version)*

ASRO has not always managed to maintain a full complement of personnel. Long-term interim vacancies following staff turnover include Communications, Policy and Monitoring and Evaluation advisor positions. Recruitment of positions since

establishment has also been protracted such as in the case of the Gender Advisor position, and the initial recruitment for the M&E position. The inevitable conclusion has to be that the HR function at UNFPA HQ is not operating efficiently or effectively in recruiting to adequately fill vacancies.[15] Nevertheless, some positions have now been successfully filled including the Policy and Gender advisors and the vacancy rate for ASRO when compared to the benchmark statistic for the organizational overall is no worse than the 'norm'[ix]. The 2012 regional office annual report stated that ASRO completed recruitment for 12 posts with key support posts being filled, which suggests considerable improvement over past years.

The Regional Programme is awash with performance indicators but this does not reflect an orientation to operational results-based management. Regional Programme design, implementation, monitoring and evaluation still betray a strong orientation towards activity-based management rather than results-based management. The RPAP has around 30 performance indicators[16] but 70% (Annex XV on page 155) are designated as TBD and only 30% have any baseline and target values. Few if any are being followed operationally. The regional office annual reports (ROARs) provide narrative information concerning achievements, but little of the narrative relates specifically to the operational 'planning and tracking tool' which is the building block of UNFPAs monitoring and evaluation system for both country and regional offices. [20]

In the original ASRO organizational structure technical and programmatic functions are integrated (Figure 3). Technical Advisors have programmatic as well as technical responsibilities and as such they are TA and programme managers and not simply direct service providers of TA.

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[15] The Mid-term review of the UNFPA strategic plan, 2008-2013 Report of the Executive Director pg. 11
   "Although some aspects of the hiring process have accelerated in recent years, the organization still had a vacancy rate of 17 per cent in 2010, meaning that one in six posts is vacant."
[16] There are 27 recorded in the RPAP but Output 1.2.1 appears to be missing, hence the estimate of 30 indicators. The issue is moot since very few if any are being actively tracked by ASRO as part of a results-based management strategy

Figure 3: ASRO Organizational Structure in the RPAP
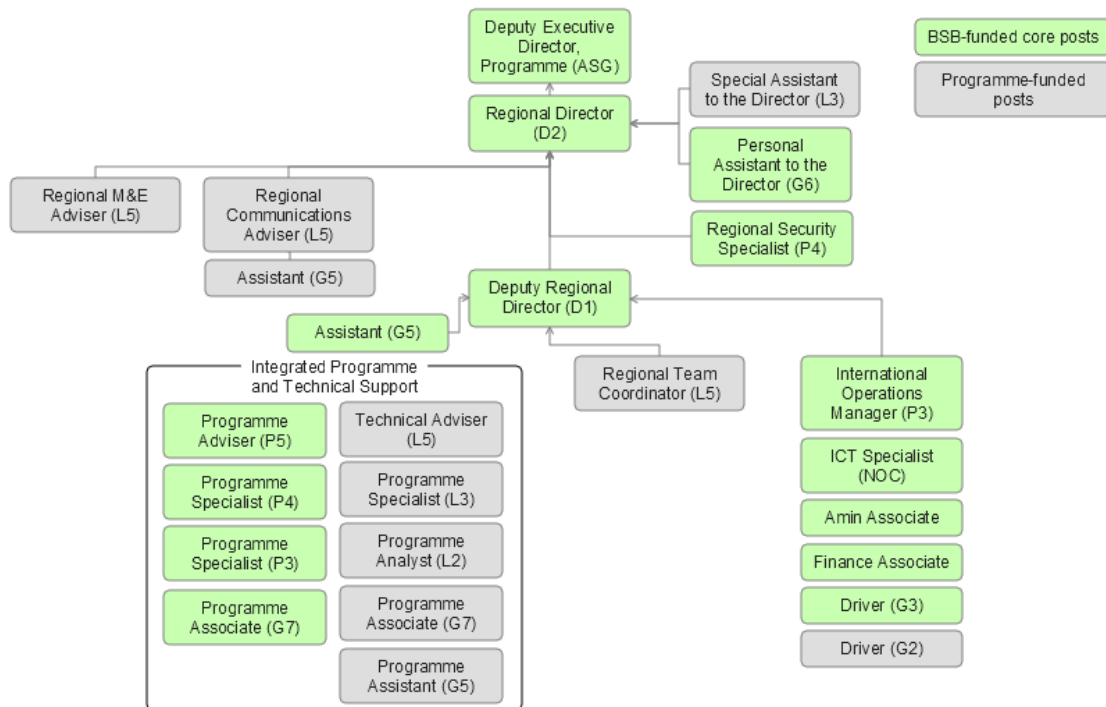
The position of regional team coordinator was established to support in this process of integration of roles, and coordination of technical and programmatic functions. The position within ASRO was abolished early on and any responsibilities under this position have been assumed by the Deputy Regional Director (DRD). This puts considerable pressure on the DRD to manage advisors, act as Regional Director (RD) in the absence of the RD, and fulfil other engagements including attending global meetings and travel around the region as required. [19]

Technical Advisors in addition to their specific technical areas of responsibility and expertise have programmatic responsibilities. This is considered to be operationally feasible, based on the logic that CO personnel very often have these dual responsibilities. This is not usually the case with headquarters personnel however and where there is a clear delineation of responsibilities between the Programme and Technical Divisions.

ASRO technical assistance personnel are assigned as country focal points, which effectively makes them country desk offices, no matter their technical specializations. There are in practice few generalists within the office, and fewer with management responsibilities or a background in management of programmes[x]. Both RD and DRD positions are manned by individuals (both current and past) with operational experience as CO Representatives. This provides invaluable experience for mentoring in country programme development and implementation, but these individuals have multiple responsibilities and are not always available to provide in-depth technical support in programmatic management to COs and do so only as time and opportunity permit in

their schedules, and particularly where there are acute problems requiring RO intervention.

There is considerable evidence of RO management providing feedback on country performance to COs. ASRO assigns CO Reps for some of the countries as Country Managers for those countries who do not have a CO Rep as an officer-in-charge. This serves to provide an umbrella of protection for OICs who are nationals of the countries they manage. In some cases where no CO Rep is available to be assigned to provide oversight of another country, the ASRO RD or DRD have taken on this role directly. There are instances where ASRO management has initiated ASRO and specific CO team meetings to review a CO programme and problem-solve thorny issues. Examples of this more intensive 'one-to-one' initiative include Somalia, Djibouti and Syria. [17]

The recommendation which follows and is discussed in later sections is for a programme support unit (PSU) to be established within the RO, staffed by programme generalists with previous management experience of implementing country programmes (CPs). This should be treated as a specialist technical role in itself. Suitable candidates for staffing of the PSU might include former Assistant Representatives of COs from around the region who have distinguished themselves in their effective results based management of country operations. This unit would take on responsibility for supporting COs with country programme development and designing country programme documents (CPDs).

Effectiveness

If regional office technical assistance is directed towards output achievement reflecting the new management and development results framework outputs, then this suggests that there will be greater integration of the pillars of SRH, PD and gender supported by humanitarian assistance work and initiatives for youth and reduction of HIV. The Deputy Regional Director (DRD) informed the evaluation team that while she recognizes the previous tendency of technical personnel to work in 'silos' this is now being mitigated by a strategy that integrates work plans focusing on common objectives and achievement of outputs rather than activities. [19]

The Regional Office (RO) orientation has been skewed more towards activity management rather than results management and this is acknowledged by the RDD and is being addressed through greater emphasis on linking individual performance appraisal and development (PAD) documents to the management results framework of UNFPA detailed in the RO Office Management Plan (OMP). While the OMP has been previously viewed as an instrument which is *"HQ-driven"* there is now an attempt to use the OMP as a tool for internal management of the RO. This initiative is commendable and its effects should be closely monitored as a potential model for other operating units within UNFPA. [20]

Country Offices (COs) rate ASRO technical assistance (TA) in their Country Office Annual Reports (COARs) in terms of four criteria: relevance, quality, and timeliness of

support provided and their perception of the impact of the TA on their country programme. [17]

End of country programme cycle evaluations are now mandated for UNFPA COs and CP evaluations were carried out in Syria, Tunisia, Egypt, Algeria, Morocco and Yemen in 2010 and in Djibouti, Jordan and Sudan in 2011. A procedure for assessing evaluation quality has been established at UNFPA headquarters within the Division of Oversight Services (DOS). Of those that have already been reviewed under the evaluation quality assessment (EQA) process, none have received a satisfactory rating [17]. One of the enabling and critical factors for a 'good' evaluation [18] to be undertaken is the existence of a performance monitoring system that provides for continuous gathering of performance data for the country programme and involving partner organizations. This issue has been addressed in 2012 through the provision of a training workshop in performance monitoring, attended by the Director of the Programme Division.

Sustainability

ASRO management responsibilities include the effective identification and brokering of technical assistance within the region. Long-term sustainability of provision of technical assistance lies in the strengthening of regional partner organizations and institutions with developed capacity to provide technical assistance as and when required. A comprehensive stakeholder mapping exercise and a capacity building strategy that ensures systematic and long-term involvement with partner organizations and implementing partners will build this sustainable capacity for provision of technical assistance.

One of the benefits of regional workshops expressed by participants is the opportunity to share experiences with and learn from the experiences of other countries which face similar challenges. Once lines of communication have been established between individuals and perhaps even organizations then knowledge sharing platforms enable the process of information sharing to continue. The 'Fusion' platform for knowledge sharing appears to be underutilized by CO personnel interviewed and efforts to promote it and other platforms such as the use of public networks such as Facebook are therefore indicated.

3.7 Strategic Alignment

The Regional Programme is well aligned with the global UNFPA Strategic Plan as evidenced by the review of ASRO Action Plan in November 2011 by external [xi] assessors who stated that:

> *"All outputs are directly linked and contribute to from the SP results framework"*

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[17] there are four ratings 'unsatisfactory', 'poor', 'good' and 'very good' and a satisfactory rating would be either good or very good.
[18] along with competent and experienced evaluators

The information provided in Annex VII assessing the contribution of ASRO to the Development Results Framework indicators of the global strategic plan provides further indication of the direct linkages between the regional programme and the global strategic plan. [21]

The Regional External Advisory Panel (REAP) advised the RO not to spread its efforts too thinly, but instead to focus. One of the justifications for this is quoted below from their presentation at the Partnerships meeting in June 2010:

> *"ASRO is operating in a much more complex and crowded world. The old days are no longer with us. In this new climate, organizations have to ask themselves what it is that they can call their own...Where are you bringing something different from the others who are contributing in these areas. What is the first specificity of UNFPA?....In SRH there are many competitors, WHO for example, so what you are bringing to SRH is your unique approach and you need to carefully emphasize this. You need to make sure that gender is integrated into SRH. You cannot afford to work in isolation thematically. "xii*

The former Director of Division of Oversight Services (DOS) emphasized this with a graphic example whereby he changed country names on a series of CPDs and gave them to staff to appraise, only to find that none were able to identify any anomalies or to uncover the subterfuge. This demonstrated that CPDs had been developed in a 'boilerplate' or formulaic manner based on a preset 'menu' which involved a sprinkling of RH, PDS, Gender, HA, Youth and HIV/AIDs.

There were two salient points which arose from this analysis. The first was that CPDs should be primarily based on the unique needs of the country and add support to the national strategic plan of that country as well as the UN common development assistance framework (UNDAF). The second was that proliferation of mandate for each country should be avoided whereby every country, however small the investment of effort, should have interventions in all of the areas irrespective of particular and specific need.

The tendency for this practice to continue despite the signals provided by both headquarters and regional office management reflects either inertia on the part of the organizationxiii or forces which run contrary to focus and concentration of effort including the existing complement of technical specialists in any country office and the notion that by not being involved in an area of intervention UNFPA might lose its influence and authority to other agencies in the UN family.

To improve the strategic focus of the organization, the global strategic plan mid-term review (MTR) re-examined the division of the Development Results Framework (DRF) into three focus areas. They also considered "the most critical target audiences for UNFPA work"[19] and what ensued was a more integrated perspective of UNFPAs unique

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[19] pg. 12 of the UNFPA Global mid-term review (MTR) of 26th July 2011

mandate, with the focus of attention firmly placed on MDG5 A and B[20], and accelerating the ICPD agenda, to improve the lives of women and young people, including adolescents. All of the signs are that the RO is following with this reorientation and integration of efforts at the regional level. [21]

3.8   Summary of ASRO Achievements and Challenges

The evidence suggests that ASRO regionalization has enabled closer interaction and a more effective response to the needs of both country offices and partner organizations. Having a presence within the region has also enabled closer coordination with other UN regional organizations, as evidenced by the active participation of UNFPA in various interagency fora including the regional and deputy regional director teams, and other inter-agency groups such as the Regional Inter Agency Working Group on Reproductive Health in crisis. ASRO has played an effective role in supporting the CCA/UNDAF processes in countries within the region, including taking the lead in the peer support group for quality assurance and support.

ASRO management has worked to improve integration of the thematic areas through fielding joint missions of regional technical advisors in team-based country support initiatives. Other initiatives aimed at greater integration of thematic areas has included the focus the holistic needs of humanitarian assistance both in preparedness and in reacting to immediate needs following humanitarian crises. RO management has taken the lead in promoting greater integration as prescribed in the amended global strategic plan.

There has been an emphasis on both monitoring and evaluation and accountability at regional and country levels, and notably with a renewed focus on integrating OMPs, COARs and ROARs and the PADs into a unified system. The RO has responded to the requirement for all COs to conduct country programme evaluations (CPEs) in the penultimate year of their programme cycles, and all countries have undertaken CPEs as required, including Syria, Tunisia, Egypt, Morocco, Yemen, Djibouti, Jordan and Sudan.

The RO has worked closely with long-standing partners such as CAWTAR, LAS, AUB, INAS and AUC and forged new partnerships with organizations including Oxfam and Danish Church Aid. ASRO conducted a partnership meeting in Cairo in 2010 to improve partners understanding with UNFPA and its modalities of operation. One innovative activity of note has been the partnership of Youth Peer Education Network (YPEER) with the retail outlet H&M who provided a grant in support of regional and national activities across the region.

The RO has actively promoted South-South cooperation through various initiatives including assistance to Iraq CO from various other COs and POs, and in the

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[20] 5A: Reduce the maternal mortality ratio by three quarters between 1990 and 2015 5B: Achieve universal access to reproductive health by 2015

development of YPEER networks across the region. Detail assignments with short- to medium-term secondment of personnel from one UNFPA country office to another CO has been an effective way of bolstering staff complements when needed, while at the same time affording national staff from one country with the opportunity to share their skills and expertise with other COs, and gain exposure to other country environments.

ASRO has provided opportunities for COs and POs from countries around the region to attend fora where best practices are identified and showcased, thereby enabling lessons to be learned which can be applied by participants back in their home countries. One example of this is the training of trainers of reproductive health coordinators on the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Crises. Through its assigned CO focal points ASRO has provided support to the preparation, finalization and approval of country programme documents for COs in the region. COs have expressed appreciation for the RO support provided, while some have acknowledged that assigning technical specialists as focal points to attend to general country programme issues has not always proven to be effective.

ASRO has undoubtedly experienced problems with recruitment both for new positions as well as vacancies created by staff turnover. This includes positions such as monitoring and evaluation, resource mobilization and communications among others. Second and even third readvertisements for positions, and periods in excess of one year to fill positions is not uncommon. Some positions are overburdened, such as the humanitarian assistance portfolio but without obvious initiatives to work towards deploying additional personnel to satisfy the increased workload. Delays in recruitment are not confined to the RO but are also endemic in COs also, which has a knock-on effect to the RO which invariably has to shoulder some of the burden of inadequate staffing of key positions at the country level.

The uncertainties surrounding the delay in signing of the RO host country agreement meant that national support staff could not be fully recruited, leaving technical specialists to rely upon temporary staff, or support from the Egypt CO, or their own efforts. Operating from two locations for an extended period affected coordination of activities and when the two operations came together finally there was further disruption following the events of the Arab Spring in Egypt. This further exacerbated the HR problems and resulted in operations staff joining as late as September 2011.

While RO management has taken pains to adopt new technical assistance (TA) modalities of regional technical advisors becoming the 'brokers' and not the direct providers of TA, nevertheless there has been a high demand for direct TA of some of the specialists, particularly in RH, PD and HA. This has inevitably put a strain on personnel in working to satisfy numerous and sometimes competing demands for their time. Instability and relatively high levels of insecurity within the region have created challenges, but ASRO has been quick to respond to complex emergencies and humanitarian crises by deploying staff and mobilizing resources in a timely way.

Language issues for technical specialists particularly in francophone countries of the region continue to pose challenges for effective technical support and training. Where training is conducted in the French-language medium to francophone countries this is greatly appreciated by COs and POs.

4. Recommendations

4.1 Capacity Building

Training activities and events have often been pursued as an end in themselves. In reality they represent an intermediate output in a chain of results resulting in a final outcome of enhanced organizational capacity of UNFPA country offices (COs) and partner organizations (POs).

ASRO needs to invest more in developing a comprehensive strategic plan for capacity building of COs and POs across the region. This strategy will include the results from a full stakeholder mapping exercise and an in-depth CB needs assessment of all COs and POs. Included in the strategy will be an assessment of the achievements and challenges of South-South technical cooperation initiatives undertaken by both COs and the RO to-date

There will be a plan for an operational follow-up mechanism to assess and pursue the outcomes of CB initiatives on individual and organizational performance. There should be a clear delineation of roles and responsibilities of the COs and RO in implementation of the strategy. COs should actively participate in the selection of regional implementing partners (IPs).

Full operationalization of the roster of individuals and organizations certified as candidate providers of technical expertise in the region will be planned for within the strategic plan. Establishment of clear milestones and targets for CB enhancement will be included in the plan with an allocation for documentation and monitoring and evaluation of CB results at all levels in the results chain.

4.2 Advocacy

There is need to invest further effort in creating tools for and providing technical assistance to counterparts to further institutionalize advocacy processes in their organizations. More technical assistance is required to follow-up and assist partners to implement advocacy plans. There is a need to better clarify the concept and process of advocacy to counterparts. Further, there is a need for greater integration of PDS and RH in addressing advocacy issues.

4.3 Research

There is need for greater focus on building the capacity of national universities and research centres to ensure sustainability and ownership of these skills. Further, there is need for a greater link between research and advocacy.

4.4 Partnerships

There is need to go beyond the 'traditional' partners of ASRO and to better engage the country offices in the selection of local counterparts for regional programme initiatives.

The recommendations under 4.1 above apply with the further requirement for greater investment in the assessment of the capacity of existing partners in order to develop a phase-out or 'graduation' plan to ensure their sustainability in the future.

4.5   RP Management

It is recommended that ASRO management consider the establishment of a dedicated programme support unit (PSU) which takes on the responsibilities currently shared between the RD, DRD and technical advisors currently with assigned country focal point responsibilities. The office would be staffed by a team of country programme generalists with previous experience in CO management roles.

This would help to relieve pressure on TA advisors from responding to *ad hoc* requests and juggling demands upon their time. It would provide a greater lead-time for identification and contracting of external technical assistance for the COs. The Regional Office (RO) may look to the other UNFPA regional organisations in their approach to identifying and prioritizing the TA needs of COs, and this may form part of the planned comparative review of the five ROs which is being planned for this year.

A more systematic process for TA planning for COs between CO and RO is recommended. One strategy worthy of consideration might be to develop a more structured system for programming CO requests for technical assistance over a six-month period. The Regional Planning Meeting can be structured to include a process of COs presented their challenges and achievements and work plans, followed by a session where specific requirements are tabled and commitments made to provide brokered and direct provision of TA for agreed periods in the calendar.

The HR function of recruitment and replacement of international staff appears to be woefully lacking in efficiently identifying and recruiting personnel. The statement that there is a lack of competent professionals applying for vacant positions (ROAR 2012) is not accepted as a satisfactory explanation for the tardiness in recruiting vacant positions. While recognizing that there are signs of improvement in of-late with a significant increase in recruitment in 2012, nevertheless the recruitment process needs to be closely monitored by both the RO and HQ management, to prevent positions remaining vacant for periods in excess of one year which has been the norm over this programme cycle.[xiv]

4.6   Results Based Monitoring and Evaluation

Results Based Monitoring and Evaluation of ASRO and COs systems need to be operationally realised and harmonized with other RBM&E systems in the UNFPA family. RP and CP Tracking Tools all need to be revisited to ensure that no TBDs[21] are allowed on CPD submissions unless there is a signed agreement to complete all TBD baselines and targets within a 90-day period following Executive Board approval of the CPD.

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[21] =to be determined = a promise to complete, invariably remaining as a rolling promise ad infinitum

There is need for a strategy to ensure a better follow-up monitoring of the effects and impact of CB events, in close coordination with country offices. Further, there is need for additional investment in increasing the capabilities and commitments of counterparts to RBM&E.

4.7   Future Strategic Direction

There is need to continue to invest effort in further identifying, differentiating and focusing on the unique mandate of UNFPA within the region and at all costs avoiding greater proliferation of areas of intervention. Further concentration of effort on MDG5A and B with a particular concentration of effort in the cluster of Djibouti, Yemen, Sudan and Somalia is warranted in a holistic effort which involves support to RHR from all the focus areas, of PDS, Gender, youth and HIV and humanitarian assistance.

ANNEXES

Arab States Regional Office

EVALUATION

ARAB STATES REGIONAL PROGRAMME 2008 - 2012

*Terms of Reference for the Conduct of the Evaluation of the
Arab States Regional Programme 2008-2012*

United Nations Population Fund, Arab States Regional Office,

Cairo, Egypt

1. Introduction and Background

The UNFPA Global and Regional Programme 2008-2011 was approved by the Executive Board in January 2008 along with the Strategic Plan. After the Executive Board approval, the Arab States Regional Programme Action Plan (RPAP) was formulated and approved by the Programme Review Committee in 2008 for the four years.

The regional programme covers the three goal areas of the 2008-2011 Strategic Plan: Population and Development; Sexual and Reproductive Health and Rights; and Gender Equality and the Empowerment of Women. In line with the Strategic Plan 2008-2011, the Arab States Regional Programme aims to position UNFPA to make population, sexual and reproductive health and rights, and gender central to the development agenda at the regional, and national levels. One of the key objectives of the Regional Programme is to support UNFPA's work at the country level by developing capacity in policy and programme formulation, implementation, monitoring and evaluation to effectively deliver on internationally agreed upon goals including the ICPD and MDGs.

The Regional Programme complements and supports interventions at the country level, and endeavours to be advanced in placing emerging issues on the agenda of decision-makers, including governments and donors. The core strategies are: capacity development, advocacy, research and partnerships.

In June 2009, the UNFPA Executive Board extended the Strategic Plan (SP), and along with it the Global and Regional Programme (GRP), until 2013. As a result of a Mid-Term Review exercise, the Executive Board approved a revised Strategic Plan, which included a revision of the Development Results Framework and Management Results Framework. In 2010 the UNFPA Arab States regional office conducted the mid-term review (MTR) of the regional programme. It analyzed progress, lessons learned, and provided recommendations on the way forward for the period 2011-2013. This exercise was conducted in parallel with the Mid-term review of the UNFPA Strategic Plan and the development of the new business plan.

The evaluation of the Arab States Regional Programme is an important step towards the achievement of the regional programme objectives and the outcomes of the UNFPA Strategic Plan. It is an opportunity for the Arab States Regional Office (ASRO) to assess the implementation of the Regional Programme with a view to ensuring support for the Country Offices (COs) in the region, in order to substantially and substantively inform the next cycle of the Arab states regional programme 2014-2017. Furthermore, this evaluation will serve as a means of quality assurance for the regional programme technical and programme support strategy. It will contribute to learning and capacity development on programme designs, planning, monitoring and evaluation at corporate, regional and country levels.

2. Purpose of Evaluation
The overall purpose of this evaluation is to produce an evaluation report covering the period 2008 – 2012, to feed into the next Regional Programme. The evaluation will review and analyze Regional Programme achievements and challenges as well as related strategies over the period 2008-2012, how these contribute to the UNFPA Strategic Plan outcomes and country programmes.

The evaluation will be guided by the following specific objectives

- To determine the extent to which UNFPA regional programme objectives were met and the factors that facilitated or hampered achievements
- Identify good practices, lessons learned and challenges and provide recommendations in the light of the evidence
- Analyze the technical assistance modality and the quality assurance process provided during the implementation of the Regional Programme.
- Analyze Humanitarian and Emergency preparedness and response in the region and make recommendations to improve its efficiency and effectiveness.

3. Scope of the Evaluation

The evaluation is expected to take place over 3 months period, October-December 2012. The evaluation will cover the UNFPA Arab States Regional Programme from 2008 to 2012.

Evaluation Objectives and Key Questions

The evaluation will examine the achievements of results and identify challenges and strategies for future RP. The core set of criteria shown below will be applied in assessing the results (indicative evaluation questions identified below to be finalized during the evaluation Inception Report phase).

There are five main RP focus areas that will be examined with special emphasis on Youth and Reproductive Health programme areas. The key questions per focus area are as follows:

- **Capacity building (CB)**:
  - To what extent have capacity building initiatives focused on UNFPA's counterparts at country level been effective?
    - Have the initiatives targeted the appropriate institutions and/or individuals?
    - Was the knowledge and skill set offered by these initiatives appropriate?
    - To what extent did these initiatives contribute to the intended institutional improvement/change among national counterparts?
    - Have regional level CB initiatives complemented CB efforts by UNFPA or other partners at country level?
    - Given the limited resources available under the RP, are the CB modalities used the most appropriate in terms contributing to national capacity development?
    - Do the focus areas respond to the priorities at country level?
  - To what extent have capacity building initiatives focused on UNFPA COs been effective?
    - Have the initiatives targeted the appropriate individuals?
    - Was the knowledge and skill set offered by these initiatives appropriate?
    - As a result of the CB initiatives, are UNFPA CO's better positioned to:
      - Engage in policy dialogue to ensure ICPD issues are reflected in national and UNDAF priorities?
      - Provide technical leadership in response to national priorities?
- **Advocacy and Research**
  - To what extent have advocacy efforts under the RP successfully positioned the ICPD agenda and raised the UNFPA profile in the region among governments, civil society, UN agencies, the donor community and public?
  - To what extent has the research supported by the RP been strategic in its identification, implementation, and used to advance the ICPD agenda through advocacy, policy, programming at regional and country levels?

- To what extent has research and analysis supported under the RP provided forward-looking thinking in the area of ICPD to provide leadership in development of national policies and programmes?

- **Partnerships**
  - To what extent have the partnerships (implementing, collaborating, technical) established through the RP contributed to the advancement of the ICPD agenda?
  - To what extent has the RP effectively leveraged political, financial, technical resources of partners at regional or country level in support for ICPD?

- **RP Management**
  - To what extent has the Regional Programme supported CPs? (technical, programme, operations support). Are there any gaps in support?
  - Has the Regional Programme provided leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health?
  - Is the structure of the RP integrated in practice so that the results are more than just the sum of its parts?
  - To what extent was the RP designed, implemented, monitored and evaluated based on UNFPA supported RBM and EBP principles?

- **Strategic Positioning of UNFPA Regional Programme**

The evaluation will assess the strategic positioning of UNFPA in the region, both from the corporate perspective and the development priorities of the region. This will entail a set of analysis:

1. An analysis of the place and niche of UNFPA regional programme within the development and policy space in the region;
2. An analysis of the strategies used by the regional office to strengthen the position of UNFPA in the region's development space to create a strategic position for the organization in its core focus areas;
3. An analysis of the policy support and advocacy initiatives of UNFPA regional programme vis-à-vis other stakeholders.

The evaluation will analyze a core set of criteria related to the strategic positioning of UNFPA, as shown below (indicative evaluation questions identified below to be finalized in the Desk Phase and methodology component of the exercise):

- Alignment: to what extent is the regional programme aligned with UNFPA Strategic Plan? How has UNFPA been effectively working together with other UN partners in the region?

- Responsiveness: To what extend did the regional programme anticipate and respond to significant changes in the regional and national development context? What were the missed opportunities in UNFPA programming?

- Added Value: To what extent did the regional programme add value to regional and country efforts in the priority areas of UNFPA's work?

Each of these RP Focus Areas will be examined in relation to four of the five DAC criteria of relevance, effectiveness, efficiency, and sustainability.

- *Relevance*: How relevant is the RP to the priority needs of the region and countries? How relevant is the RP to the priorities of UNFPA COs? Has ASRO applied the right strategy within the specific political, economic and social context of the region? What have been the critical gaps in UNFPA RP?

- *Effectiveness*: Has RP accomplished its intended objectives and planned results? What are the strengths and weaknesses of the RP? The RP covers the entire Strategic Plan – should it continue to do so or should the next RP be more focused? Should the RP maintain similar strategies and actions for the up-coming cycle? Have the RP activities contributed to enhanced results at country level?

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

- *Sustainability:* Did the RP incorporate capacity development measures to ensure sustainability of the results over time? Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional/national, institutions and stakeholders after the interventions are completed?

Evaluation Methodology
Data collection
In terms of data collection, the evaluation will use multiple methods that may include document review, group discussions, key informant interviews, in-depth guided interviews, and/or structured interviews, as appropriate and as feasible. The Evaluation Team members will travel to three to five countries – to be named in the inception report - in the region to meet with key stakeholders. Methods may vary depending on the source of information and will reflect the precise nature of the aspects under examination. The ET should explain their proposed methods and approaches especially those related to sampling, data collection, and data analysis in both the inception report and final report. The evaluators should also explain in their final report (a) how its methods suitably addressed the review's objectives and (b) the weaknesses or limitations of the methods and sampling. As a preliminary step in the process the Evaluation Team (ET) will conduct a Stakeholder Mapping exercise to prepare a basic mapping of stakeholders relevant to the evaluation. The mapping exercise will include UNFPA COs, regional and national institutions and civil-society stakeholders that have participated in ASRO initiatives. It will go beyond the traditional partners in the region and will also indicate the relationships between different sets of stakeholders.

The ET should use triangulation in the absence of a reliable quantitative data as substitute for obtaining reasonably solid and reliable evaluation results. UNFPA typically supports this being achieved through the application of three evaluation approaches: Perceptions, Validation and Documentation. Perceptions will be elicited though interviews with internal and external stakeholders and key informants. Validation will be achieved through stakeholder meetings, such as debriefing meetings with UNFPA staff and/or with the Evaluation Reference Group (ERG); through direct observation during field visits; and through specific studies such as case studies, beneficiary assessments, impact studies, etc. Documentation will include RP-related documentation, relevant national policies, strategies and action plans, national statistics, midterm analyses, external reviews, and other external documents.

Stakeholder Involvement
An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation will have a process of stakeholders mapping in order to identify both UNFPA direct partners as well as stakeholders who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the regional context. These stakeholders may include representatives from 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.

Ethics
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. Evaluators must have no vested interest and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.

Follow-up and Dissemination
The regional office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures. Communication and dissemination – The evaluation report will be shared with Programme Division and Division of Oversight Services at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Regional Programme Document in 2013. The report and the management response will be published on the UNFPA website.

4. Composition of the Evaluation Team

The evaluation will be undertaken by a firm or team of independent consultants with expertise in programme evaluation within the UN context. The evaluation team will comprise a team leader who ideally has experience conducting Programme Evaluation for UNFPA, as well as other team members whose knowledge and skills complement those of the team leader. The Team Leader will liaise with and report to the Evaluation Manager. Other team members will report to the Team Leader. The profiles of the team members are outlined in Annex 1.

5. Evaluation Process

The process will be divided into four phases, each including several steps.

Phase 1: Preparation and Desk review
Desk review: The evaluation team will analyze, inter alia, documents related to the regional programme over the period being examined: 2008 - 2012.

Stakeholder mapping: The evaluation team will prepare a basic mapping of stakeholders relevant to the evaluation. The mapping exercise will include regional institutions and civil-society stakeholders. It will go beyond the traditional partners in the region and will also indicate the relationships between different sets of stakeholders.

Development of an operational/logistical plan: The evaluation team in consultation with the Regional Office will develop evaluation operational/logistical plan and calendar, to address logistical issues.

Output: *Inception Report*: A short report will be prepared by the team. The report will present the evaluation design, which encompasses the stakeholders mapping, evaluation questions and methods to be used, information sources and plan for data collection, including selection of project/field sites for visits, and design for data analysis.

Phase 2: Data collection phase: A mission of two to three weeks to the regional and country offices will be undertaken line with the inception report to:
- Clarify the understanding of regional development challenges
- Solicit inputs from COs and partners
- Identify and collect further documentation, as required.

At the exit meeting of the mission, the evaluation team will provide a debriefing of the preliminary findings to the regional office, take initial comments and validate the preliminary thoughts.

Phase 3: Drafting the Evaluation Report
The information collected will be analyzed and the draft evaluation report will be prepared by the evaluation team within 3 weeks after the departure of the team from the regional office. The draft report will be submitted by the Team Leader to the Director of Arab States Regional Office.

Review and Quality Assurance: the draft report shall be subject to a formal review process. The Team Leader has the overall responsibility to address any comments in the finalization of the report.

Phase 4: Follow-up
Management Response: the regional office will prepare a management response to the evaluation recommendations in line with UNFPA evaluation procedures.
Communication and dissemination: the evaluation report will be shared with Programme Division and Division of Oversight Services at UNFPA headquarters. The evaluation report will be made available to UNFPA Executive Board by the time of approving a new Regional Programme Document in 2013. The report and the management response will be published on the UNFPA website.

6. Evaluation Management and Oversight – Roles and Responsibilities
The evaluation will be overseen by the Evaluation Reference Group (ERG) comprised of the following individuals:
- (i) ASRO management
- (ii) 2 CO representatives
- (iii) ASRO M&E focal person

The ERG will be responsible for the following roles and tasks:
- (i) Provide overall technical guidance and quality assurance on the evaluation;
- (ii) Review and endorse the evaluation terms of reference;
- (iii) Short list, selection and endorsement of firm/evaluation team;
- (iv) Review and endorse inception report; and
- (v) Review and approve evaluation report.

The ASRO M&E focal person will be the Evaluation Manager and will be responsible for the following key roles:

- (i) Monitor and coordinate fulfillment of deliverables;
- (ii) Coordinate UNFPA internal review and ERG processes (CO and ASRO review and comment on ToR, Inception Report, and final report);
- (iii) Coordinate with UNFPA management approval of all evaluation deliverables.

7. Deliverables
Following the review of the proposed TOR and relevant documents and discussing the evaluation with RO and ERG, the team leader of the evaluation team should submit an Evaluation Inception Report. The inception 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 inception report from the ERG and the UNFPA RO, and it will serve as an agreement between RO and the Consultants/Evaluators on how the evaluation will be conducted.

The evaluation team will be remunerated according to the following schedule:

Deliverable	Payment
Inception Report	20% payment upon ASRO acceptance of Inception Report
Presentation of preliminary findings and recommendations to UNFPA RO/ERG	30% payment
Final Report	50% payment upon ASRO acceptance of Final Report

Inception Report. The Consultants/Evaluators will make oral or written presentation/briefing of the inception report to RO/ERG. RO's Evaluation Manager will obtain written comments on the inception report from the ERG to the Consultants/Evaluators within 5 working days of the report's submission or completion of the oral presentation. RO reserves the right to modify the TOR in response to the inception report. The outline of the inception report is contained in Annex 3.

Draft Evaluation Report. The evaluators will submit an electronic copy of a draft evaluation report to UNFPA's evaluation manager. The draft report should be thoroughly edited to ensure that comments from the 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 a key element of UNFPA's peer review and assessment process of the evaluation it supports (see Annex 4A and 4B).

After RO and ERG's 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 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 recommendations should however be prepared in consultation of the RO and ERG that that they are understood, actionable, and 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.

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 Inception 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.

Presentation of Preliminary Results. The ET will make a presentation to the RO before the Team Leader leaves the country.

Annex 1: Profile and Tasks of the Evaluation Team

<u>Team Leader</u>

Qualifications

- PhD in public health, social science or related field, required
- 15 years experience in conducting evaluations internationally, required
- Proven ability to lead multi disciplinary teams
- Excellent oral and writing skills in English, required
- Experience working with UNFPA and in Arab states region is an asset

<u>Other experts</u> (team members)

Qualifications

- Advanced degree in public health, social science or related field, required
- 10 years experience in conducting field research and evaluation, expertise on both quantitative and qualitative methods, required
- Proven ability to work in a multi disciplinary team
- Excellent oral and writing skills in English, required
- Experience working with UNFPA and in in Arab states region is an asset

Annex 2: Outline of the Inception Report

This inception 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 and 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: Structure of Evaluation Report

The structure of Evaluation Report should be presented in the Inception Report. While the report should follow UNFPA Evaluation Guidelines/DOS EQA outline, and be limited to 35 pages plus annex, and 8 recommendations, the final detailed outline of the report should be mutually agreed by the ET and ERG/RO. For example: title page, 3 page executive summary, main body (findings, conclusions, recommendation), and Annex (ToR, list of documents reviewed, list of people interviewed, data collection instruments, EQA template, additional tables/charts, and etc)

Annex 4A: EQA template

This version of the Evaluation Quality Assessment (EQA) grid template (and related Explanatory Note) must be attached to the ToRs of all evaluations commissioned by UNFPA. Upon receipt of the final Evaluation Report, the Evaluation Manager must complete an EQA using this template and upload it, along with the final Evaluation Report in Docushare.

Title of Evaluation Report:
Name of Evaluation Manager:
Name of EQA Reviewer (if different to above):
Budget and time frame allocated for this evaluation**:**

Overall Assessment: Note that the overall assessment must address, as a minimum, the following issues: *scope of the evaluation; methodological design; findings and analysis; credibility of data; recommendations; conclusion; executive summary.*

Quality Assessment criteria	Assessment Levels			
	Very Good	**Good**	**Poor**	**Unsatis factory**
1. Structure and Clarity of Reporting *To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.* Checklist of minimum content and sequence required for structure: • i) Acronyms; ii) Exec Summary; iii) Introduction; iv) Methodology including Approach and Limitations; v) Context; vi) Findings/Analysis; vii) Conclusions; viii) Recommendations; ix) Transferable Lessons Learned (where applicable) • Minimum requirements for Annexes: ToRs; Bibliography List of interviewees; Methodological instruments used.	*Please insert <u>assessment level</u> followed by your main <u>comments</u>.*			
2. Executive Summary *To provide an overview of the evaluation, written as a stand-alone section and presenting main results of the evaluation.* Structure (paragraph equates to half page max): • i) Purpose, including intended audience(s); ii) Objectives and Brief description of intervention (1 para); iii) Methodology (1 para); iv) Main Conclusions (1 para); v) Recommendations (1 para). Maximum length 3-4 page				
3. Design and Methodology *To provide a clear explanation of the following elements/tools* Minimum content and sequence: • Explanation of methodological choice, including constraints and limitations; • Techniques and Tools for data collection provided in a detailed manner; • Triangulation systematically applied throughout the evaluation; • Details of participatory stakeholders' consultation process are provided. • Whenever relevant, specific attention to cross-cutting issues (vulnerable groups, youth, gender equality) in the design of the evaluation				
4. Reliability of Data *To clarify data collection processes and data quality* • Sources of qualitative and quantitative data have been identified; • Credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit;				
5. Findings and Analysis *To ensure sound analysis and credible findings* <u>Findings</u> • Findings stem from rigorous data analysis; • Findings are substantiated by evidence; • Findings are presented in a clear manner <u>Analysis</u> • Interpretations are based on carefully described assumptions;				

Quality Assessment criteria	Assessment Levels			
	Very Good	Good	Poor	Unsatisfactory
• Contextual factors are identified. • Cause and effect links between an intervention and its end results (including unintended results) are explained.				
6. Conclusions *To assess the validity of conclusions* • Conclusions are based on credible findings; • Conclusions are organized in priority order; • Conclusions must convey evaluators' unbiased judgment of the intervention.				
7. Recommendations *To assess the usefulness and clarity of recommendations* • Recommendations flow logically from conclusions; • Recommendations must be strategic, targeted and operationally-feasible; • Recommendations must take into account stakeholders' consultations whilst remaining impartial; • Recommendations should be presented in priority order				
8. Meeting Needs *To ensure that Evaluation Report responds to requirements (scope & evaluation questions/issues/DAC criteria) stated in the ToR (ToR must be annexed to the report).* *In the event that the ToR do not conform with commonly agreed quality standards, assess if evaluators have highlighted the deficiencies with the ToR.*				

Quality assessment criteria (and Multiplying factor *)	Assessment Levels (*)			
	Unsatisfactory	Poor	Good	Very good
5. Findings and analysis (50)				
6. Conclusions (12)				
7. Recommendations (12)				
8. Meeting needs (12)				
3. Design and methodology (5)				
4. Reliability of data (5)				
1. Structure and clarity of reporting (2)				
2. Executive summary (2)				
TOTAL				

(*) Insert the multiplying factor associated with the criteria in the corresponding column e.g. - if "Finding and Analysis" has been assessed as "good", please enter the number 50 into the "Good" column. The Assessment level scoring the higher number of points will determine the overall quality of the Report

OVERALL QUALITY OF REPORT: [Insert overall Assessment Level based on highest score above – see Explanatory Note for further guidance and example]
Annex 4B: Explanatory notes for EQA template

1. Explanations regarding the Quality Assessment criteria

1. Structure and Clarity of Reporting Does the report clearly describe the evaluation, how it was conducted, the findings of the evaluation, and their analysis and subsequent recommendations? Is the structure *logical*? Is the report *comprehensive*? Can the information provided be *easily understood*?
2. Executive Summary Does it read as a stand-alone section, and is a *useful* resource in its own right? Is it brief yet *sufficiently detailed*, presenting the main results of the evaluation, and including *key elements* such as methodology and conclusions and recommendations?
3. Design and Methodology Is the *methodology* used for the evaluation clearly described and is the rationale for the methodological choice justified? Have cross-cutting issues (vulnerable groups, youth and gender equality) been paid specific attention (when relevant) in the design of the evaluation? Are key processes (tools used, triangulation, consultation with stakeholders) discussed in sufficient detail? Are *constraints* and *limitations* made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.) and discussed?
4. Reliability of Data Are *sources* of data clearly stated for both primary and secondary data? Is it clear why case studies were selected and what purpose they serve? Are all relevant materials related to case studies, interviews (list of interviewees, questionnaires) etc. annexed to the report? Are the limitations, and methods to address them, discussed? What other *data gaps* are there and how have these been addressed?
5. Findings and Analysis Findings Is there a *clear pathway* from data to findings, so that all findings are *evidence-based*? Are *biases* stated and discussed? Are *unintended* findings reported and discussed? Analysis Are *interpretations* of the findings understandable? Are *assumptions* clearly stated and extrapolations well explained? Are their *limitations* (or drawbacks) discussed? Does the analysis respond to <u>all</u> evaluation questions? If not, are *omissions* (of both evaluation criteria and questions) recognized and explained? Has the analysis examined *cause and effect* links between an intervention and its end results? Are *contextual factors* identified and their influence discussed?
6. Conclusions Are the conclusions organized in priority order? Do the conclusions amount to a reasonable *judgment* of the findings and are their links to

evidence made clear?
Are there any limitations and are these made clear?
Do they present an *unbiased* judgment by the evaluators of the intervention or have they been influenced by preconceptions or assumptions that have not been discussed?
7. Recommendations
Is there a *logical flow* from the conclusions to recommendations?
Are they strategic and clearly presented in a priority order which is consistent with the *prioritization* of conclusions? Are they *useful* – sufficiently detailed, targeted and likely to be implemented and lead to *further action*?
How have the recommendations *incorporated* stakeholders' views and has this affected their *impartiality*?
8. Meeting Needs
Does the report adequately address the information needs and responds to the *requirements stated in the ToRs?*
In particular does the report respond to the evaluation questions, issues or criteria identified in ToR?

2. Explanations regarding scoring and weighing

a. Why and how to score the quality of evaluation reports?

The scoring of EQAs serves two main purposes:
- to express an objective judgment both on the overall quality of an evaluation report as well as on each evaluation criterion used in the quality assessment (synchronic approach) ;
- to assess the progress (or lack thereof) over time, either in the overall quality of UNFPA funded evaluation reports or for each specific quality criterion (diachronic approach).

As indicated in the EQA grid, the scoring scale comprises four levels: (1) unsatisfactory, (2) poor, (3) good, (4) very good.

b. Why and how to weigh the different criteria of the EQA grid?

Each EQA criterion has been associated with a weight (or a multiplying factor) which is proportionate to, and illustrates its relative importance as regards the overall quality of the report.

As you will see (Table below) the **criterion 5 (Findings and analysis)** is the most prominent of all 8 criteria as a good analysis and credible findings are considered the backbone of a good quality report.

In fact, a report containing sound analysis and credible findings is useful even if the conclusions and recommendations are poorly formulated, as sound analysis and credible findings provide the reader with accurate information on the evaluated programme as well as potentially useful "lessons learned."

In contrast, conclusions that appear convincing or recommendations that seem well-articulated cannot and should not be used when they are not grounded in sound analysis and related robust findings.

As a result: fulfillment of *criterion 5 is indispensable to the production of a good quality report,* and, for this reason, *it is associated with a weight accounting for <u>half of the total quality score</u>*.

c. <u>The detailed weighing scale for EQA criteria</u>

Quality assessment criteria	Multiplying factor
5. Findings and analysis	50
6. Conclusions	12
7. Recommendations	12
8. Meeting needs	12
3. Design and methodology	5
4. Reliability of data	5
1. Structure and clarity of reporting	2
2. Executive summary	2
TOTAL	**100**

d. <u>Guidance on how to compile the Scoring Grid</u>

Insert the multiplying factor associated with the criteria in the corresponding column e.g. - if "Finding and Analysis" has been assessed as "good", please enter the number 50 into the "Good" column. The Assessment level scoring the higher number of points will determine the overall quality of the Report

Quality assessment criteria (and Multiplying factor *)	Assessment Levels (*)			
	Unsatisfactory	Poor	Good	Very good
5. Findings and analysis (50)			50	
6. Conclusions (12)		12		
7. Recommendations (12)		12		
8. Meeting needs (12	12			
3. Design and methodology (5)	5			

4. Reliability of data (5)			5	
1. Structure and clarity of reporting (2)			2	
2. Executive summary (2)	2			
TOTAL	19	24	**57**	

Therefore, in this example, as the highest score is 57 in the Good column, the <u>overall Assessment Level is Good.</u>

Annex II: List of participants in the evaluation

Name	Organization	Position
1- Regional Office		
Genevieve Sew Lun	Arab States Regional Office-Cairo	Deputy Regional Director
Abdallah Abdelaziz Zou'bi	Arab States Regional Office-Cairo	Technical Advisor, P&D
Aleksandar Bodiroza	Arab States Regional Office-Cairo	Technical Advisor, HIV/AIDS, Youth
Maha El-Adawy	Arab States Regional Office-Cairo	Technical Advisor, SRH
Enshrah Ahmed	Arab States Regional Office-Cairo	Gender, Human Rights & Cultural Advisor
Mostafa Kharoufi	Arab States Regional Office-Cairo	Programme Advisor, Policies
Kaori Ishikawa	Arab States Regional Office-Cairo	Programme Specialist Gender & Partnerships
Mohammed Shoaib	Arab States Regional Office-Cairo	Regional Security Advisor
Nada Chaya	Arab States Regional Office-Cairo	RHCS Advisor
Mohammed Afifi	Arab States Regional Office-Cairo	Special Assistant to the Regional Director
Jan-Patrick Schnell	Arab States Regional Office-Cairo	Policy and Programme Specialist
Josiane Khoury	Arab States Regional Office-Cairo	Programme Specialist
2- Egypt Country Office		
Dr. Magdy Khaled	United Nations Population Fund-Cairo	Assistant Representative
Dawlat Shaarawy	United Nations Population Fund-Cairo	National Programme Associate
Ahmed Malah	United Nations Population Fund-Cairo	Programme Associate
Mona Moustafa	United Nations Population Fund-Cairo	Programme Officer
Germain Haddad	United Nations Population Fund-Cairo	Programme Officer
Dr. Hoda rashad	American University of Cairo	Social research center Director
Dr. Hassan H. M Zaky	American University of Cairo, Social research center	Research professor
Dr. Sherin Shawky	American University of Cairo, Social research center	Research professor
Dr. Ahmed Abdel Monem	League of Arab States (LAS)- Pan Arab Project for Family Health	
3- Jordan Country Office		
Muna Idris	United Nations Population Fund-Jordan	Assistant Representative
Layali Abu Sir	United Nations Population Fund-Jordan	Program Analyst
Ibtisam Dababneh	United Nations Population Fund-Jordan	Operations Officer
Suzan Kasht	United Nations Population Fund-Jordan	Program Associate
Eman Horani	United Nations Population Fund-Jordan	Youth coordinator
Dareen Abu Lail	United Nations Population Fund-Jordan	Y-PEER network coordinator

Name	Organization	Position
Dr. Iman Shehadeh	Ministry of Health (MOH)	Head of Family Protection Section
Dr. Abeer Muwaswas	Ministry of Health (MOH)	Head of Logistics Section
Dr. Khawla Kawa'	Ministry of Health (MOH)	Head of Reproductive Health Section
Rania Abbadi	The Higher Population Council (HPC)	Assistant Secretary General for Technical Affairs and Strategic Planning Coordinator
Manal Ghouzawi	The Higher Population Council (HPC)	Coordination of the Reproductive Health Program
Hanaa Soub	The Higher Population Council (HPC)	Assistant Director for Communication and Media and Director of the Media and Communications Unit

4- Iraq Country Office

Name	Organization	Position
Dr. Georges M. Georgi	United Nations Population Fund-Iraq	Representative
Heider H. Rasheed	United Nations Population Fund-Iraq	Population & Development Technical Analyst

5- Nairobi / Somalia Country Office

Name	Organization	Position
Cheikh Cisse	United Nations Population Fund-Somalia	Representative
Dr. Rogaia Abdelrahim	United Nations Population Fund-Somalia	Deputy Representative
Dr. Samia Hassan	United Nations Population Fund-Somalia	Programme Manager (SC)
Marina Capriola	United Nations Population Fund-Somalia	Humanitarian Response Officer
Alexina Mugwebi	United Nations Population Fund-Somalia	Gender Based Violence Coordinator
Eric Jager	United Nations Population Fund-Somalia	Monitoring and Evaluation Consultant
Nedia Touihri	United Nations Population Fund-Somalia	Consultant, PES
Victor Masinde	United Nations Population Fund-Somalia	Administrative/Finance Associate
Njeri Wakogi	United Nations Population Fund-Somalia	Administrative Associate
Mary Musyoka	United Nations Population Fund-Somalia	Personal Assistant
Juliana Nzau	United Nations Population Fund-Somalia	Programme Associate
Ruth Mutunga	United Nations Population Fund-Somalia	Administrative Assistant
Fitsum T. Habtemariam	United Nations Population Fund-Somalia	Communications/Media Officer
John Bosco	United Nations Population Fund-Somalia	Driver
Sammy Oyombe	United Nations Development Programme	Statistical Specialist-Poverty Reduction & Environment Protection

6- Hargeisa Office

Name	Organization	Position
Dr. Dayal Debnath	United Nations Population Fund-Somalia	Head of the UNFPA office
Salad M. Robleh	United Nations Population Fund-Somalia	Programme Specialist
Molid Osman	United Nations Population Fund-Somalia	National Programme Associate
Dr. Mohamed Yousef	United Nations Population Fund-Somalia	RH Programme Analyst

Name	Organization	Position
Adnaan Sultan	United Nations Population Fund-Somalia	Administrative and Logistics Assistant
Ifrah Yusuf Moel	United Nations Population Fund-Somalia	Finance Assistant
Dr. Saad A. Shire	Ministry of National Planning & Development	Minister
Awil Farah	Ministry of National Planning & Development	Deputy Director
Osman Warsama	Ministry of National Planning & Development	Population Estimation Survey Director
Heba Ahmed	Ministry of National Planning & Development	Administrative and Finance
Dr. Abdirizak Yussuf Abdillahi	Ministry of Health	Director of Maternal, Neonatal and Child Health
Amina Abdi Mohamed	Ministry of Health	Deputy Coordinator of RH – MOH
Abdel Aziz Heisi	Y-Peer	Focal Point in Charge
Hiboo Adam	Y-Peer	Y-Peer Member
Abrhman Mohamed	Y-Peer	Administrative and Finance Assistant
Fouzia Mohamed Ismail	Somali and Nursing and Midwifery Association	Executive Director
Edna Adan Ismail	Edna Adan University hospital	Founder and Director

7- Djibouti Country Office

Name	Organization	Position
Issa Kane	United Nations Population Fund-Djibouti	Reproductive Health Program Coordinator
Amina Abdoulkader	United Nations Population Fund-Djibouti	Gender Program Coordinator
Aicha Ibrahim Djama	United Nations Population Fund-Djibouti	Chargée de Bureau UNFPA
Choukri Houssein	"Ministère de la Promotion de la Femme"	"Directrice de la Promotion du Genre"
Neima Moussa	"Ministère de la Santé"	"Directrice santé Mère et Enfant"
Ismael Sougueh	"Ministère de la Santé"	"Chargé de suivi évaluation programme de lutte contre le Sida"
Zeinab Moussa	"Ministère des Affaires Musulmanes"	"Chargée de suivi des MGF"

8- Lebanon Country Office

Name	Organization	Position
Asma Kurdahi	United Nations Population Fund-Lebanon	Assistant Representative
Dr. Abla Sibai	Center for Studies on Aging (CSA)	President

Annex III: List of documents reviewed

	Document	Check
1.	Arab States Regional Office Annual Report (ROAR) 2009	✓
2.	Arab States Regional Office Annual Report (ROAR) 2010	✓
3.	Arab States Regional Office Annual Report (ROAR) 2011	✓
4.	Arab States Regional Office Annual Report (ROAR) 2012	✓
5.	Country Office Annual Reports (COARs) 2009 for Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen	✓
6.	Country Office Annual Reports (COARs) 2010for Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen	✓
7.	Country Office Annual Reports (COARs) 2011 for Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen	✓
8.	Country Office Annual Reports (COARs) 2012 for Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Lybia, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen	✓
9.	Regional Planning Meeting (RPM) 2009	✓
10.	Regional Planning Meeting (RPM) 2010	✓
11.	Regional Planning Meeting (RPM) 2012	✓
12.	ASRO Office Management Plan (OMP)	✓
13.	Global and Regional Programme 2012-2013 Proposal Review Comments & Feedback for ASRO Final review (November 15, 2011)	✓
14.	Activity Report SRH PRB Report Oct 2012	✓
15.	Annual Work Programme (AWP) SRH 2009	✓
16.	AWP SRH 2010	✓
17.	AWP SRH RAB6R11A 2010 revised	✓
18.	AWP SRH RAB6R11A 2011 revised	✓
19.	Concept Note SRH 2011 CARMMA	✓
20.	Concept Note SRH 2011 RHR ICP FP CONSLG	✓
21.	Concept Note SRH 20111017 Regional training on costing	✓
22.	Concept Note SRH 20120000 EVIPNet	✓
23.	Policy Brief SRH 20120700 Unment needs for family planning	✓
24.	Trip Report SRH Joint 20100625 Cairo	✓
25.	Trip Report SRH Maha El-Adawy 20100408 Cairo	✓
26.	Trip Report SRH Maha El-Adawy 20100503 Cairo & Alexandria	✓
27.	Trip Report SRH Maha El-Adawy 20100604 Washington DC	✓
28.	Workshop Report SRH 20100410 UNFPA ASRO strategy	✓
29.	Workshop Report SRH Rapport atelier de formation Tunisie	✓
30.	Workshop Report SRH Reducing maternal mortality in morocco	✓
31.	Workshop Report SRH Reproductive health and health system strengthening synergies	✓
32.	Workshop Report SRH UNFPA Arab States RH health systems	✓
33.	Audit Report PD AUC(PN5447) 2011	✓
34.	Audit Report PD LAS(PN0245) 2009	✓
35.	Audit Report PD LAS(PN0245) 2010	✓

Document	Check
36. Audit Report PD LAS (PN0245) 2011	✓
37. AWP PD AUC (PN5447) 2012	✓
38. AWP PD CSA 2012	✓
39. AWP PD PAPFAM LAS 2012	✓
40. AWP PD PPMD LAS 2012	✓
41. AWP PD RAB6P11A 2009	✓
42. AWP PD RAB6P11A 2010	✓
43. AWP PD RAB6P11A 2011 revised	✓
44. AWP PD RAB6P31A 2009	✓
45. AWP PD RAB6P31A 2010	✓
46. AWP PD RAB6P31A 2011	✓
47. AWP PD RAB6P41A 2009	✓
48. AWP PD RAB6P41A 2010	✓
49. AWP PD RAB6P41A 2011	✓
50. Concept Note PD 2011 SSCCSE	✓
51. LOU PD ESCWA 2011	✓
52. Minutes PD 20111125 ESCWA-ECA	✓
53. SPR PD AUC(PN5447) 2012	✓
54. SPR PD SDN 2009	✓
55. Trip Report PD Abdallah Zoubi 20100218 Beirut	✓
56. Trip Report PD Abdallah Zoubi 20100418 Amman	✓
57. Trip Report PD Abdallah Zoubi 20100515 Amman	✓
58. Trip Report PD Abdallah Zoubi 20100724 Kampala	✓
59. Trip Report PD Abdallah Zoubi 20101003 Amman	✓
60. Trip Report PD Abdallah Zoubi 20110306 Juba	✓
61. Trip Report PD Abdallah Zoubi 20110930 Amman	✓
62. Trip Report PD Abdallah Zoubi 20111011 New York	✓
63. Trip Report PD Abdallah Zoubi 20111128 Doha	✓
64. Trip Report PD Joint 20091019 Doha	✓
65. Trip Report PD Joint 20100308 Bangkok	✓
66. Trip Report PD Joint 20100719 Amman	✓
67. Trip Report PD Joint 20100801 Saly Mbour	✓
68. Trip Report PD Joint 20101129 Sharm El Sheikh	✓
69. Trip Report PD Joint 20111113 Doha	✓
70. Trip Report PD Joint 20111130 Djibouti	✓
71. Trip Report PD Joint 20111221 Amman	✓
72. Trip Report PD Joint 20111221 Djibouti	✓
73. Trip Report PD Joint 20120108 Khartoum	✓
74. Trip Report PD Joint 20120326 Doha	✓
75. Trip Report PD Joint 20120415 Djibouti	✓
76. Trip Report PD Joint 20120523 Istanbul	✓
77. Trip Report PD Joint 20120606 Beirut	✓
78. Trip Report PD Joint 20120926 Djibouti	✓
79. Trip Report PD Mostafa Kharoufi 20110303 Amman	✓
80. Trip Report PD Mostafa Kharoufi 20111025 Doha	✓
81. Trip Report PD Mostafa Kharoufi 20121209 Oman	✓
82. Workshop Report PD 20111017	✓
83. 10 Days of Activism Brochure	✓

Document	Check
84. Article on youth - Sasha	✓
85. ASRO Participation in International AIDS Conference	✓
86. Criteria for selection of theatre Institutions	✓
87. Let's Talk Campaign Fact Sheet	✓
88. Minutes HIV&YOUTH 20110803	✓
89. Minutes HIV&YOUTH ICs & ASRO April 2011	✓
90. Minutes HIV&YOUTH SOAAIDS and Y-PEER_January 2010	✓
91. Note to the File HIV&YOUTH - Process of AWP development	✓
92. Paper HIV&YOUTH MENA MSM analysis - IHAA_11 May	✓
93. Review of key documents 200210	✓
94. UNDG Arab States Young People Strategic Action Plan	✓
95. Updated Briefing Note On Young People 11 April 2010	✓
96. Workshop HIV&YOUTH 20100428 CCP	✓
97. Y-PEER Briefing notes	✓
98. Activity Log HIV&YOUTH 2009 Review	✓
99. Activity Log HIV&YOUTH 2010 Review	✓
100. Activity Log HIV&YOUTH 2010 Review	✓
101. Activity Log HIV&YOUTH 20110100	✓
102. Activity Log HIV&YOUTH 20110200	✓
103. Activity Log HIV&YOUTH 20110300	✓
104. Activity Log HIV&YOUTH 20110600	✓
105. Activity Report HIV&YOUTH 20011120 TBToT Report	✓
106. Activity Report HIV&YOUTH 20090318 PETRI-AUB Evaluation	✓
107. Activity Report HIV&YOUTH 20090711 GCC Advanced ToT Report	✓
108. Activity Report HIV&YOUTH 20100200 Y-P Fellowship	✓
109. Activity Report HIV&YOUTH 20100405 Advanced TOT on Peer Education Techniques	✓
110. Activity Report HIV&YOUTH 20101204 Theatre Based Peer Education Techniques	✓
111. Activity Report HIV&YOUTH 20110701 10DoA	✓
112. Activity Report HIV&YOUTH 20110823 IC	✓
113. Activity Report HIV&YOUTH 20111110 Manel Stambouli	✓
114. Advocacy Kit YOUTH 20110627	✓
115. Assessment Report HIV&YOUTH 20090000 Lebanon - SRHHIV Linkages	✓
116. Assessment Report HIV&YOUTH 20091100 Syria - PLHIV needspdf	✓
117. Assessment Report HIV&YOUTH 20110321 Young people's SRH in Arab States	✓
118. Assessment Report HIV&YOUTH 20110404 MSM activities	✓
119. AWP HIV&YOUTH 2011 Mid-Year Review	✓
120. AWP HIV&YOUTH RAB6R41A & RAB6R41A 2011	✓
121. CSO Strategy HIV&YOUTH 20111124	✓
122. Fellowship Report YOUTH 20101216	✓
123. HIV activities in ASRO	✓
124. HIV and Sex Work manual and Outreach Guide	✓
125. Let's Talk campaign progress report Aug 2011	✓
126. MTR HIV&YOUTH 20091117 Oman	✓

Document	Check
127. MTR HIV&YOUTH 20091229	✓
128. Narrative Report HIV&YOUTH 20100930	✓
129. Narrative Report HIV&YOUTH 20101200	✓
130. Narrative Report HIV&YOUTH 20111000	✓
131. Project MTR HIV&YOUTH RAB6R51A	✓
132. Project Review HIV&YOUTH H-M Final - 29 May	✓
133. Project Reveiw HIV&YOUTH RAB6R41A	✓
134. SPR HIV&YOUTH 2009	✓
135. Training Manual HIV&YOUTH Outreach & SW Training	✓
136. Training Manual HIV&YOUTH Peer Education & SW Manual	✓
137. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20090913 Hammamet	✓
138. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20101011 Sanaa	✓
139. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110000 Juba	✓
140. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110313 Amman	✓
141. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110410 Amman	✓
142. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110425 Johannesburg	✓
143. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110604 Beirut	✓
144. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110626 Paris	✓
145. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110724 New York	✓
146. Trip Report HIV&YOUTH Aleksandar Sasha Bodiroza 20110912 Amman	✓
147. Trip Report HIV&YOUTH Joint 20100410 Victoria Falls	✓
148. Trip Report HIV&YOUTH Joint 20110910 Bangkok	✓
149. Trip Report HIV&YOUTH Nada Aghar Naja 20110504 Belgrade	✓
150. Trip Report HIV&YOUTH Nessryne Jelalia 20111205	✓
151. UBW MTR HIV&YOUTH 2009	✓
152. UBW Performance Report HIV&YOUTH 2010	✓
153. UNDG Arab States Young People Strategic Action Plan - Final	✓
154. Workshop Report HIV&YOUTH 20090927 Regional consultation meeting on HIV	✓
155. Workshop Report HIV&YOUTH 20091102 Outreach & peer eduction training	✓
156. Workshop Report HIV&YOUTH 20100125 YP and dance4life partnership meeting	✓
157. Workshop Report HIV&YOUTH 20100522 Advocacy and Communications workshop	✓
158. Workshop Report HIV&YOUTH 20100624 YP IC consulation meeting	✓
159. Workshop Report HIV&YOUTH 20100700 HAB strategic planning	✓

Document	Check
meeting	
160. Workshop Report HIV&YOUTH 20100718 AIDS 2010 Vienna	✓
161. Workshop Report HIV&YOUTH 20100823 WYC	✓
162. Workshop Report HIV&YOUTH 20101001 GAB 2010	✓
163. Workshop Report HIV&YOUTH 20101001 YPEER GAB	✓
164. Workshop Report HIV&YOUTH 20101120 AS consultation	✓
165. Workshop Report HIV&YOUTH 20110619 SRH and HIV linkages	✓
166. Workshop Report HIV&YOUTH 20111004 YPEER GAB	✓
167. Workshop Report HIV&YOUTH 20111217 UNAIDS MENA workshop	✓
168. Workshop Report HIV&YOUTH 20120814 RYAP meeting	✓
169. Y-PEER Final Report-2008	✓
170. Y-PEER National Networks Annual Report-Final (1)	✓
171. Y-PEER NL issue 6	✓
172. Y-PEER PDMT REPORT SYRIA	✓
173. Y-PEER Report_IYY_UNFPA	✓
174. Y-peer training report	✓
175. Y-PEER Jordan newsletter	✓
176. Y-PEER at Events_ IAC_ASRO	✓
177. Y-PEER-PRES_19052010	✓
178. Assessment Report GCHR CAWTAR(PN4456) 2008	✓
179. Assessment Report GCHR CAWTAR(PN4456) 2009	✓
180. Audit Report GCHR CAWTAR(PN4456) 2009	✓
181. Audit Report GCHR CAWTAR(PN4456) 2010	✓
182. Audit Report GCHR CAWTAR(PN4456) 2011	✓
183. AWP GCHR RAB6G11A CAWTAR(PN4456) 2008	✓
184. AWP GCHR RAB6G11A CAWTAR(PN4456) 2009 Presentation	✓
185. AWP GCHR RAB6G11A CAWTAR(PN4456) 2009 RevOct	✓
186. AWP GCHR RAB6G11A CAWTAR(PN4456) 2009 Signed	✓
187. AWP GCHR RAB6G11A CAWTAR(PN4456) 2009	✓
188. AWP GCHR RAB6G11A CAWTAR(PN4456) 2010	✓
189. AWP GCHR RAB6G11A CAWTAR(PN4456) 2011	✓
190. AWP GCHR RAB6G11A ISESCO 2011	✓
191. AWP GCHR RAB6G11A UNFPA 2010	✓
192. AWP GCHR RAB6G11A UNFPA 2011	✓
193. AWP GCHR RAB6G41A UNFPA 2011	✓
194. Concept Paper GCHR for 2012 AWP	✓
195. LOU GCHR RAB6G11A CAWTAR(PN4456) 2008	✓
196. Minutes GCHR CAWTAR(PN4456) 20091112	✓
197. Minutes GCHR CAWTAR(PN4456) 20091216	✓
198. Minutes GCHR CAWTAR(PN4456) 20100205	✓
199. Minutes GCHR CAWTAR(PN4456) 20100213	✓
200. Presentation GCHR CAWTAR(PN4456) 20091112 New Technical Assistance	✓
201. Presentation GCHR CAWTAR(PN4456) 20091112 Summary Gender Mapping	✓
202. Presentation GCHR CAWTAR(PN4456) TAR 20090703 Partnerships	✓

Document	Check
203. SPR GCHR CAWTAR(PN4456) 2009	✓
204. SPR GCHR RAB6G11A CAWTAR(PN4456) 2010	✓
205. SPR GCHR RAB6G11A CAWTAR(PN4456) 2011	✓
206. TOR GCHR CAWTAR(PN4456) 2010 Admin and Finance Assistant	✓
207. TOR GCHR CAWTAR(PN4456) 2010 Ado Online Journalist	✓
208. TOR GCHR CAWTAR(PN4456) 2010 Cawtharyet Journalist	✓
209. TOR GCHR CAWTAR(PN4456) 2010 Data Processor	✓
210. TOR GCHR CAWTAR(PN4456) 2010 Project Coordinator	✓
211. Trip Report GCHR Hafedh Chekir 20091220 Tunis	✓
212. Trip Report GCHR Kaori Ishikawa 20090402 Tunis	✓
213. Trip Report GCHR Kaori Ishikawa 20101212 Amman	✓
214. Trip Report GCHR Kaori Ishikawa 20101215 Amman	✓
215. Trip Report GCHR Kaori Ishikawa 20110926 Istanbul	✓
216. Trip Report GCHR Kaori Ishikawa 20120612 Tunis	✓
217. Activity Report HRFC RAB6U207 20120319	✓
218. Activity Report HRFC RAB6U207 20120322	✓
219. Activity Report HRFC RAB6U207 20120611	✓
220. Audit Report HRFC RAB6R12A DCA(PN5705) 2011	✓
221. Audit Report HRFC RAB6R12A IMC(PN4772) 2011	✓
222. Audit Report HRFC RAB6R12A V-DAY-Karama(PN5718) 2011	✓
223. AWP HRFC RAB6R12A DCA(PN5705) 2012	✓
224. AWP HRFC RAB6R12A IMC(PN4772) 2012	✓
225. SPR HRFC RAB6R12A DCA(PN5705) 2012	✓
226. SPR HRFC RAB6R12A IMC(PN4772) 2012	✓
227. Trip Report HRFC Elke Mayrhofer 20111023 Tripoli	✓
228. Trip Report HRFC Mollie Fair 20120511 New York	✓
229. Trip Report HRFC Mollie Fair 20120610 Hammamet & Amman	✓
230. Trip Report HRFC Mollie Fair 20120626 Amman	✓
231. Trip Report HRFC Mollie Fair 20120723 Sanaa	✓
232. Trip Report HRFC Mollie Fair 20120829 Amman	✓
233. Trip Report HRFC Mollie Fair 20120927 Bangkok	✓
234. Activity Report RHCS 20111204 TOT	✓
235. AWP RHCS 2012	✓
236. Trip Report RHCS Joint 20120925 Addis Ababa	✓
237. Trip Report RHCS Manal El-Fiki 20101217 Sanaa	✓
238. Trip Report RHCS Nada Chaya 20120524 Amman	✓
239. Trip Report RHCS Nada Chaya 20120605 Beirut	✓
240. Trip Report RHCS Nada Chaya 20120721 Sanaa	✓
241. Trip Report RHCS Nada Chaya 20120910 Copenhagen	✓
242. Trip Report RHCS Nada Chaya 20120925 AddisAbaba	✓
243. Workshop Report RHCS 20120411 ICPD 1st IASC	✓
244. Evaluation Report DZA 2011	✓
245. Trip Report CPS Joint 20111107 Algiers	✓
246. Trip Report CPS Joint 20120609 Algiers	✓
247. Trip Report CPS Joint 20121009 Algiers	✓
248. Workshop Report CPS 20090621 Regional Resource Mobilization Workshop	✓
249. Trip Report COR 20121013 Tunisia CIPS2 Workshop	✓

Document	Check
250. Trip Report COS Mohamed Adel Abdelkader 20120623 Tripoli	✓
251. Trip Report COS Mohamed Adel Abdelkader Tunis	✓
252. Trip Report COS Ruslan Saparaliyev 20120402 Amman	✓
253. Workshop Report COS 20111111 Long Term Agreement Procurement and Communication Skills	✓
254. AWP ASRO RPAP DRF 2012	✓
255. AWP ASRO RPAP MRF 2012	✓
256. Future Directions of the Regional Programme - 17-Jun-10 Partnership meeting	✓
257. MTR and Partnerships Meeting Report ASRO 2010	✓
258. MTR ASRO 2010	✓
259. MTR of the Strategic Plan	✓
260. RPAP ASRO 2008-11	✓
261. RPAP ASRO 2012-13	✓
262. RPM ASRO 2009	✓
263. RPM ASRO 2010	✓
264. RPM ASRO 2012	✓
265. Strategic Plan 2008-11	✓
266. Strategic Plan Implementation Report 2011	✓
267. Terms of Reference ASRO	✓
268. UNFPA GRP 2008-11 Arab States indicators	✓
269. UNFPA GRP 2008-11	✓
270. ASRO MTR Report	✓
271. Mid Term Review of the Strategic Plan	✓
272. Regional Programme Action Plan 2008-11	✓
273. UNFPA Strategic Plan 2008-11	✓
274. DP FPA 2011 Cumulative Analysis of Progress in Implementation of The UNFPA Strategic Plan, 2008-2013	✓
275. ASRO Regional Action Plan 2012-2013-Annex 1-submitted to PD	✓
276. ASRO Regional Action Plan 2012-2013-Annex2-submitted to PD.rev	✓
277. ASRO REGIONAL ACTION PLAN 2012-2013-submitted to PD	✓
278. ASRO Revised Review Report	✓
279. ASRO Regional Action Plan 2012-2013-Annex 1-submitted to PD	✓
280. ASRO REGIONAL ACTION PLAN 2012-2013-submitted to PD	✓
281. ASRO Review Report	✓
282. Capacity Development Matters	✓
283. GBV E-Learning Companion Guide	✓
284. UNFPA - Evidence Based Planning	✓
285. UNFPA RBM Policy	✓

Areas of Investigation:

A. Capacity Building

A.1. To What extent Capacity Building Initiatives focused on UNFPA's counterparts at country level been effective?

1. Who are the counterparts (Institutions and or individuals) (1a)
2. Reasons of choice of counterparts (1a)
3. How CB needs were identified? (1ai)
4. Type of assessed needs (1ai)
5. Type of CB activities per target group (1ai)
6. Methodology adopted by type of CB implemented (1aii)
7. Socio-political appropriateness of methodology adopted (1aii)
8. Who delivered the CB activities by area/sector (1aii)
9. Perceived capacity of CB service providers by area/sector (1aii)
10. Perceived value of knowledge and skills provided by area/sector (1aii)
11. Extent of contribution of CB activities to institutional improvement per area/sector (1aiii)
12. Main areas of improvement as a result of CB activities by area/sector (1aii)
13. Success stories as a result of capacity improvements (1aiii)
14. Type of ensured follow-up, if any (1aiii)
15. Type of CB initiatives provided by the RO/at the regional level (1aiv)
16. Type of CB initiatives provided by the CO/at country level (1aiv)
17. Areas of complementarity between the RO and CO CB initiatives (1aiv)
18. Modalities used to undertake CB (1av)
19. Effectiveness of these modalities (1av)
20. Order of Priorities of CB assessed needs (1avi)
21. Subject areas of undertaken CB in relation to assessed priority needs (1avi)

Additional Questions:

22. Critical Gaps in CB initiatives (Subject Areas, Methodology, HR/Experts, Quality, Follow-up, Use of financial and HR)
23. Suggested recommendations (Subject Areas, Methodology, HR/Experts, Quality, Follow-up, Use of financial and HR)

A.2. To What extent Capacity Building Initiatives focused on UNFPA CO been effective?

1. Personnel targeted by CB (1bi)
2. Reasons of choice (1bi)
3. How CB needs were identified among the target groups? (1bii)
4. Type of assessed needs (1bii)
5. Type of CB activities per target group (1bii)
6. Methodology adopted by type of CB implemented (1bii)
7. Socio-political appropriateness of methodology adopted (1bii)

8. Who organized/delivered the CB activities by area/sector (1bii)
9. Perceived capacity of CB service providers by area/sector (1bii)
10. Perceived value of knowledge and skills provided by area/sector (1bii)
11. Extent of contribution of CB activities to CO improvement per area/sector (1biii)
12. Main areas of improvement as a result of CB activities by area/sector (1biii)
13. Success stories as a result of capacity improvements (1biii)
14. Type of ensured follow-up, if any (1biii)
15. Areas of CB in relation to ICPD issues and UNDAF (1biii)
16. Perceived added value of the contribution of CB in engaging in policy dialogue to ensure ICPD issues are reflected in national and UNDAF priorities (1biii)
17. Type of technical leadership skills provided by CB to properly respond to national priorities. (1biii)
18. Perceived added value of the contribution of CB in in upgrading the technical capacity of CO to provide technical leadership in response to national priorities (1biii)
19. Success stories (1biii)

Additional Questions:

20. Critical Gaps in CB initiatives (Subject Areas, Methodology, HR/Experts, Quality, Follow-up, Use of financial and HR)
21. Suggested recommendations (Subject Areas, Methodology, HR/Experts, Quality, Follow-up, Use of financial and HR)

A. 3. DAC Criteria for What Relates to CB

1. Relevance

- Above questions related to:
  - Responding to existing needs
  - Socio-political consideration and appropriateness
  - Existing gaps and recommendations

2. Effectiveness:

- Extent of achievement of set targets/objectives at RO and CO levels
- CB perceived strong areas
- CB perceived weak areas
- Recommendations to upgrade the effectiveness of the CB approach (Strategy/Actions, Focus, Scope etc.)

3. Efficiency:

- Above questions related to use of human and financial resources
- Recommendations for better use of resources

4. Sustainability:

- Strategies incorporated within the RP to increase capacities allowing for sustainability of results; Specify.
- Are Systems, processes, procedures developed and documented per focus area at the regional/national and institutional levels?
- Do concerned parties at CO level, national and regional levels have access to it and know how to use it?
- Extent of their adoption by all concerned parties (Regional/National, Instititutional/Individual).

B. Advocacy and Research

B.1 To what extent have advocacy efforts under the RP successfully positioned the ICPD agenda and raised the UNFPA profile in the region among governments, civil society, UN agencies, the donor community and public?

1. How are advocacy issues selected and based on what criteria?.
2. To what extent partners are involved in the selection in the advocacy issues.
3. Is there a capacity building for local partners to carry out advocacy activities?
4. Is there coordination with UN Agencies during the selection of the advocacy issue?
5. How are the advocacy campaigns designed?
6. Which tools are used to conduct advocacy campaigns?
7. What are the campaign implementation strategies?
8. How the advocacy campaign evaluated? Internally or externally?
9. What is the evaluation strategy
10. Who is involved in the evaluation process?
11. What are the main lessons learned from evaluation of the advocacy campaigns?
12. Is there any transferring strategy for the advocacy campaign lessons learned to the regional and local partners for replication?
13. Is there any strategy for the institutionalization of advocacy process and findings within the target government bodies?
14. What are the main challenges related to the conduction of research activities?
15. What are the main recommendations to improve the research process?
16. What are your suggestions for future improvements?

B.2 To what extent has the research supported by the RP been strategic in its identification, implementation, and used to advance the ICPD agenda through advocacy, policy, programming at regional and country levels?

1. How are research subject selected and based on what criteria?.
2. To what extent are partners involved in the selection in the research subject?.
3. Is there a capacity building for local partners to carry out research activities?
4. Is there coordination with UN Agencies during the selection of the research subject?
5. How are the research designed?
6. Which approaches used to conduct researches?
7. How the research activities evaluated? Internally or externally?
8. What is the evaluation strategy?
9. Who is involved in the evaluation process?
10. What are the main lessons learned from evaluation of the research activities?

11. Is there any transferring strategy for the research activities lessons learned to the regional and local partners for replication?
12. Is there any strategy for the institutionalization of research process and findings within the target government and CSO bodies
13. What are the main challenges related to the coordination of research activities?
14. What are your main recommendations to improve the research process?
15. Do you have suggestions for future improvements?

B.3 To what extent has research and analysis supported under the RP provided forward-looking thinking in the area of ICPD to provide leadership in development of national policies and programmes?

1. To what extent the level of technical assistance requested from UNFPA by government to analysis and address ICPD in their planning process?
2. What is the level of UNFPA RP participation in the national policy preparation and decision "concerning the ICPD"?
3. Is the UNFPA research used in policy related to ICPD analysis and formulation? To what extent? And what are main challenges?.
4. Is there a technical Assistance from UNFPA "RP" to local research institution to take over enhancing of evidence based policy in the area of ICPD?
5. What is the technical assistance strategy?
6. What are the main challenge of institutionalization concept of advocacy and research whiting the target countries?
7. To what extent the political situation in some countries affect UNFPA work and strategies?

C. Partnerships
C.1 To what extent has the partnerships (implementing, collaborating, technical) established through the RP contributed to the advancement of the ICPD agenda?

1. What is the stagey of selection partners?
2. What are the criteria of selection?
3. To what extent there is a perceived need for the partnership in terms of areas of common interest and complementary capacity amongst partners?
4. Is there a clear goal for the partnership and shared understanding of, and commitment to ICPD agenda among all potential partners?
5. Are the partners willing to share some of their ideas, resources, influence and power to fulfill the goal of supporting ICPD agenda?
6. Is there evaluation, review, or assessment of the partnership process?
7. What is the strategy of doing the evaluation (self-assessment, external, or others)?
8. What are the main lessons learned from that evaluations?
9. Is there any strategy to institutionalize partnership for the sustainability issue?

C.2 To what extent has the RP effectively leveraged political, financial, technical resources of partners at regional or country level in support for ICPD?
1. What is the sustainability strategy for the partnership?
2. Is the partnership process documented for future replication?

3. Is there a strategy for the dissemination and create social and political support of the partnership effects?.
4. Is there a clear need and commitment to continuing the collaboration in the future amongst partners?
5. Are there resources available from either internal or external sources to continue the partnership

D. RP Management

D.1. To what extent has the Regional Programme supported Country Programmes? (technical, programme and operational support) Are there any gaps in support?

1. Please could you provide outline the nature of technical, programme or operational assistance provided to the CO by the RO? [Follow-up questions dependent upon the information provided] (4a)
2. Are there areas of assistance that you (CO) have requested support for that the RP has been unable to respond to? If 'yes' then please could you detail these? (4a)
3. How did you obtain the support required? (4a)
4. Would you like to see any changes in the way that the RO provides support to the COs? (4a)
5. Do you feel that there is a need for any changes in the composition of RO personnel to better support the COs? (4a)

D.2. Has the Regional Programme provided leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health?

1. Has there been cutting-edge knowledge and thinking of-late in the area of population and reproductive health? (4b)
2. Has the RP been involved in generating and disseminating innovative thinking and practices in the fields of population and reproductive health? If 'yes' then please could you provide examples of RP leading in generation and dissemination of innovative practices? (4b)
3. Conversely, are there are any innovative practices that have not been adopted by the RP in the areas of population and reproductive health? If 'yes' please could you detail these? (4b)
4. Are there any instances where the RP has discovered innovative practices from one CO and disseminated them to other COs in the region or elsewhere? If 'yes' please could you detail these? (4b)

D.3. Is the structure of the RP integrated in practice so that the results are more than just the sum of its parts?

1. Do you feel that the structure of the RP is integrated? If 'yes', please could you provide examples of this integration? If 'no' please could you provide examples of this lack of integration? (4c)
2. Have there been any changes in the level of integration of the RP over the years since inception? If 'yes' then please could you provide

examples that illustrate these changes and if possible explain why they have occurred? (4c)

3. Is there scope to achieve greater integration of the RP in future? If 'yes' then please explain in what areas and how this could best be achieved? What would need to change in order to bring about greater integration of the RP? (4c)

D.4. To what extent was the RP designed, implemented, monitored and evaluated based on UNFPA supported RBM and EBP principles?

- RBM and EBP principles specifications (4d)
- Extent of compliance of the RP Design, implementation, M&E with these principles. (4d)
- Gaps areas (4d)
- Adaptation if any, at which level. (4d)
- Perceived value, usability and usefulness. (4d)

E. Alignment:
E.1. To what extent is the regional programme aligned with the UNFPA Strategic Plan?

1. How closely do you feel that the RP is aligned with the UNFPA Global Strategic Plan? If closely aligned, please could you provide concrete examples of the alignment with the SP? For example, have the recent changes in the SP following the MTR been reflected in the RP? (21)
2. What changes have been made to the RP of-late which reflect changes that have been made in the SP? (21)
3. One of the major thrusts of the revised SP is for a greater degree of focus and concentration on areas of the UNFPA mandate which are relevant to particular country situations. How has this change of position been reflected in programming in the COs and how is the RO influencing these changes at country level? (21)

E.2. How has UNFPA been effectively working together with other UN partners in the region?

1. Please could you outline the nature of interaction with other UN agencies within the region, UN country offices (other than UNFPA) and other UN regional offices e.g. UNICEF, WHO, UNWomen? (22)
1. Have there been any operational programmes implemented jointly with other UN agencies within the region? If 'yes' please elaborate on these programmes? (22)
2. (If applicable) How has the joint-programming improved the effectiveness of the programme in comparison with programmes that are conducted solely by UNFPA? (22)

F. Responsiveness:
F.1. To what extent did the regional programme anticipate and respond to significant changes in the regional and national development context? What were the missed opportunities in UNFPA programming?

1. What have been the most significant changes in the regional and national context? (23)
2. Did the RP anticipate those changes? (23)
3. How has the RP responded to those changes? (23)
4. Are there initiatives that the RP should have made in response to changes in the regional or national development context but were unable to? If 'yes' then why was the RO unable to respond to the

changes? e.g. lack of personnel, lack of budget, did not anticipate and was unable to respond quickly enough (one prompt might be the change in regime in Libya) (23)

G. Added Value:

G.1. To what extent did the regional programme add value to regional and country efforts in the priority areas of UNFPA's work?

1. Do you have examples where the RP has added value to the regional and country efforts in Reproductive Health, Population and Development, Gender, Youth and HIV? If 'yes' please elaborate on these examples? (24)

DAC Criteria at the RP Level:

1. Relevance

1.1. Has ASRO applied the right strategy within the specific political, economic and social context of the region?

a. Do you think that the RO has applied the right strategy within the political, economic and social context of the region? [Need examples here from the ERG so that the questions can be made more meaningful otherwise the respondents may well be unable to provide a meaningful response] (27)
b. Please give examples of where you feel that the RO applied exactly the right strategic approach? (27)
c. Please give examples of where you feel that the RO did not apply the right strategic approach? (27)
d. If the RO found that it had applied the wrong strategic approach, did it make mid-course corrections to mitigate the effects and change the strategic approach? (27)

1.2. What have been the critical gaps in UNFPA RP?

a. Have there been any critical gaps in the UNFPA Regional Programme? [e.g. from initial discussions, identification of gaps in HR capacity in the CO and RO staffing) If 'yes' please elaborate these? (28)

b. Were these gaps identified by the RO and remedial measures taken? If 'yes' please give examples of remedial measures taken? If 'no' why do you think this was the case? (28)

2.Effectiveness

2.1. The RP covers the entire Strategic Plan – should it continue to do so or should the next RP be more focused? (Note: this is closely related to question our Id. = [21] above)

a. Do you feel that the RP should cover the entire SP or should it be more focused to reflect the regions priorities? If 'yes' please explain reasons why it should be more focused? If 'no' please explain reasons why it is important that the RP has the same scope as the Global SP?

2.2. Have the RP activities contributed to enhanced results at country level?

a. Are there obvious examples of where the RP has enhanced results achieved at the country level? If 'yes' please elaborate on these examples? (33)

2.3. Has RP accomplished its intended objectives and planned results?

a. What have been the principal objectives and planned results of the RP over the period 2008-12? [in specific technical area as applicable] (29)

b. Is the RP on track to achieve the intended results over the plan period? If 'yes' please give examples with supporting information? If 'no' please explain why the RP has not fulfilled its intended objectives or reached its planned results? (29)

2.4. What are the strengths and weaknesses of the RP?

a. What do you consider to be the strengths of the RP? (30)
b. What would you consider to the be the biggest strength of the RP? (30)
c. What do you consider to be the weaknesses of the RP? (30)
d. What would you consider to the be the biggest weakness of the RP? (30)

2.5. Should the RP maintain similar strategies and actions for the up-coming cycle?

a. How can the RP best build upon its strengths and the lessons learned in the first cycle of the programme?
b. Is there a need to change some aspects of the strategic programme of the RO in the next cycle?
c. How can the RP best address its weaknesses in the next RP cycle?

3. Efficiency

3.1. How well did UNFPA use its human and financial resources to achieve its contribution?

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

4. Sustainability

4.1. Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional/national, institutions and stakeholders after the interventions are completed?

1- The CB initiatives conducted by the Arab states Regional office (ASRO) targeted the appropriate institutions and/or individuals at the country level.
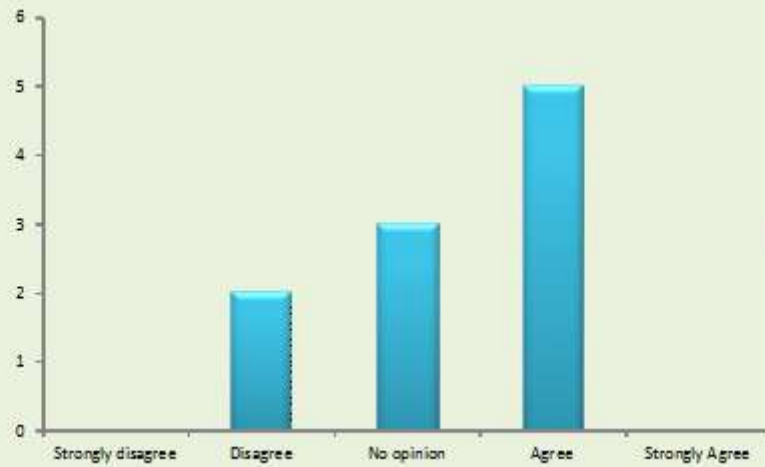
positive on balance

2- The knowledge and skills set offered by the CB initiatives conducted by ASRO was appropriate
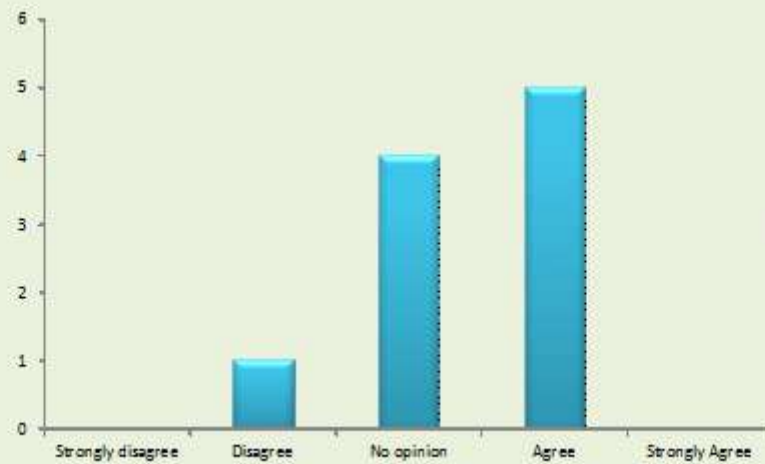
positive on balance

3- The CB initiatives conducted by ASRO contributed to the intended institutional improvement / change among national counterparts.
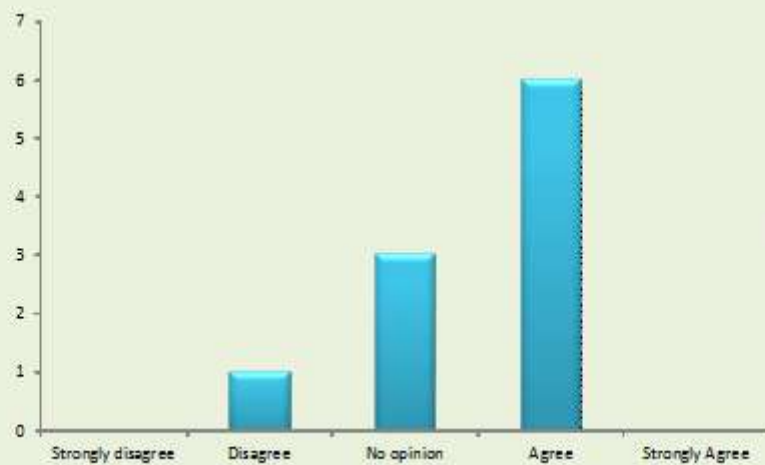
positive on balance

4- The CB initiatives conducted by ASRO complemented the CB efforts conducted by UNFPA or other partners at country level.
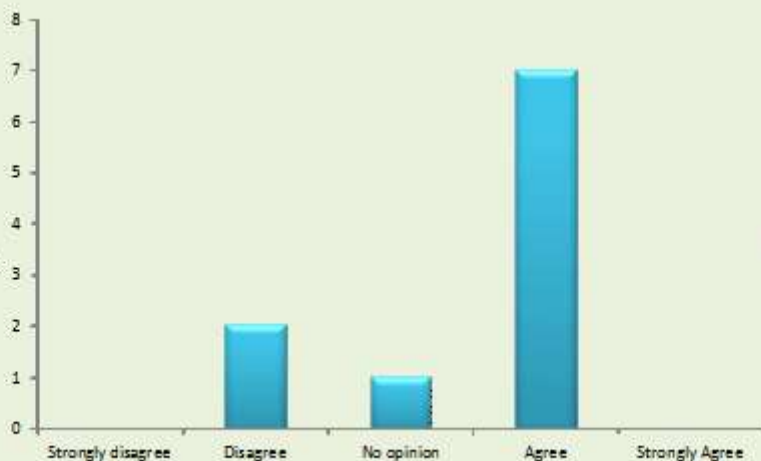
positive on balance

5- The CB initiatives modalities adopted by ASRO were appropriate in terms of contributing to national capacity development.

positive on balance

6- The CB initiatives conducted by ASRO responded to the priorities at country level.

positive on balance

1- The CB initiatives conducted by ASRO targeted the appropriate individuals at the CO.
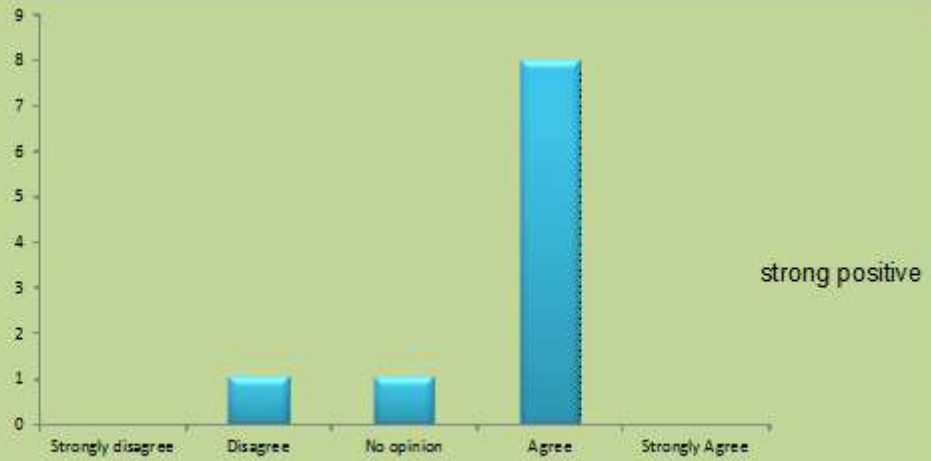
strong positive

2- The CB initiatives conducted by ASRO offered an appropriate knowledge and skill set to the CO personnel.

strong positive

3- As a result of ASRO CB initiatives, UNFPA CO's are better positioned to engage in policy dialogue to ensure ICPD issues are reflected in national and UNDAF priorities.

positive on balance
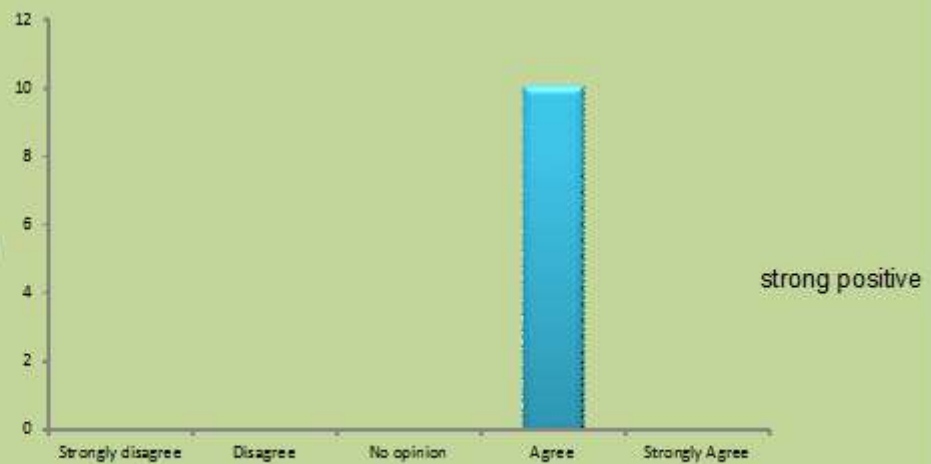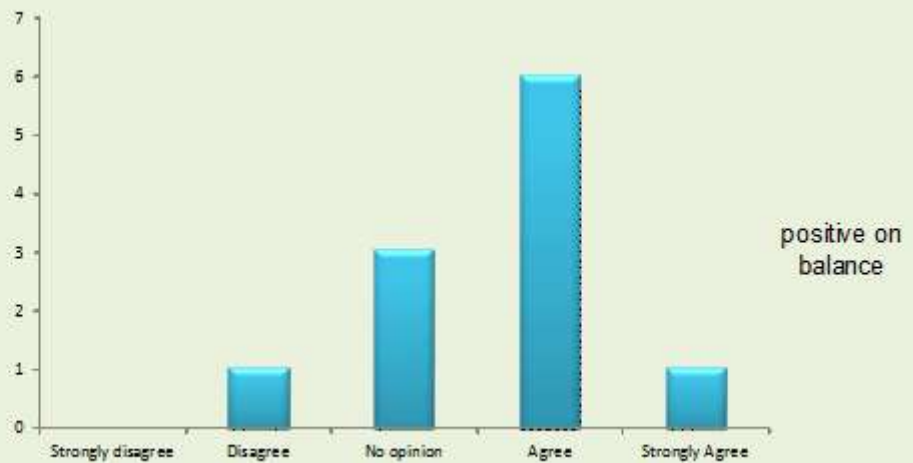
4- As a result of ASRO CB initiatives, UNFPA CO's are better positioned to provide technical leadership in response to national priorities.

positive on balance

5- Based on the RP support, the CP was designed, implemented, monitored and evaluated based on UNFPA supported RBM and EBP principles.

positive on balance

B. Advocacy and Research

1- Advocacy efforts under the Regional Program (RP) successfully positioned the ICPD agenda and raised the UNFPA profile in the region among governments, civil society, UN agencies, the donor community and public.

positive on balance

2- The research supported by the RP has been strategic in its identification, implementation, and used to advance the ICPD agenda through advocacy, policy, programming at regional and country levels.

strong positive

3- Research and analysis supported under the RP has provided forward-looking thinking in the area of ICPD to provide leadership in development of national policies and programmes.

strong positive

C. Partnerships

1- The partnerships (implementing, collaborating, and technical) established through the RP contributed to the advancement of the ICPD agenda.

ambivalent
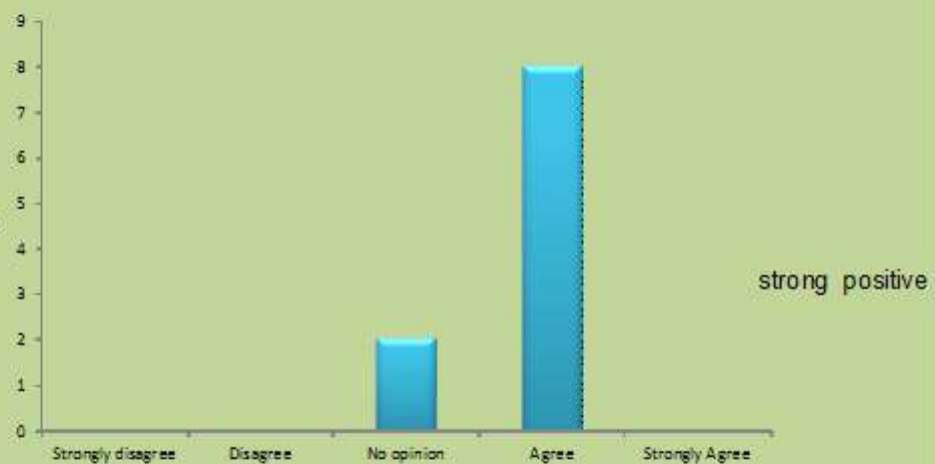
2- The RP effectively leveraged political, financial, technical resources of partners at regional or country level in support for ICPD.

negative on balance

D. RP Management

1- The RP provided an appropriate support to the country programs at the technical level.

positive on balance

2- The RP provided an appropriate support to the country programs at the programs level.
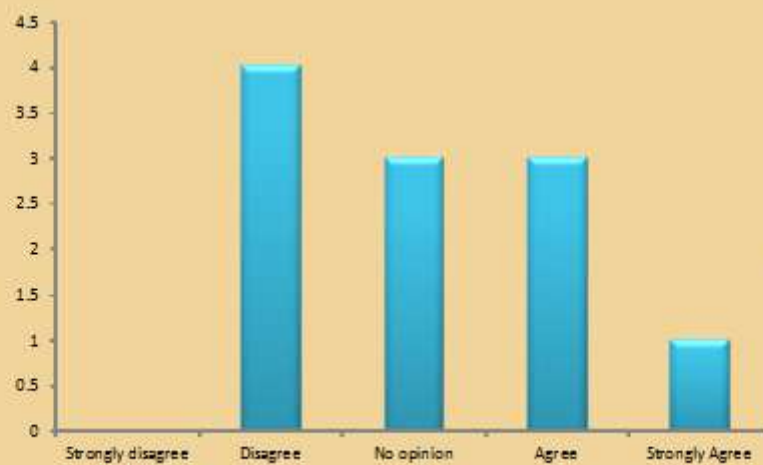
ambivalent

3- The RP provided an appropriate support to the country programs at the operational level.
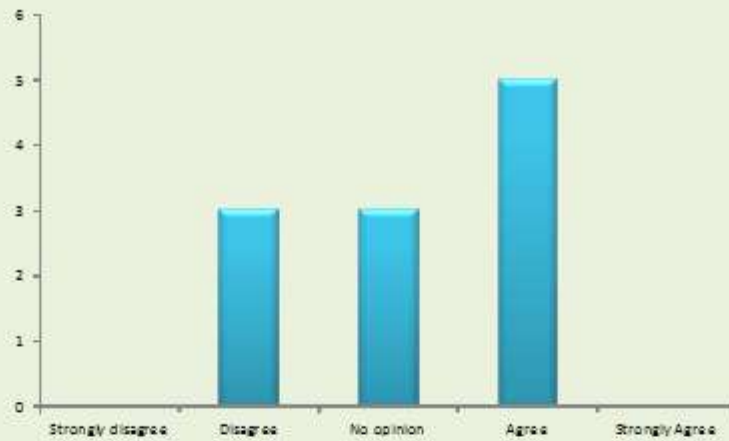
positive on balance

4- The RP provided leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health.
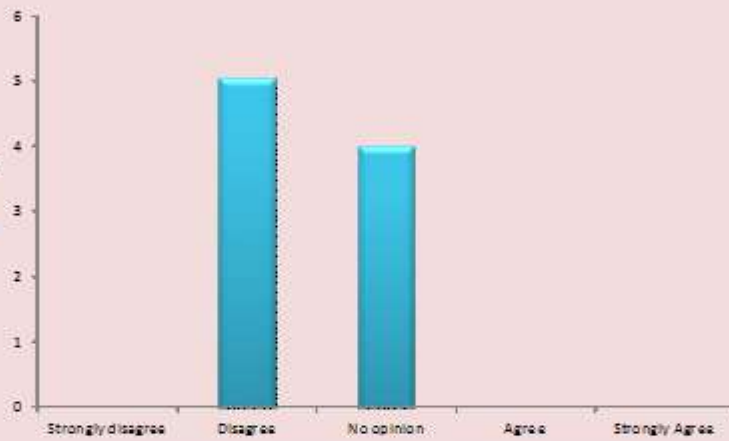
negative on balance

E. Strategic Positioning of UNFPA Regional Programme

1- The RP anticipate and respond to significant changes in the regional and national development context.
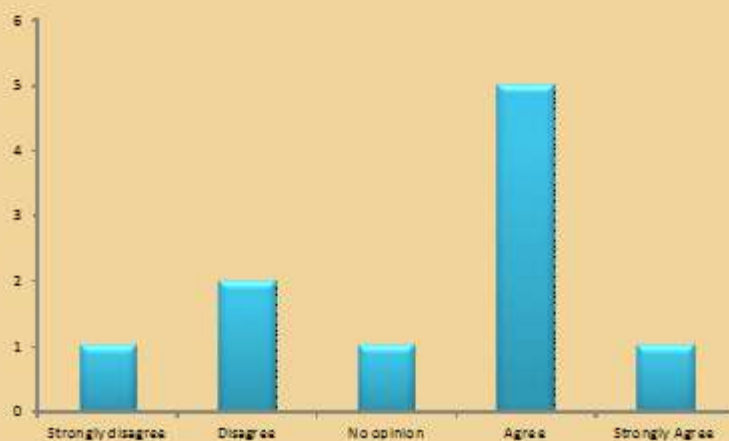
ambivalent

2- The RP add value to regional and country efforts in the priority areas of UNFPA's work.
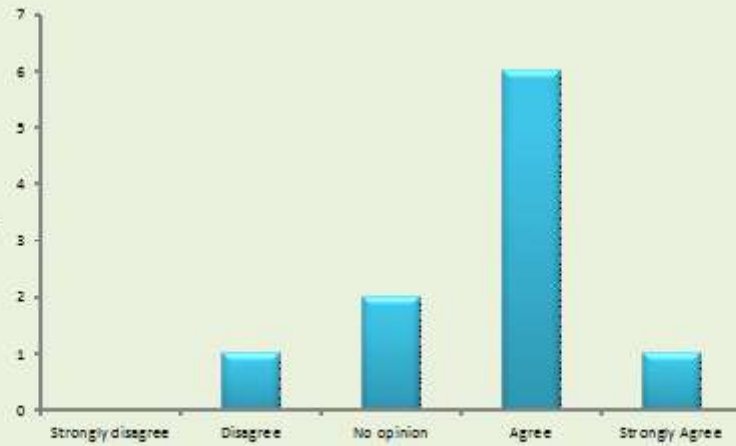
positive on balance

F. Relevance, Effectiveness, Efficiency and sustainability

F.1- RH Focus Area

1- The RP was relevant to the priority needs of the countries.
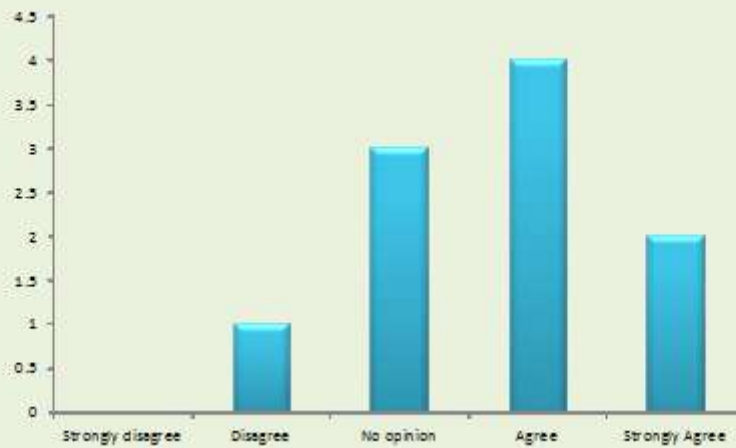
positive on balance

2- The RP was relevant to priorities of UNFPA.
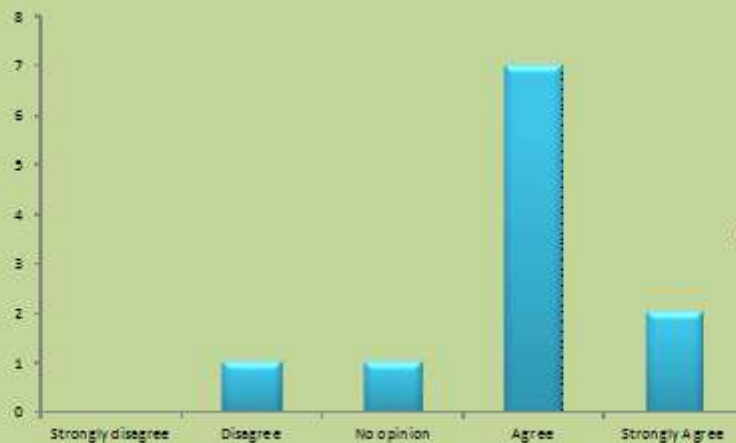
strong positive

3- ASRO adopted the right strategy of work within the specific political, economic and social context of the region.

positive on balance

4- The RP activities contributed to enhanced results at country level.

positive on balance

5- The RP used properly its human and financial resources to achieve its contribution.

positive on balance

6- The RP incorporated capacity development measures to ensure sustainability of the results over time.

ambivalent

7- ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

ambivalent

F.2- PD Focus Area

1- The RP was relevant to the priority needs of the countries.

positive on balance

2- The RP was relevant to priorities of UNFPA.
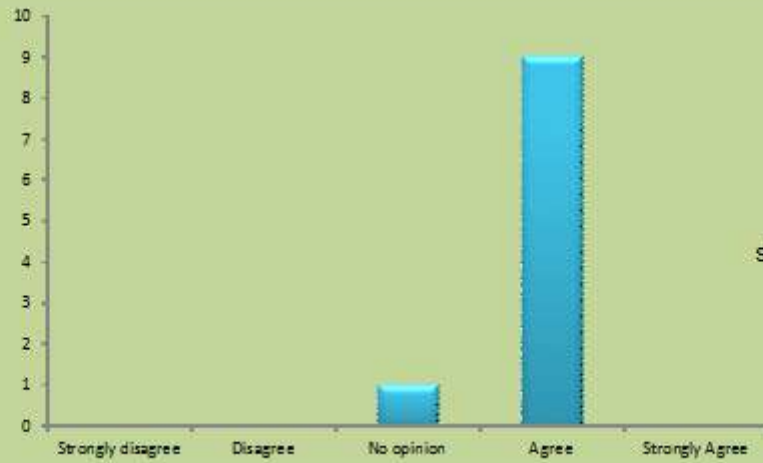
strong positive

3- ASRO applied the right strategy within the specific political, economic and social context of the region.

positive on balance

4- The RP activities contributed to enhanced results at country level.

ambivalent

5- The RP used properly its human and financial resources to achieve its contribution.

positive on balance

6- The RP incorporated capacity development measures to ensure sustainability of the results over time.

ambivalent

7- ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

ambivalent

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F.3- Youth Focus Area

1- The RP was relevant to the priority needs of the countries.

strong positive

2- The RP was relevant to priorities of UNFPA.

strong positive

3- ASRO applied the right strategy within the specific political, economic and social context of the region.

strong positive

4- The RP activities contributed to enhanced results at country level.

strong positive

5- The RP used properly its human and financial resources to achieve its contribution.

strong positive

6- The RP incorporated capacity development measures to ensure sustainability of the results over time.

strong positive

7- ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

positive on balance

F.4- Gender Focus Area

1- The RP was relevant to the priority needs of the countries.
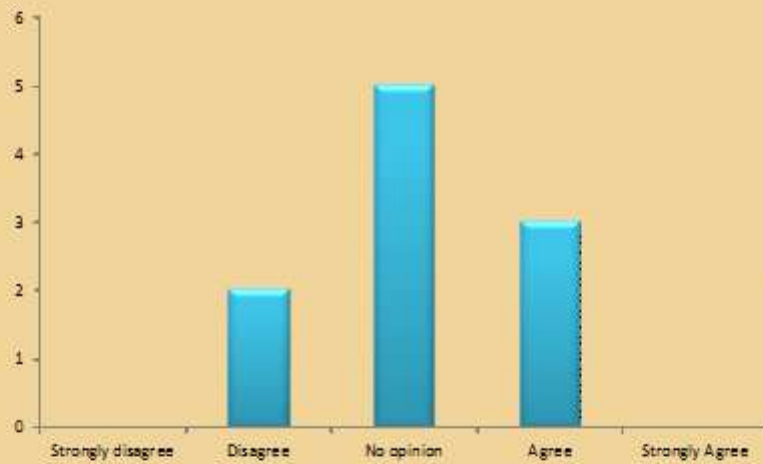
ambvalent

2- The RP was relevant to priorities of UNFPA.
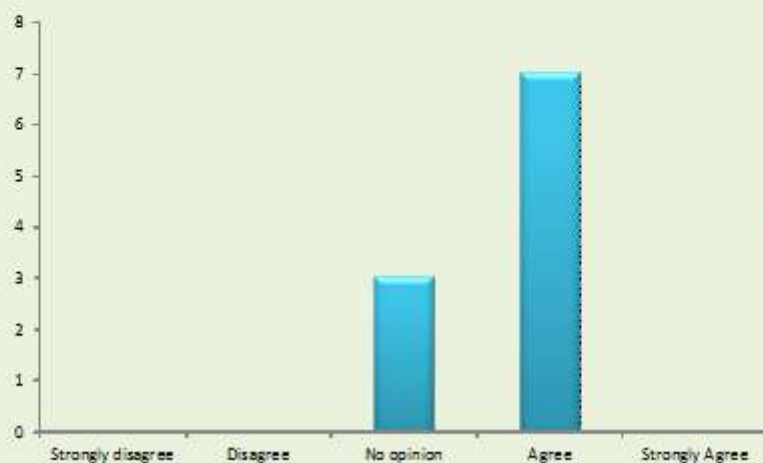
positive on balance

3- ASRO applied the right strategy within the specific political, economic and social context of the region.
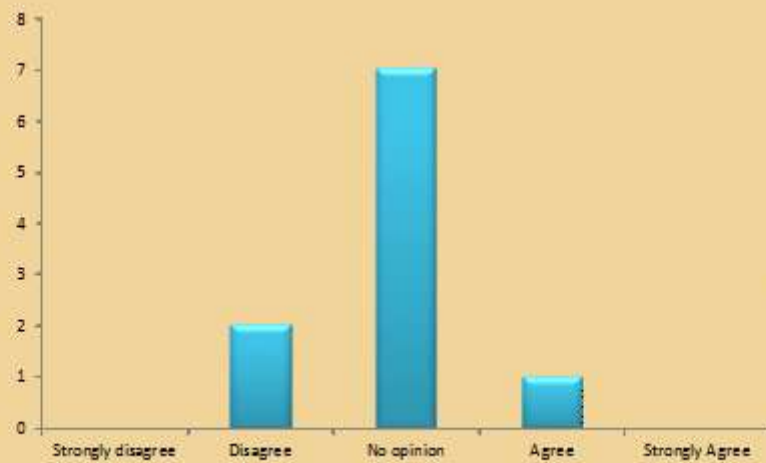
ambivalent

4- The RP activities contributed to enhanced results at country level.
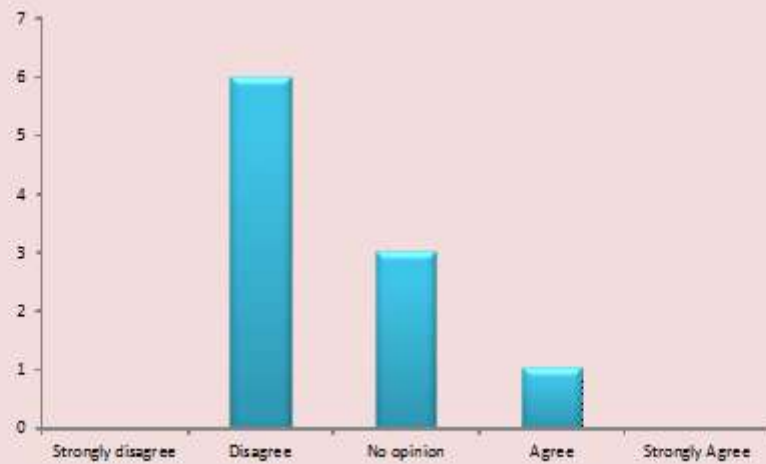
negative on balance

5- The RP used properly its human and financial resources to achieve its contribution.
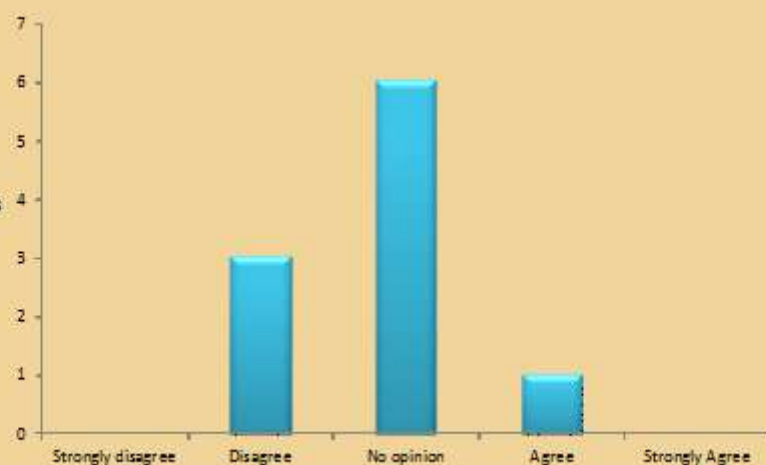
ambivalent

6- The RP incorporated capacity development measures to ensure sustainability of the results over time.
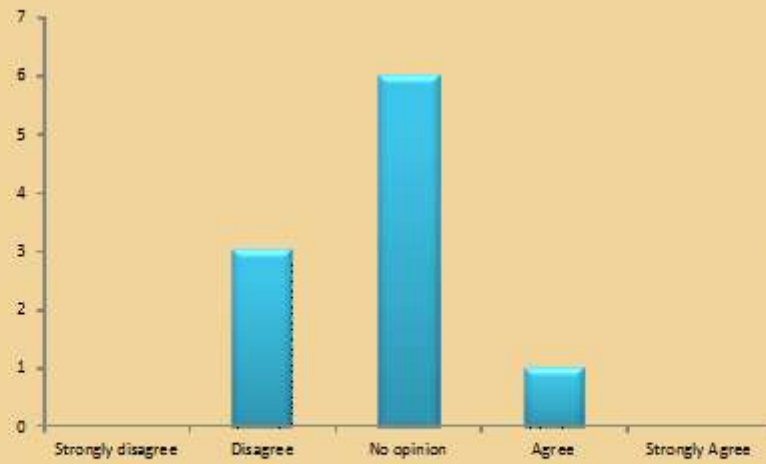
ambivalent

7- ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.
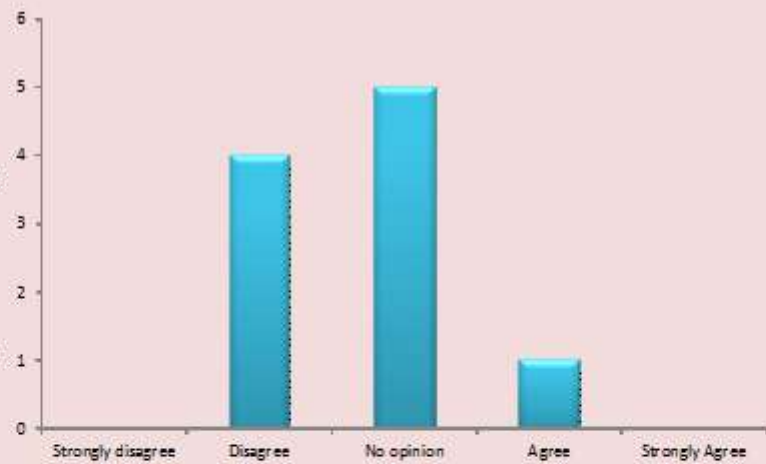
negative on balance

Colour Key

strongly negatove	negative on balance	ambivalent	positive on balance	strongly positive

Summary of Collective Responses from CO Managers

	strongly negatove	negative on balance	ambivalent	positive on balance	strongly positive

Category/Statement

A. Capacity Building (CB)

A.1- At the national level

Statement	strongly negatove	negative on balance	ambivalent	positive on balance	strongly positive
1- The CB initiatives conducted by the Arab states Regional office (ASRO) targeted the appropriate institutions and/or individuals at the country level.				☐	
2- The knowledge and skills set offered by the CB initiatives conducted by ASRO was appropriate				☐	
3- The CB initiatives conducted by ASRO contributed to the intended institutional improvement / change among national counterparts.				☐	
4- The CB initiatives conducted by ASRO complemented the CB efforts conducted by UNFPA or other partners at country level.				☐	
5- The CB initiatives modalities adopted by ASRO were appropriate in terms of contributing to national capacity development.				☐	
6- The CB initiatives conducted by ASRO responded to the priorities at country level.				☐	
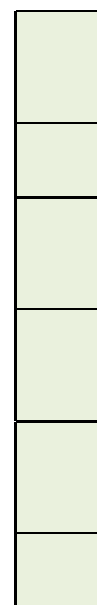
A.2- At the country office (CO) level

Statement	strongly negatove	negative on balance	ambivalent	positive on balance	strongly positive
1- The CB initiatives conducted by ASRO targeted the appropriate individuals at the CO.					☐
2- The CB initiatives conducted by ASRO offered an appropriate knowledge and skill set to the CO personnel.					☐
3- As a result of ASRO CB initiatives, UNFPA CO's are better positioned to engage in policy dialogue to ensure ICPD issues are reflected in national and UNDAF priorities.				☐	
4- As a result of ASRO CB initiatives, UNFPA CO's are better positioned to provide technical leadership in response to national priorities.				☐	
5- Based on the RP support, the CP was designed, implemented, monitored and evaluated based on UNFPA supported RBM and EBP principles.				☐	

B. Advocacy and Research
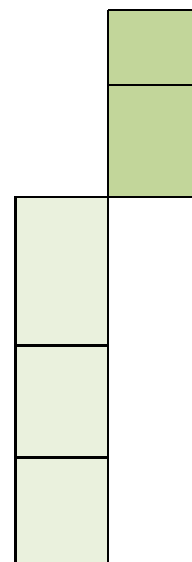
Statement	strongly negatove	negative on balance	ambivalent	positive on balance	strongly positive
1- Advocacy efforts under the Regional Program (RP) successfully positioned the ICPD agenda and raised the UNFPA profile in the region among governments, civil society, UN agencies, the donor community and public.				☐	
2- The research supported by the RP has been strategic in its identification, implementation, and used to advance the ICPD agenda through advocacy, policy,					☐
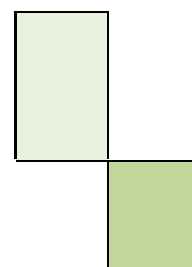
programming at regional and country levels.

3-   Research and analysis supported under the RP has provided forward-looking thinking in the area of ICPD to provide leadership in development of national policies and programmes.

C. Partnerships

1-   The partnerships (implementing, collaborating, and technical) established through the RP contributed to the advancement of the ICPD agenda.

2-   The RP effectively leveraged political, financial, technical resources of partners at regional or country level in support for ICPD.

D. RP Management

1-   The RP provided an appropriate support to the country programs at the technical level.

2-   The RP provided an appropriate support to the country programs at the programs level.

3-   The RP provided an appropriate support to the country programs at the operational level.

4-   The RP provided leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health.

E. Strategic Positioning of UNFPA Regional Programme

1-   The RP anticipated and responded to significant changes in the regional and national development context.

2-   The RP added value to regional and country efforts in the priority areas of UNFPA's work.

F. Relevance, Effectiveness, Efficiency and sustainability

F.1- RH Focus Area

1-   The RP was relevant to the priority needs of the countries.

2-   The RP was relevant to priorities of UNFPA.

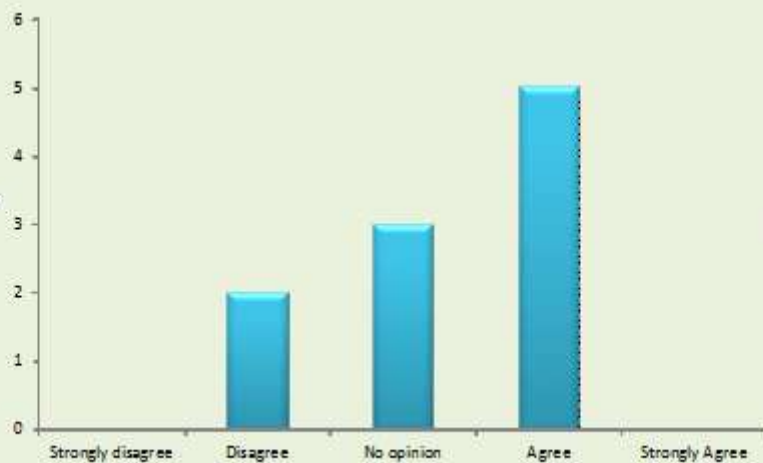3-   ASRO adopted the right strategy of work within the specific political, economic and social context of the region.

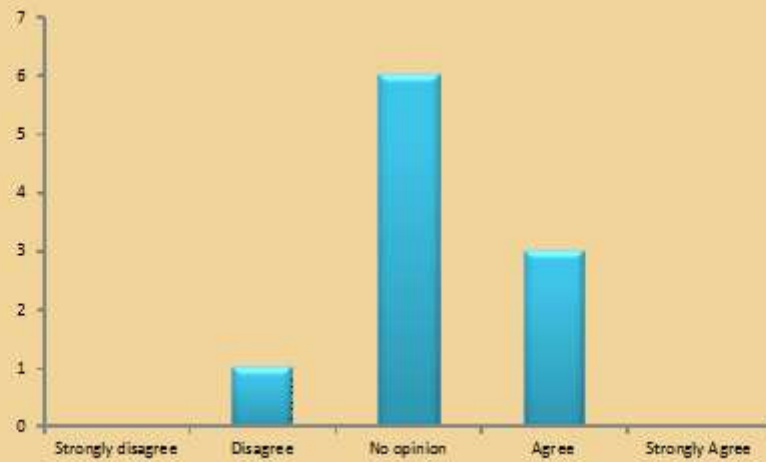4-   The RP activities contributed to enhanced results at country level.

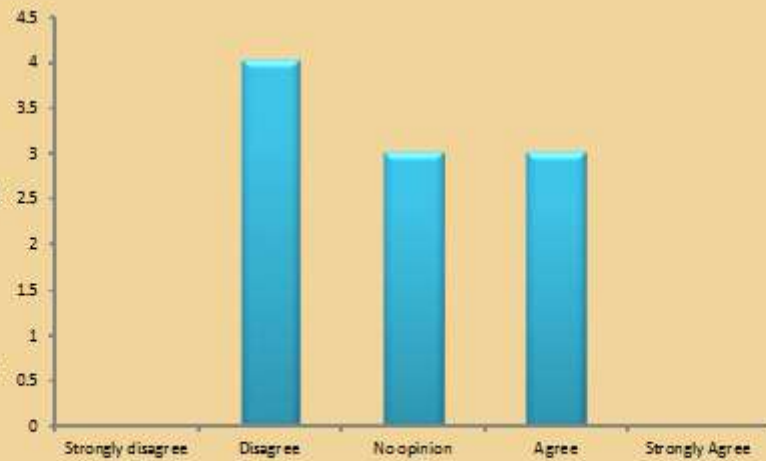5-   The RP used properly its human and financial resources to achieve its contribution.

6-   The RP incorporated capacity development measures to ensure sustainability of the results over
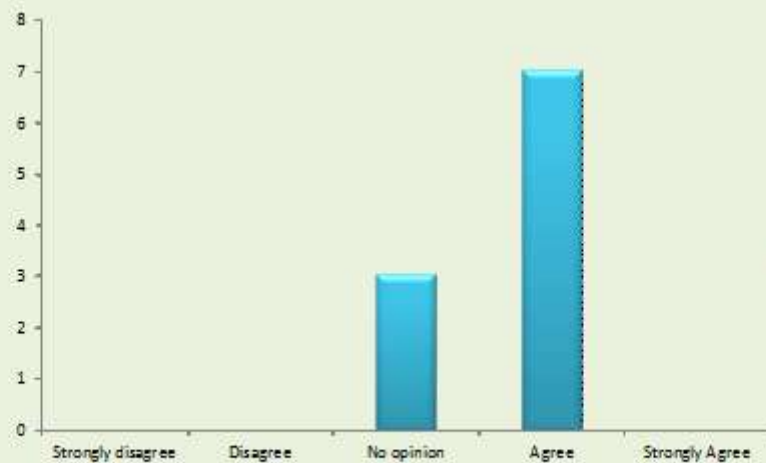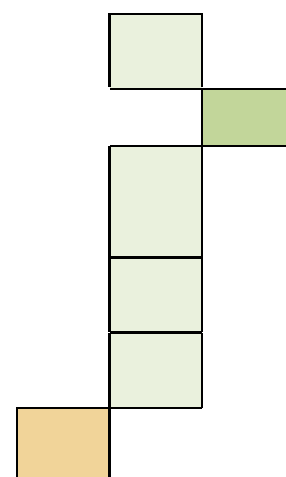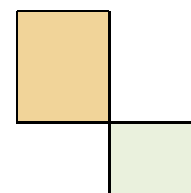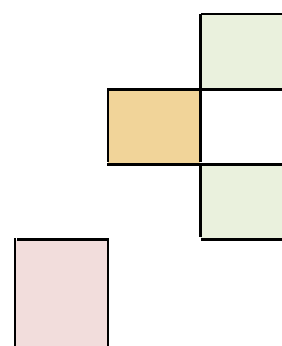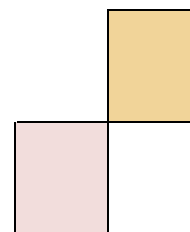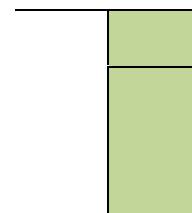
time.

7-   ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

F.2- PD Focus Area

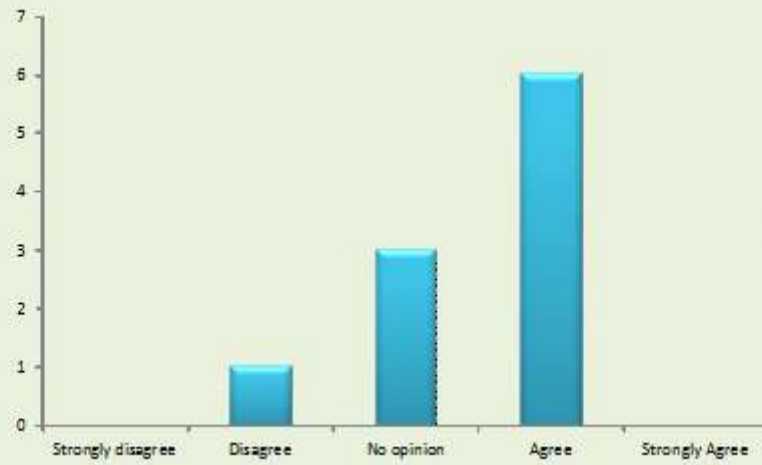1-   The RP was relevant to the priority needs of the countries.
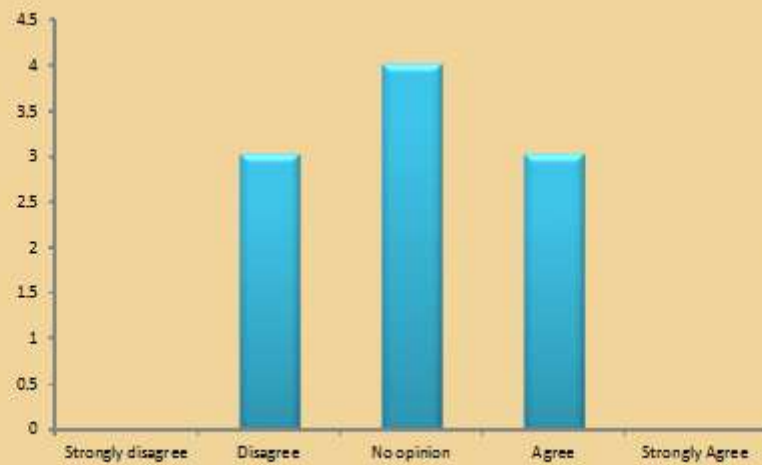
2-   The RP was relevant to priorities of UNFPA.

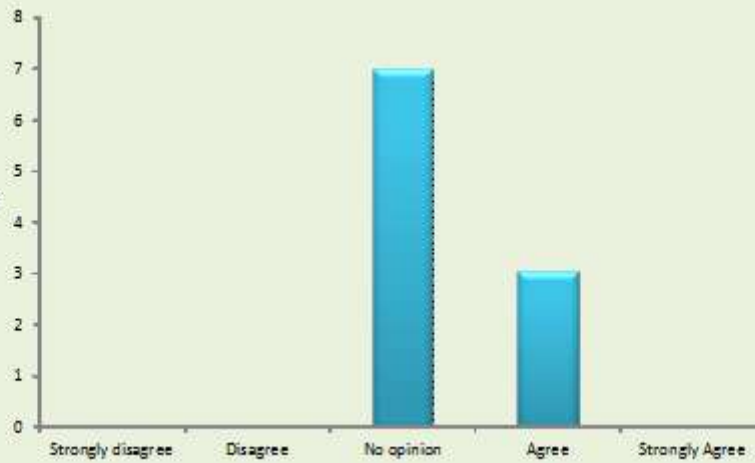3-   ASRO applied the right strategy within the specific political, economic and social context of the region.

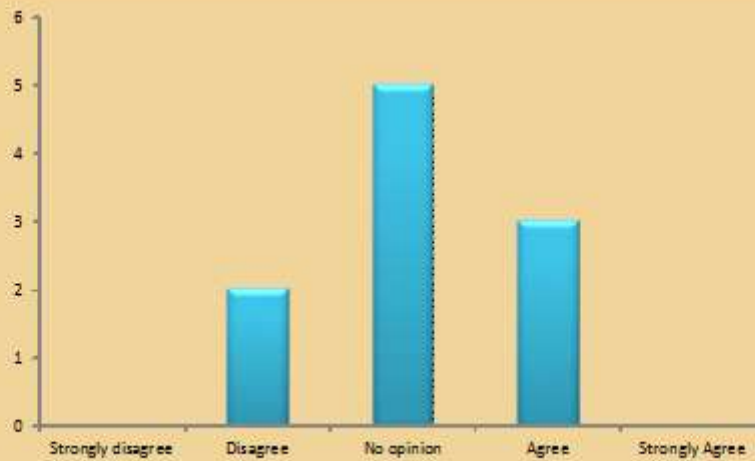4-   The RP activities contributed to enhanced results at country level.

5-   The RP used properly its human and financial resources to achieve its contribution.

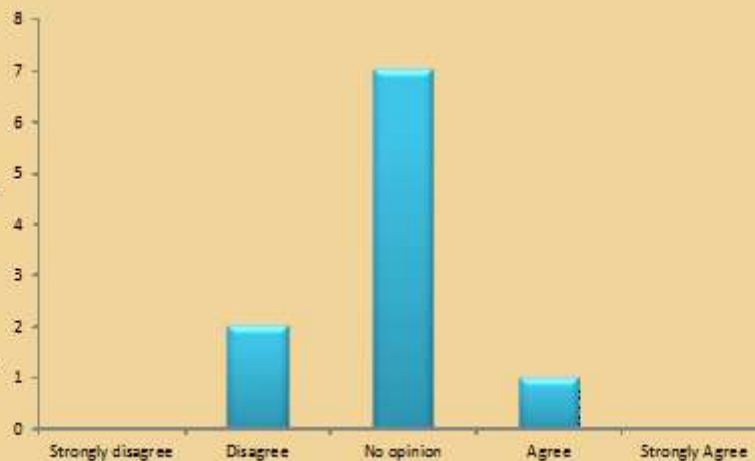6-   The RP incorporated capacity development measures to ensure sustainability of the results over time.

7-   ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

F.3- Youth Focus Area

1-   The RP was relevant to the priority needs of the countries.

2-   The RP was relevant to priorities of UNFPA.

3-   ASRO applied the right strategy within the specific political, economic and social context of the region.

4-   The RP activities contributed to enhanced results at country level.

5-   The RP used properly its human and financial resources to achieve its contribution.

6-   The RP incorporated capacity development measures to ensure sustainability of the results over time.
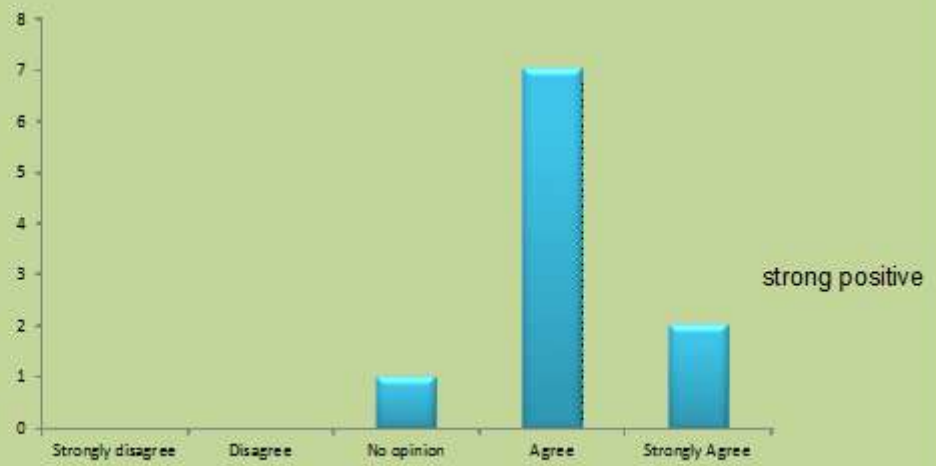
7-   ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national,
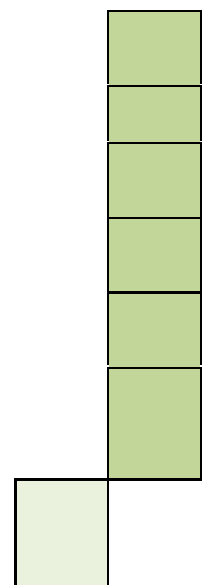
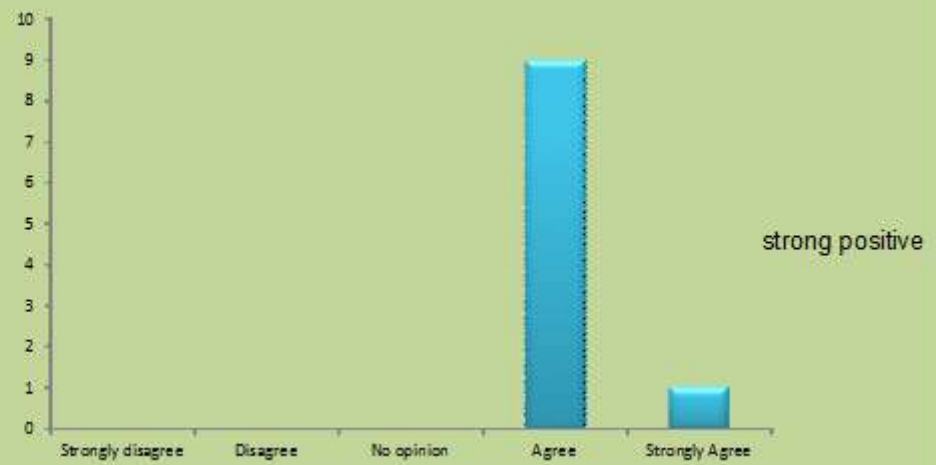institutions and stakeholders after the interventions are completed.
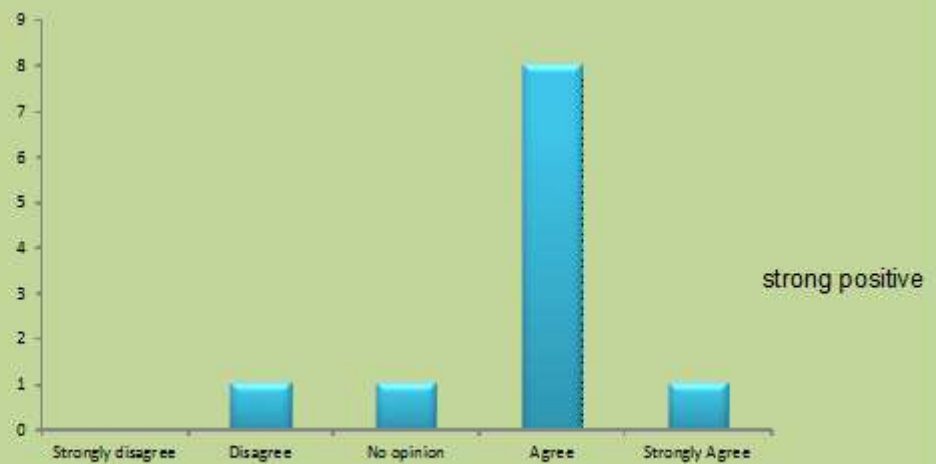
F.4- Gender Focus Area

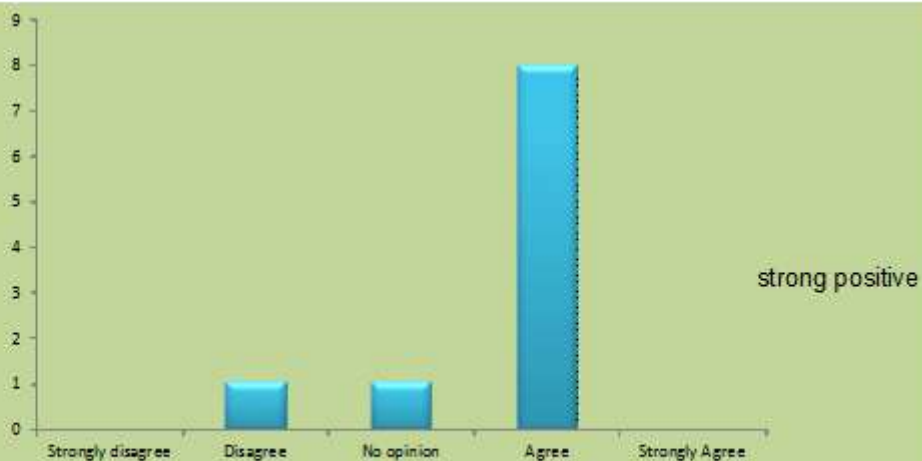1- The RP was relevant to the priority needs of the countries.

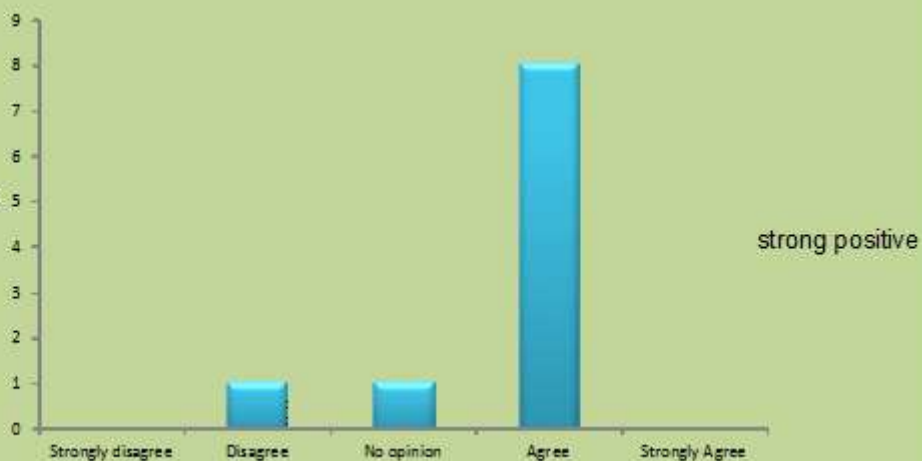2- The RP was relevant to priorities of UNFPA.

3- ASRO applied the right strategy within the specific political, economic and social context of the region.

4- The RP activities contributed to enhanced results at country level.

5- The RP used properly its human and financial resources to achieve its contribution.

6- The RP incorporated capacity development measures to ensure sustainability of the results over time.

7- ASRO contributed to putting conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by national, institutions and stakeholders after the interventions are completed.

Areas of Assistance 2010, 2011,2012
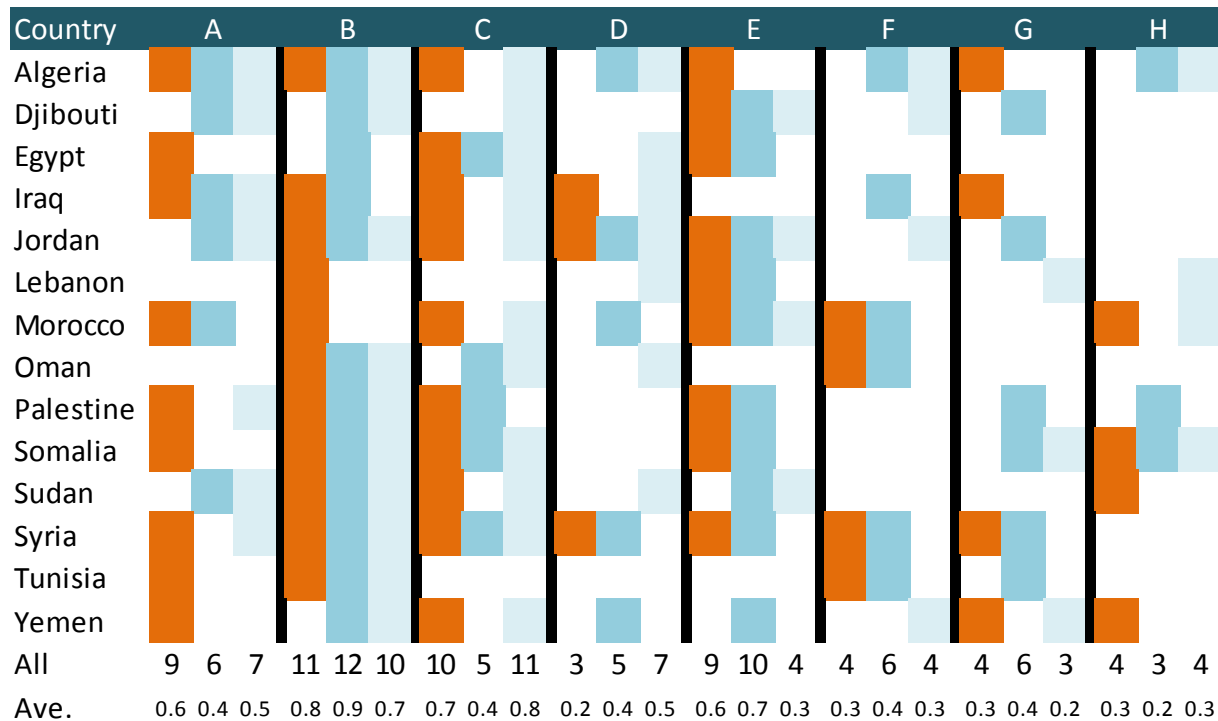
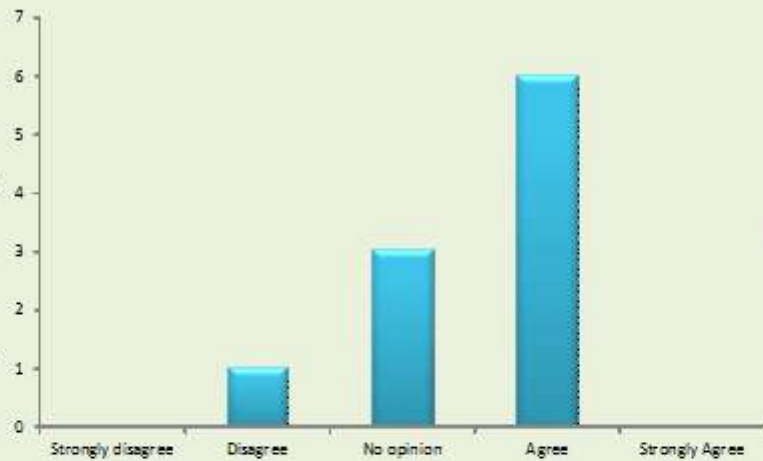| Country	A			B			C			D			E			F			G			H		
Algeria																								
Djibouti																								
Egypt																								
Iraq																								
Jordan																								
Lebanon																								
Morocco																								
Oman																								
Palestine																								
Somalia																								
Sudan																								
Syria																								
Tunisia																								
Yemen																								
All	9	6	7	11	12	10	10	5	11	3	5	7	9	10	4	4	6	4	4	6	3	4	3	4
Ave.	0.6	0.4	0.5	0.8	0.9	0.7	0.7	0.4	0.8	0.2	0.4	0.5	0.6	0.7	0.3	0.3	0.4	0.3	0.3	0.4	0.2	0.3	0.2	0.3

A: Strategic guidance on CCA/UNDAF, country programme formulation and implementation

B: Technical contribution to the other programming process

C: Coordination of inputs from other HQ Divisions (PD, TD, DOS etc) for improved quality of programming

D: Joint review of the CP and projects in terms of their relevance and effectiveness

E: Support to CP monitoring and evaluation activities

F: Political support to help better position CP vis-a-vis the government in the national development context

■ = 2010
■ = 2011
■ = 2012

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Country Office Rating of Regional Office Support by Category 2009-12

Relevance
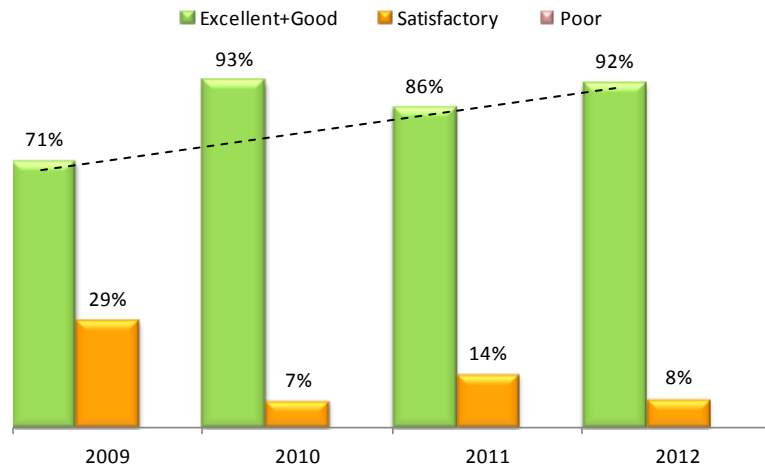
Quality of Support
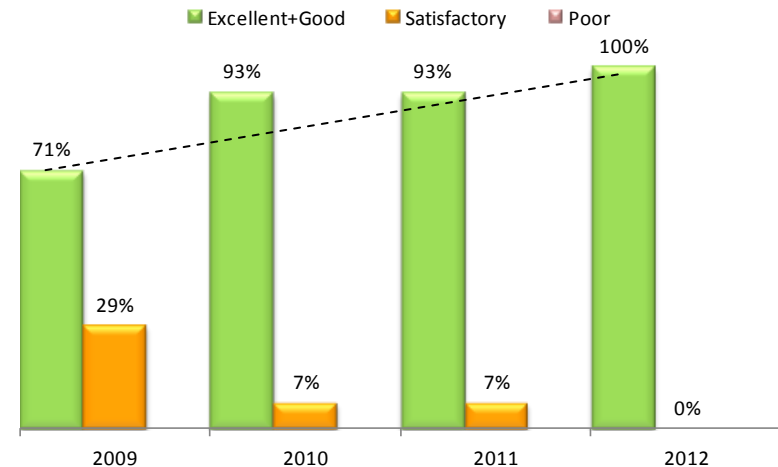
Timeliness of Support

Impact on Quality of the Country Programme
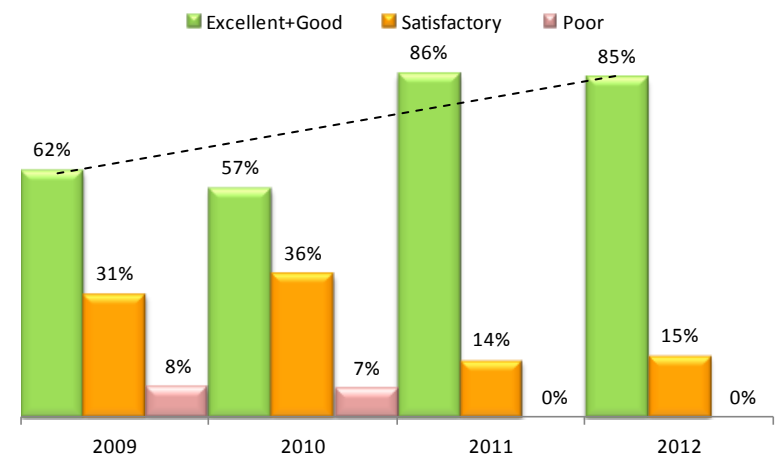
COAR Narrative Comments

Country	2009	2010	2011	2012
Algeria	It has been specially useful to have financial and administrative support for specific issues where expertise is not available in the CO.	A good experience with CP Evaluation	Effective support for management transition of the Country Office after the retirement of Representative	We have received strong support from the regional office. In particular for the formulation / finalization of PAPP.
Djibouti	No comments provided	No comments provided	No comments provided	The year 2012 was a year of preparation for the next programming cycle 2013-2017. To this end, the Country Office has received quality support from the Regional Office
Egypt	No comments provided	No comments provided	No comments provided	No comments provided
Iraq	No comments provided	No comments provided	Several Regional advisors posts were vacant during significant part of 2011. This has a detrimental effect on regional office capacity to respond to COs requests	ASRO has provided timely feedback on Desk review request, however provision of technical assistance was limited due to the security situation in Iraq, as well as the heavy agenda of regional advisers with other priority countries
Jordan	No comments provided	No comments provided	No comments provided	This year has been especially difficult given the situation in Syria and its implications on

Country	2009	2010	2011	2012
				Jordan, the support we received from ASRO was exceptional, starting from moral support, to financial support when we had no funding at all, which enabled us to get started, become more visible, and hence raise other funds. We also received technical support from colleagues who were ready to do things with us and not tell us how to do things.
Lebanon	No comments provided	No comments provided	No comments provided	The support provided specifically within the context of the humanitarian response was of high quality and timely
Libya	NA	NA	NA	Libya CO was run by one staff member for a substantial duration of the year. The support provided by the RO staff at different levels and responsibilities, and by HQ staff, as well as the NRC organization staff secondment, detail assignments and short missions undertaken by RO staff and other COs staff to Libya CO was crucial in supporting office establishment, functionality and programmatic accomplishments.

Country	2009	2010	2011	2012
Morocco	2009 was a difficult year for ASRO as most of the staff was being recruited and the team was not fully operational. Support in French was a challenge.	Le bureau du Maroc avait formulé des besoins d'assistance technique dans plusieurs domaines à savoir : SR des jeunes et adolescents, planification stratégique sensible aux DH et Genre, évaluations thématiques ou programmatiques, ...etc, auxquels le bureau régional n'a apporter un appui adéquat et à temps. Il y a le problème du français et des besoins pointus pour lesquels il est parfois difficile de trouver des experts.	La demande de l'assistance technique pointue dont le bureau du Maroc a eu besoin dans les domaines de la qualité de consultation prénatale, partenariat avec la société civile, SSR chez les handicapés, SWAP et l'analyse institutionnelle de structures de recherches démographiques, n'a pas pu être satisfaite ni par le bureau régional ni par le HQ.	Necessary support was provided in a timely manner
Oman	Due to the fact that Oman's weekends are Thursday/Friday, and HQ weekends are Saturday/Sunday.This resulted in numerous delays regarding urgent actions.	Regarding the overall quality of the office's AWP and the program delivery, there was not much that could be done in 2010, due to the fact that HQ had refused to transfer the CO's approved ceiling for 2010 until all bank reconciliation issues were resolved. The money was finally transferred on 21st November 2010, which left the office with less than a month during which to deliver as much of the approved AWP as possible.	The continuous delay in the appointment of a representative	No comments provided
Palestine	No comments provided	We were very happy with the support we had from ASRO	In 2011 we made a conscious effort to minimize our requests	ASRO mission to oPt to assist in early stages of CPD

Country	2009	2010	2011	2012
		throughout 2010; the difficulties that they had with the regionalisation process and the move to Cairo impacted a little on the timeliness and quality of their support, but we always felt that the team was making all possible efforts to support us and that we were their first priority.	for support from our RO, since ASRO was in a transitional phase as regards a number of key staff, and more importantly, was overburdened with the unfolding emergencies and political developments in other countries of the region. Nevertheless, we benefited from a number of key support activities, chief of which was the development of integrated youth strategies and action plans together with other UN agencies, and quality support to our RH programme.	development was very useful and highly appreciated especially also in line with the new strategic priorities and the new PRC process.
Somalia	No comments provided	No comments provided	Due to the vacant Representative post for the whole 2011, the RO provided and extensive support on all aspects of the the CO management and programing. The RD visited the CO and participated in UNCT/ donors and side discussions twice in 2011. Also many missions were conducted to the CO head office in Nairobi and the field office in Somalia.	The regional office provided substantial technical support to the CO, through several visits by the population specialist and RH advisor. These assisted in successfully initiating the PESS and to provide guidance on the RH programme.
Sudan	Country office is being challenged by the timeliness of the response, as most programmes are implemented	With ASRO moving to the Region, TA will be further enhanced in terms of coordination.	The CO benefitted from the visit of the RD and a number of technical advisors to discuss the BP and the	The Regional Office provided quality support to the development and finalization of both the CP and CPAP

Country	2009	2010	2011	2012
	in partnership with government and other donor agencies with specific implementation timelines. Not being able to meet technical expectation at the right time sets back a whole process.		preparation of the new CP	documents as well as the National Population Policy.
Syria	1) The official visit of the ASRO Director to Syria from 19 to 24 June and high-level meetings set a stage for many priorities and strategic initiatives. 2) ASRO Deputy Director provided tangible support to launching the first Syria State of Population Report as well as management and operational aspects of the Office work. 3) ASRO-CO Retreat in June 2009 was an excellent team building exercise and enhanced the CO staff understanding of the ASRO structure and working modalities (operational procedures, accountability mechanisms, TA delivery, etc.) in the context of regionalization as well as communication lines. 4) ASRO Technical Advisor on Youth/HIV/AIDS provided excellent support to the	1) Arab States Regional Office (ASRO) deployed the M & E Advisor, Mr, Roy Thomson in October and December 2010 to provide comprehensive technical support to the UNCT and UNDAF Technical Team in the formulation of UNDAF Result Framework; 2)ASRO Programme Advisor on Population and Development, Mr. Abdallah Zoubi participated in the UNDAF Prioritization Retreat in October and provided tangible contributions; 3)ASRO Director, Mr. Hafedh Chekir and Programme Advisor on Population and Development, Mr. Abdallah Zoubi visited Syria from 24 to 27 October, 2010. The main objectives of the mission were as follows: 1. build CO rapport with the senior Government officials; 2. discuss and conceptualize UNFPA programming	There were 4 meetings of the concerned Office staff with ASRO senior management with the following objectives: (1) identifying and reaching a common consensus on the best ways of addressing programmatic and operations challenges and bottlenecks; (2) establishing a unifying vision in support of linking development and humanitarian components; (3) renewing commitment to result orientation and accountability principles.	It has been of high value to have the Humanitarian Program Officer on the ASRO team. She, the RD and DRD have been actively engaged with the CO in an ongoing exchange throughout the year. The same is true for IT, security and PD. More support from the technical advisors, especially RH and program, could have been more productive. A high level visit from UNFPA would also have been beneficial at the political level to position UNFPA within the context of the GoS and UNCT and given the number of these senior managers from other agencies who came to Syria in 2012.

Country	2009	2010	2011	2012
	technical and operational aspects of the programme implementation. 5) ASRO Technical Advisor on Population and Development facilitated a national workshop by the organized by the Central Bureau of Statistics and Civil Registration. 6) ASRO deployed the Regional M & E Advisor to support UNDAF Mid-Term Review. The mission identified the following issues: the need for M & E capacity building support to the UNCT and the State Planning Commission and exploring opportunities of technical advisory and support to the next UNDAF M & E framework. The ASRO M & E technical support to UNCT Syria/UNDAF MTR can also be seen as a good practice in light of the forthcoming CCA/UNDAF processes in the six roll-out countries in 2010. 7) ASRO conducted a very comprehensive workshop on Resource Mobilization in Syria. 8) ASRO workshop on CCA/UNDAF in November 2009 was a very timely and strategic initiative in support of	priorities in relation to the Country Analysis (CA) and UNDAF processes and their linkages with the national development prioritization processes. The field visit embrace high-level meetings with the First Lady, Deputy Prime Minister on Economic Affairs, Vice Minister of Foreign Affairs, Head of the State Planning Commission, Minister of Health, Minister of Social Affairs and Labour, Head of the Central Bureau of Statistics, Head of the Syrian Commission for Family Affairs and UN Country Team members. One of the days of the field visit was devoted to the CO Retreat in order to discuss programming and programme priorities and challenges in the context of the CA and UNDAF processes as well as operations issues; 4)ASRO Humanitarian Specialist, Matthieu Arrault facilitated and provided inputs to the sub-regional humanitarian retreat of UNFPA Jordan, Syria and Iraq in June 2010.		

Country	2009	2010	2011	2012
	the future endeavours of the six roll-out countries.			
Tunisia	No comments provided	No comments provided	For this year, the support provided by the Regional Office was mainly focused on the area of the humanitarian programme in the south of Tunisia (Tunisian-Libyan border) and in the organization of the "Campaign for accelerating the reduction of the Maternal Mortality in Africa";	The regional office supported the Country Office especially in reviewing and developing its strategic directions at the national level based on the Mid Term review conducted at the global level; in addition to that, regional Office increased the financial resources of the CO which allowed the office to respond to needs expressed by national partners, better address national priorities and enlarge partnership
Yemen	No comments provided	ASRO has provided good support, although it still could be improved. Technical support for RH and emergency response was continuous and excellent, support for youth and gender programme was excellent but one time and ad hoc given, while population development portfolio have not got support at all. M&E is still the weakest link in the chain and the ASRO support was missing in 2010. Support for security was substantive and good.	Very useful support was received in developing the CPAP, in particular re-aligning the document to the reviewed SP.	The CO received technical support from ASRO advisors for finalizing and aligning the CPAP with the SP outcomes. ASRO also helped the CO to mobilize an international OF surgeon, assisted the CO to develop the national RHCS road map according to the national RH strategy, and assisted the Assistant Representative in the CO in developing the policy brief on family planning in Yemen that will be finalized in 2013.

ASRO Countries Contributing to UNFPA Global Development Results by Performance Indicator by 2012

Country/Geographical area	1.1	1.2	2.1	3.1	4.1	5.1	6.1	7.1	9.1	10.1	10.2SW	12.1	13.1	13.2	13.3	14.1	15.1	15.2	16.1	16.2	17.1	17.2	18.1
Djibouti			Yes		Yes	Yes	2	3		Yes	Yes	Yes	Yes		Yes	Yes	Yes						
Somalia		208	Yes	Yes	Yes	Yes	141						Yes	Yes	Yes		Yes				Yes		
Sudan			Yes	Yes	Yes		96	96				Yes	Yes	Yes	Yes						Yes	175	
Yemen	Yes		Yes		Yes		13	6	Yes			Yes	Yes			Yes	Yes		Yes		Yes	86	Yes
Jordan	Yes	10		Yes				3				Yes	Yes	Yes		Yes			Yes			10	Yes
Egypt												Yes	Yes	Yes	Yes	Yes	Yes	Yes					
Iraq	Yes	20	Yes	Yes				8				Yes		Yes		Yes		Yes	Yes	80	Yes	37	Yes
Morocco	Yes		Yes					5				Yes			Yes	Yes						5	
Syrian Arab Republic	Yes	75	Yes					1								Yes						60	
Tunisia		2		Yes				200				Yes		Yes									
Lebanon								2				Yes				Yes	Yes		Yes				
Occupied Palestinian Territory	Yes		Yes									Yes		Yes					Yes		Yes	22	Yes
Oman	Yes	40										Yes							Yes		Yes	55	Yes
Algeria	Yes											Yes									Yes		Yes
Libya*																							

* programme in start-up phase

Key

1.1	Countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes
1.2	Number of persons trained on how to incorporate population dynamics issues in national plans and programmes
2.1	Countries where UNFPA has supported the development of national health policies and plans with integrated SRH services, (including family planning)
3.1	Countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming
4.1	Countries where UNFPA has developed capacity for management of midwifery workforce policies
5.1	Countries where UNFPA has developed capacity for the upgrade of EmONC in sub-national health plans
6.1	Number of women treated for obstetric fistula with support from UNFPA
7.1	Number of personnel trained on MISP through UNFPA support
8.1	Countries supported by UNFPA with SDPs that have 'no stock outs' of contraceptives within the last 6 months
8.2	Number of national staff trained in logistics management through UNFPA support
9.1	Countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception
10.1	Countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA
10.2	Countries where the comprehensive condom demand generation framework is implemented, specifically targeting a) young people
10.2	Countries where the comprehensive condom demand generation framework is implemented, specifically targeting b) in the context of sex work
12.1	Countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights
13.1	Countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses
13.2	Number of persons trained through UNFPA support in programming for GBV in humanitarian settings
13.3	Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting
14.1	Countries where UNFPA supported civil society organizations/ networks to engage men and boys in promoting gender equality
15.1	Countries where UNFPA supported capacity development for the provision of essential SRH services to young people
15.2	Countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls
16.1	Countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes
16.2	Number of experts trained through UNFPA support to provide technical assistance on design, implementation, and evaluation of comprehensive sexuality education programmes
17.1	Countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data
17.2	Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data NOT specific for humanitarian settings
18.1	Countries where UNFPA has supported capacity development to produce in-depth analysis of census and surveys data

ASRO Development Results Framework (DRF) Performance Measures

Development Results Framework Performance Indicator	2010 Baseline	2011 non cumulative	2011 cumulative	2012 non cumulative	2012 cumulative	Notes
1.1 Number (and percentage) of countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes	5/14	4/14	7/14	4/14	8/14	
1.1 % of countries	36%	29%	50%	29%	57%	
1.2 Number of persons trained on how to incorporate population dynamics issues in national plans and programmes		58		345	403	
2.1 Number (and percentage) of countries where UNFPA has supported the development of national health policies and plans with integrated SRH services, (including family planning)		3/14		7/4	8/14	
2.1 % of countries		21%		50%	57%	
3.1 Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming	3/14	1/14	4/14	1/14	5/14	
3.1 % of countries	21%	7%	29%	7%	36%	
4.1 Number (and percentage) of countries where UNFPA has developed capacity for management of midwifery workforce policies	2/4	2/4	3/4	3/4	4/4	Djibouti, Somalia, Sudan, Yemen
4.1 % of countries	50%	50%	75%	75%	100%	
5.1 Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of EmONC in sub-national health plans	0/4	0/4	0/4	2/4	2/4	Djibouti, Somalia, Sudan, Yemen
5.1 % of countries	0%	0%	0%	50%	50%	
6.1 Number of women treated for obstetric fistula with support from UNFPA		586		252	838	Djibouti, Somalia, Sudan,

Development Results Framework Performance Indicator	2010 Baseline	2011 non cumulative	2011 cumulative	2012 non cumulative	2012 cumulative	Notes
						Yemen
7.1 Number of personnel trained on MISP through UNFPA support		256		214	470	Djibouti, Somalia, Sudan, Yemen
8.1 Number (and percentage) of countries supported by UNFPA with SDPs that have 'no stock outs' of contraceptives within the last 6 months	N/A	N/A	N/A	N/A	N/A	No ASRO COs included
8.2 Number of national staff trained in logistics management through UNFPA support		127		0	127	Djibouti, Sudan, Yemen
9.1 Number (and percentage) of countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception	0	1	1	0	1	Djibouti, Sudan, Yemen
9.1 % of countries	0%	33%	33%	0%	33%	
10.1 Number (and percentage) of countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA	0	1	1	0	1	Djibouti
10.1 % of countries	0%	100%	100%	0%	100%	
10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting a) young people	N/A	N/A	N/A	N/A	N/A	No ASRO COs included
10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting b) in the context of sex work	0	0	0	0	0	Djibouti

Development Results Framework Performance Indicator	2010 Baseline	2011 non cumulative	2011 cumulative	2012 non cumulative	2012 cumulative	Notes
11.1 Number of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people	N/A	N/A	N/A	N/A	N/A	No ASRO COs included
11.1 Number of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of sex workers	1	0	1	0	1	Djibouti
12.1 Number (and percentage) of countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights	9/14	7/14	11/14	7/14	12/14	
12.1 % of countries	64%	50%	79%	50%	86%	
13.1 Number (and percentage) of countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses	4/6	4/6	5/6	5/6	6/6	Djibouti, Egypt, Jordan, Somalia, Sudan, Yemen
13.1 % of countries	67%	67%	83%	83%	100%	
13.2 Number of persons trained through UNFPA support in programming for GBV in humanitarian settings		234		10	244	Egypt, Iraq, Jordan, oPt, Somalia, Sudan, Syria, Tunisia
13.3 Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting		15		537	552	Djibouti, Egypt, Somalia, Sudan
14.1 Number (and percentage) of countries where UNFPA supported civil society organizations/ networks to engage men and boys in promoting gender equality	2/14	4/14	4/14	3/14	4/14	Djibouti, Egypt, Jordan, Lebanon, Morocco, Yemen
14.1 % of countries	14%	29%	29%	21%	29%	

Development Results Framework Performance Indicator	2010 Baseline	2011 non cumulative	2011 cumulative	2012 non cumulative	2012 cumulative	Notes
15.1 Number (and percentage) of countries where UNFPA supported capacity development for the provision of essential SRH services to young people	N/A	4/14	4/14	6/14	8/14	
15.2 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls	0	0	0	0	0	Egypt
16.1 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes	4/14	6/14	6/14	3/14	6/14	
16.1 % of countries	29%	43%	43%	21%	43%	
16.2 Number of experts trained through UNFPA support to provide technical assistance on design, implementation, and evaluation of comprehensive sexuality education programmes		13		80	93	Majority from Iraq CP
17.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data	5/14	4/14	7/14	5/14	7/14	
17.1 % of countries	36%	29%	50%	36%	50%	
17.2 Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data NOT specific for humanitarian settings		125		325	450	
18.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce in-depth analysis of census and surveys data	2/14	2/14	4/14	3/14	6/14	
18.1 % of countries	14%	14%	29%	21%	43%	

UNFPA Global Development Results Framework[22]

Goal: To achieve universal access to sexual and reproductive health (including family planning), promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A & B)

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

Key indicator(s)

Number of countries that have national development plans (NDPs) and poverty reduction strategies (PRSs) that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction *Baseline: 62 (2010)*

Number of countries that have integrated sexual and reproductive health (SRH) services (including family planning) into national health policies and plans
Baseline: 54 (2010)

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
1. Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes	1.1 Number (and percentage) of countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes (N=128) [23]	31/128 (24%)	51/128 (40%)	61/128 (48%)
	1.2 Number of persons trained on how to incorporate population dynamics issues in national plans and programmes	750	1,225	1,450
2. Strengthened capacity for development of national health policies and plans with integrated SRH services (including family planning)	2.1 Number (and percentage) of countries where UNFPA has supported the development of national health policies and plans with integrated SRH services (including family planning) *(N=variable by year, based on country planning cycles: 2010:45; 2012:26; 2013:48)*	10/45 (22%)	18/26 (69%)	33/48 (69%)
3. Strengthened national capacity of young people (including adolescents) for participation in policy dialogue and programming	3.1 Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming	30 (23%)	40 (31%)	50 (39%)

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[22] For each indicator below, details on the definitions, methods of calculation, data sources, and the frequency of measurement are contained in metadata sheets that are available on the UNFPA website.

[23] The notation "(N=128)" reflects the fact that each indicator has a defined set of countries to which it applies: in some cases this includes all UNFPA programme countries, whereas in other instances the indicator applies to a subset of countries, such as those in which a particular activity is occurring (for example, the development of national plans) or those that have been identified as part of existing international efforts (for example, the Global Strategy for Women's and Children's Health).

Outcome 2: Increased access to and utilization of quality maternal and newborn health services
Key indicator(s)
Maternal mortality ratio
Baseline: 290 (2008)
Births attended by skilled health personnel
Baseline: 63% (2008)
Number of countries with caesarean sections less than 5% of live births
Baseline: 46 (2010)

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
4. Strengthened national capacity to implement comprehensive midwifery programmes	4.1 Number (and percentage) of countries where UNFPA has developed capacity for management of midwifery workforce policies *(N=49 countries in the Global Strategy for Women's and Children's Health)*	22/49 (45%)	30/49 (61%)	40/49 (82%)
5. Strengthened national capacity for emergency obstetric and newborn care (EmONC)	5.1 Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of EmONC in subnational health plans *(N=49 countries in the Global Strategy for Women's and Children's Health)*	14/49 (29%)	24/49 (49%)	30/49 (61%)
6. Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula	6.1 Number of women treated for obstetric fistula with support from UNFPA	6,000	8,000	10,000
7. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings	7.1 Number of personnel trained on MISP through UNFPA support	3,900	4,200	4,500

Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions
Key indicator(s)
Contraceptive prevalence rate (modern methods)
Baseline: 55.2 (2009)
Unmet need for family planning
Baseline: 11.4 (2009)
Percentage of countries with service delivery points (SDPs) offering at least three modern methods of contraception

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
8. Strengthened national systems for reproductive health commodity security (RHCS)	8.1 Number (and percentage) of countries supported by UNFPA with SDPs that have no stock-outs of contraceptives within the last six months *(N=13 Stream I countries in the RHCS global programme; the number has increased from 11 countries at the baseline in 2010)*	3/11 (27%)	8/13 (62%)	10/13 (77%)
	8.2 Number of national staff trained in logistics management through UNFPA support	225	360	450
9. Strengthened national capacity for community-based interventions for family planning	9.1 Number (and percentage) of countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception *(N=45 Stream I & II countries in the RHCS global programme)*	7/45 (16%)	20/45 (44%)	35/45 (78%)

Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk
Key indicator(s)
HIV prevalence in youth (15-24 years)
Baseline: 0.3% (male) and 0.6% (female) (2010)
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse
Baseline: 48% of males (15-49) and 32% of females (15-49)

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
10. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV	10.1 Number (and percentage) of countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA *(N=31 countries in the UNAIDS Global Strategy 2011-2015)*	7/31 (23%)	13/31 (42%)	20/31 (65%)
	10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting (a) young people and (b) in the context of sex work *((a)N=17 UNAIDS priority countries for young people;(b)N=31 countries in the UNAIDS Global Strategy 2011-2015)*	(a) 0/17 (b) 0/31	(a) 5/17 (29%) (b) 5/31 (16%)	(a) 10/17 (59%) (b) 10/31 (32%)
11. Enhanced national capacity for addressing the HIV and SRH needs of young people and sex workers, including through community-led organizations and networks	11.1 Number of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people and sex workers	116	141	176

Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy
Key indicator(s)
Percentage of women aged 20-24 who were married or in union before age 18
Baseline: 35% total; 22% urban; 45% rural (2000-2009)
Percentage of countries that have mechanisms in place to implement laws and policies advancing gender equality and reproductive rights
Baseline: 61.7% (2008)

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
12. Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights	12.1 Number (and percentage) of countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights (N=128)	94 (73%)	103 (80%)	113 (88%)
13. Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings	13.1 Number (and percentage) of countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses *(N=30 joint programming countries and programme countries for work on sex selection and Security Council resolution 1325)*	19/30 (64%)	22/30 (73%)	24/30 (80%)
	13.2 Number of persons trained through UNFPA support in programming for GBV in humanitarian settings	120	500	800
	13.3 Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting	596	715	858
14. Enhanced promotion of gender equality and reproductive rights through engagement of community-led organizations and networks	14.1 Number (and percentage) of countries where UNFPA supported civil society organizations/networks to engage men and boys in promoting gender equality (N=35)	24 (69%)	26 (74%)	29 (83%)

Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents)
Key indicator(s)
Adolescent birth rate
Baseline: 52 (2007)
Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
Baseline: 35% of males and 30% of females (2005-2009)
Number of countries implementing comprehensive age-appropriate sexuality education in and out of school at national scale
Baseline: To be determined

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
15. Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people	15.1 Number (and percentage) of countries where UNFPA supported capacity development for the provision of essential SRH services to young people *(N=128)*	45 (35%)	50 (39%)	55 (43%)
	15.2 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls *(N=20)*	5 (25%)	10 (50%)	15 (75%)
16. Strengthened national capacity for the design and implementation of comprehensive age-appropriate sexuality education in policies and curricula	16.1 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes *(N=128)*	44 (34%)	54 (42%)	64 (50%)
	16.2 Number of experts trained through UNFPA support to provide technical assistance on design, implementation and evaluation of comprehensive sexuality education programmes	70	210	280

Outcome 7: Improved data availability and analysis around population dynamics, SRH (including family planning) and gender equality
Key indicator(s)
Number of countries that have completed their 2010 round of population and housing censuses
Baseline: 23 (2010)
Number of countries that have conducted (in the last five years) a national household survey that allows for the estimation of all MDG 5B indicators
Baseline: 91 (2010)

Output(s)	Indicator(s)	2010 baseline	2012 target	2013 target
17. Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings	17.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data *(N=128)*	79 (62%)	91 (71%)	103 (80%)
	17.2 Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data including in humanitarian settings	645	1,290	1,935
18. Strengthened national capacity for data analysis to inform decision-making and policy formulation around population dynamics, youth, gender equality and SRH	18.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce in-depth analysis of census and survey data *(N=128)*	18 (14%)	40 (31%)	51 (40%)

UNFPA Global Management Results Framework

Output	Indicator	Baseline (year)	2012 target	2013 target
Enhanced programme effectiveness through strengthened results-based and evidence-based programming	Percentage of country programme documents rated at least "good" on results-based management and evidence-based programming criteria	50% (2011)	70%	80%
	Percentage of programmes with at least 75% of their annual workplan outputs that achieved indicator targets	51% (2007) 86% (2010)	90%	95%
	Percentage of country programme evaluations rated at least "good"	*Data being compiled and would be available in September 2011*	*To be determined when baseline is available*	*To be determined when baseline is available*
	Percentage of total income used for recurring management costs	15.8% (2010-2011)	13.1%	<13.1%
Strengthened stewardship of resources through improved efficiency and risk management	Implementation rate for regular resources and other resources	Regular resources: 85% (2009) 85% (2010) Other resources: 52% (2009) 51% (2010)	Regular resources: 97% Other resources: 79%	Regular resources: 97% Other resources: 79%
	Percentage of orders of core commodities delivered to the country within the lead time	79% (2010)	85%	90%
	Percentage of national execution (NEX) audits with a negative opinion	17% (2007) 22% (2009)	10%	8%
	Percentage of total operating fund account advances that are overdue	9.9% (2010-2011)	9%	8%
	Percentage of UNFPA organizational units with at least 90% of the annual workplans with implementing partners rated at least "good" on quality assurance standards	Not available	75%	85%
Appropriately staffed UNFPA with high-performing professionals fulfilling its mission	Vacancy rate	17% (2010)	15%	13%
	Percentage of staff who perceive that UNFPA deals effectively with underperformance	33% (2008) 30% (2009)	38%	N/A[24]

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[24] Data for this indicator are gathered only every two years, so there is no target for 2013.

Output	Indicator	Baseline (year)	2012 target	2013 target
Secured broad-based and stable funding to meet the strategic plan resource requirements	Percentage of annual strategic plan funding target reached	103% (2008) 109% (2010)	100%	100%
	Percentage of total contributions that are regular contributions	63% (2007) 58% (2010)	60%	>60%
	Percentage of annual regular contributions from other than the top 15 donors	7% (2007) 4% (2010)	6%	8%

Comparison of ASRO vs. UNFPA Global Development Results Achieved for Selected Performance Indicators

Development Results Framework Performance Indicator	2010 Baseline		2012	
	ASRO	Global	ASRO Actual	Global Target
1.1 Number (and percentage) of countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes	5/14	31/128	8/14	51/128
1.1 % of countries	36%	24%	57%	40%
1.2 Number of persons trained on how to incorporate population dynamics issues in national plans and programmes		750	403	1,225
2.1 Number (and percentage) of countries where UNFPA has supported the development of national health policies and plans with integrated SRH services, (including family planning)		10/45	8/14(?)	18/26
2.1 % of countries		22%	57%(?)	69%
3.1 Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming	3/14	30/130	5/14	40/130
3.1 % of countries	21%	23%	36%	31%
4.1 Number (and percentage) of countries where UNFPA has developed capacity for management of midwifery workforce policies	2/4	22/49	4/4	30/49
4.1 % of countries	50%	45%	100%	61%
5.1 Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of EmONC in sub-national health plans	0/4	14/49	2/4	24/49
5.1 % of countries	0%	29%	50%	49%
6.1 Number of women treated for obstetric fistula with support from UNFPA		6,000	838	8,000
7.1 Number of personnel trained on MISP through UNFPA support		3,900	470	4,200
8.1 Number (and percentage) of countries supported by UNFPA with SDPs that have 'no stock outs' of contraceptives within the last 6 months	N/A	3/11	N/A	8/13

Development Results Framework Performance Indicator	2010 Baseline		2012	
	ASRO	Global	ASRO Actual	Global Target
8.2 Number of national staff trained in logistics management through UNFPA support		225	127	360
9.1 Number (and percentage) of countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception	0/3	7/45	1/3	20/45
9.1 % of countries	0%	16%	33%	44%
10.1 Number (and percentage) of countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA	0/1	7/31	1/1	13/31
10.1 % of countries	0%	23%	100%	42%
10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting a) young people	N/A	0/17	N/A	5/17
10.2 Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting b) in the context of sex work	0/1	0/31	0/1	5/31
11.1 Number of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people and sex workers	1	116	1	141
12.1 Number (and percentage) of countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights	9/14	94/128	12/14	103/128
12.1 % of countries	64%	73%	86%	80%
13.1 Number (and percentage) of countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses	4/6	19/30	6/6	22/30
13.1 % of countries	67%	64%	100%	73%
13.2 Number of persons trained through UNFPA support in programming for GBV in humanitarian settings		120	244	500
13.3 Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting		596	552	715

Development Results Framework Performance Indicator	2010 Baseline		2012	
	ASRO	Global	ASRO Actual	Global Target
14.1 Number (and percentage) of countries where UNFPA supported civil society organizations/ networks to engage men and boys in promoting gender equality	2/14(?)	24/35	4/14(?)	26/35
14.1 % of countries	14%(?)	69%	29%(?)	74%
15.1 Number (and percentage) of countries where UNFPA supported capacity development for the provision of essential SRH services to young people		45/128	8/14	50/128
15.1 % of countries		35%	57%	39%
15.2 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls	0/1	5/20	0/1	10/20
15.2 % of countries	0%	25%	0%	50%
16.1 Number (and percentage) of countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes	4/14	44/128	6/14	54/128
16.1 % of countries	29%	34%	43%	42%
16.2 Number of experts trained through UNFPA support to provide technical assistance on design, implementation, and evaluation of comprehensive sexuality education programmes		70	93	210
17.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data	5/14	79/128	7/14	91/128
17.1 % of countries	36%	62%	50%	71%
17.2 Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data NOT specific for humanitarian settings		645	450	1,290
18.1 Number (and percentage) of countries where UNFPA has supported capacity development to produce in-depth analysis of census and surveys data	2/14	18/128	6/14	40/128
18.1 % of countries	14%	14%	43%	31%

Annex VIII: Evaluation Performance Measures and Standards Matrix with Ratings

Relevance	Efficiency	Effectiveness	Sustainability
Capacity Building			
1. Using criteria to select partners for CB interventions	1. Availability of a CB conceptual framework to ensure consistency in all processes with different partners and COs	1. % of CB evaluation reports covering different levels of CB assessment (individuals, organizations, and policies)	1. The extent to which there are phasing out strategies
2. The extent to which there are linkages between CB interventions and the ASRO plan	2. Number of trainings and guidance delivered to ASRO concerned staff on how to carry out CB processes	2. Availability of CB M&E tools	2. Number of best practices documented and disseminated to partner organization
3. Using a participatory approach to identify CB partners	3. % of CB documentation with full cycle of needs, plan, implementation, follow-up and evaluation	3. Effective use of M&E tools by concerned COs and partner organizations	3. The extent to which there is a sustainability plan for partner organizations to replicate the same experience
4. The existence of a standard CB assessment tool to develop CB profiles for partner organizations and COs	4. The extent to which there are guidelines for CB intervention implementation	4. The extent to which the CB interventions recipients receive training event follow- up and coaching	4. The level of coordination between ASRO and COs to take over technical assistance and follow- up regional intervention at country level after ASRO phase out
5. Using criteria to prioritize CB needs	5. The extent to which the CB interventions consider variations among participants from different countries	5. The extent to which the CB intervention evaluation and follow-up feed into the future CB plans of ASRO	5. The availability of a follow-up and reporting system to test the sustainability plan validity and effectiveness
6. CB needs reports format designed, used, and shared	6. Number of users using roster to identify CB technical assistance providers		6. Reflection sessions on partner organizations capacity improvement are regularly conducted and documented

Relevance	Efficiency	Effectiveness	Sustainability
7. The extent to which the CB recipients agreed on the CB outputs to be delivered	7. The extent to which the roster effectively responds to the Regional Advisors needs		7. % of partner organizations which have graduated from ASRO CB and become independent
	8. The extent to which the roster is being continuously updated		8. Extent of cooperation with other UN or donor agencies to complement the partners' CB plan and cover the gaps

Relevance	Efficiency	Effectiveness	Sustainability
Advocacy			
1. Existence of a clear strategy to select advocacy issues	1. Existence of advocacy conceptual framework and modality (strategy, tools, guidelines, etc.)	1. Level of knowledge and skills of partner organizations concerning the advocacy process	1. Number of independent advocacy initiatives undertaken by partner organization after finishing the first advocacy cycle with ASRO
2. The extent to which partners were involved in advocacy issues selection	2. Adaptability of advocacy approach to the country context	2. Availability of advocacy intervention evaluation reports	2. Documentation and dissemination of best practices
3. The extent of coordination with other UN and development agencies during the advocacy preparation process	3. The extent to which local resources are used from target countries	3. The extent to which there were reflection sessions with partner organizations to identify lessons learned and institutionalize positive changes	3. Number of personnel and organization trained to carry out advocacy initiative independently
4. The extent ASRO focus on the most relevant advocacy issue that address UNFPAs comparative advantage	4. The extent to which the advocacy activities action plan is developed and shared with partner organizations and COs	4. % of policy papers / briefs developed comparing with planned	4. Number of networks or coalitions established
		5. % of policy papers communicated or discussed with policy makers	5. The extent of the policy environment enabled as a result of advocacy interventions;

Relevance	Efficiency	Effectiveness	Sustainability
Research			
1. Existence of a clear strategy to select research issues	1. Existence of research modalities (strategy, tools, guidelines, etc.)	1. Level of knowledge and skills of partner organizations concerning the research process	1. Number of independent research initiatives undertaken by POs
2. The extent that partners are involved in research issue selection	2. Adaptability of the research approach to the country context	2. Availability of research intervention evaluation reports	2. Level of documentation and dissemination of best practices
3. The extent of coordination with other UN and development agencies on the research preparation process	3. The extent to which local resources from target countries are used	3. The extent to which there were reflection sessions with POs to identify lessons learned	3. Number of personnel and organizations trained to independently carry out research initiatives
4. The extent to which ASRO has focused on the most relevant research issues that address their comparative advantages	4. The extent to which the research action plans are developed and shared with partner organizations and concerned country offices	4. % of research papers developed compared with planned	4. Strategies for institutionalization of research processes within government bodies and civil society developed and effectively used
5. Level of technical assistance requested from UNFPA CO / ASRO by government to analyze and address ICPD in their planning process	5. The extent to which there were reviews of previous research interventions in the target countries to minimize failures (survey of previous lessons learned)	5. % of research papers communicated and discussed with policy makers	5. The extent to which the policy environment has been enabled as a result of research interventions
6. Level of UNFPA RO participation in national policy preparation and decision making concerning the ICPD			
7. % of ASRO research used in policy related to ICPD analysis			

Relevance	Efficiency	Effectiveness	Sustainability
and formulation at the concerned countries			

Relevance	Efficiency	Effectiveness	Sustainability
Partnership			
1. Availability of stakeholders mapping and analysis	1. A clear mechanism to coordinate and consult the COs on the RP implementing partners (AUC, CAWTAR, LAS etc.) selection is in place	1. Level of partners understanding of the overall goal and process of partnership (ICPD)	1. Capacity building plans for partner organization are in place and effectively implemented
2. A clear conceptual framework to identify ASRO partners is available and used effectively	2. A clear mechanism to coordinate and consult the COs on national partner selection is in place	2. Level of integration and coordination between national partners within same country	2. A clear strategy for ASRO phasing out with targeted graduating partners is developed and applied
3. List of potential partners is continuously updated	3. An action plan for cooperation between ASRO and RP partner organizations developed and used as a follow-up mechanism	3. Level of partner organizations willingness to carry on work with ASRO or UNFPA COs to achieve ICPD agenda	3. A documentation and dissemination strategy of partnership best practices is developed
4. List of potential partners is available	4. Roles and responsibilities description developed and used	4. The extent that partners are willing to allocate resources to support the ICPD agenda (level of contribution)	4. # of partnership best practices developed and disseminated
			5. % of partners continuing commitments to support ICPD after ASRO phasing out
			6. A clear strategy to coordinate between ASRO and UNFPA COs to enhance partnerships

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Relevance	Efficiency	Effectiveness	Sustainability
RP Management			
1. A systematic mechanism to identify COs technical assistance needs is in place and actively used	1. RO responds to CO direct TA demands	1. The extent to which TA is directed to output achievement	1. Number of certified South-South TA entities on ASRO register (disagg. by independents and corporates)
2. The technical assistance plan for COs is revised and updated regularly	2. RO responds to CO brokered TA demands	2. CO rating of ASRO TA support (COARs)	2. The extent to which the COs can use the roster independently
3. The extent of strategic guidance provision on CCA/UNDAF, country programme formulation and implementation	3. ASRO maintains a full complement of personnel	3. Percentage of Arab States country programme evaluations rated at least "good" (EQA)	3. The extent to which the COs can manage consultants independently
4. The extent to which ASRO supports CO planning (Country Programme Documents)	4. RP design, implementation, monitoring and evaluation is in accordance with the results based management (RBM) principles	4. Number of ASRO initiated innovative approaches adopted by COs	4. The extent to which the COs can share experiences independently of ASRO
5. The extent to which ASRO supports CO in revisions of their CPD	5. RP design, implementation, M&E is in accordance with evidence based programming (EBP) principles	5. Percentage of Arab States country programme documents rated at least "good" on results-based management and evidence-based programming criteria	
6. The extent to which ASRO clusters COs to share common issues and experiences	6. The extent to which the ASRO structure facilitates the work with COs	6. Percentage of Arab States national execution (NEX) audits with a negative opinion	

Relevance	Efficiency	Effectiveness	Sustainability
7. The extent to which the ASRO structure facilitates coordination among regional advisors	7. The existence of clear roles and responsibilities within the RO	7. Adequate RBM&E tools to follow-up	
8. The extent to which ASRO plans are based upon CO plans	8. The existence of feedback on country performance from ASRO to the COs	8. Extent of RO support to CP monitoring and evaluation activities	
9. Extent of RO technical contribution to the other programming process	9. The existence of feedback on individual performance from ASRO supervisors		
10. Extent of regional coordination of inputs from other HQ Divisions (PD, TD, DOS etc) for improved quality of programming	10. Extent of RO support to the UN Country teams		
11. Extent of RO joint review of the CP and projects in terms of their relevance and effectiveness	11. Extent to which RO provides support country programme development (CPD)		
12. Extent of political support to help better position CP vis-a-vis the government in the national development context	12. Extent of RO support to strategic alignment of country programme documents (CPDs) with the UNFPA SP, UNDAF and Country National Development Plan		

Key

Achievements   Areas for Improvement   Challenges   Insufficient information

Annex IX: Evaluation Schedule

The evaluation commenced on Saturday 1st December 2012. The draft evaluation report was submitted on Thursday 31st January 2013. Although the schedule envisaged a break between 21st December 2012 and 6th January 2013, in actuality two of the team members undertook interviews in Beirut and Cairo during this period. The evaluation schedule is presented in Table 3.

Table 3: Evaluation Schedule

Phase 1

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
30-Nov-12	01-Dec-12	02-Dec-12	03-Dec-12	04-Dec-12	05-Dec-12	06-Dec-12
	Team Planning Meeting	Meeting with stakeholders + Inception	Inception report preparation	Inception report preparation	Inception report preparation	Inception report preparation
Travel RT/DB	Cairo	Cairo	Cairo	Cairo	Cairo	Cairo
07-Dec-12	08-Dec-12	09-Dec-12	10-Dec-12	11-Dec-12	12-Dec-12	13-Dec-12
	Inception report preparation	Inception presentation ASRO ints.	ASRO and Egypt CO interviews	ASRO and Egypt CO interviews	ASRO and Egypt CO interviews	ASRO and Egypt CO interviews
Rest day	Cairo	Cairo	Cairo	Cairo	Cairo	Cairo
14-Dec-12	15-Dec-12	16-Dec-12	17-Dec-12	18-Dec-12	19-Dec-12	20-Dec-12
	Jordan & Iraq interviews preparation	Jordan & Iraq interviews	Jordan & Iraq interviews	Jordan & Iraq interviews	Jordan & Iraq interviews	Jordan & Iraq interviews
Travel Team	Jordan	Jordan	Jordan	Jordan	Jordan	Jordan

In actuality, some interviews were made by team members in Cairo and Amman during the break period

Phase 2

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
		06-Jan-13	07-Jan-13	08-Jan-13	09-Jan-13	10-Jan-13
			Somalia interviews	Somalia interviews	Somalia interviews	Somalia interviews
		Travel Team	Nairobi	Nairobi/Hargeisa	Nairobi/Hargeisa	Nairobi/Hargeisa
11-Jan-13	12-Jan-13	13-Jan-13	14-Jan-13	15-Jan-13	16-Jan-13	17-Jan-13
Somalia interviews		Djibouti Interviews	Djibouti Interviews	Djibouti Interviews	Djibouti Interviews	Djibouti Interviews
Nairobi	Travel Team	Djibouti	Djibouti	Djibouti	Djibouti	Djibouti
18-Jan-13	19-Jan-13	20-Jan-13	21-Jan-13	22-Jan-13	23-Jan-13	24-Jan-13
	Cairo Team writing-up	Cairo preliminary findings	Cairo Team writing-up	Cairo Team writing-up	Cairo Team writing-up	Cairo Team writing-up
Travel Team	Cairo	Cairo	Cairo	Cairo	Cairo	Cairo
25-Jan-13	26-Jan-13	27-Jan-13	28-Jan-13	29-Jan-13	30-Jan-13	31-Jan-13
	Work at home on final report	Work at home on final report	Work at home on final report	Work at home on final report	Work at home on final report	Presentation of the final report
Travel RT/DB	Home	Home	Home	Home	Home	Home

Activity	Individuals	No.	Week 1-7 (schedule)	Person Days team mems.
Travel to Cairo	DB, RT	2		2
Team Planning Meeting	DB, MR, RT	3		3
Inception report preparation	DB, MR, RT	3		21
Submission/present inception report	DB, MR, RT	3		
Interviews with ASRO teams	DB, MR, RT	3		9
Interviews with Egypt CO teams	DB, MR, RT	3		3
Travel to Amman	DB, MR, RT	3		3
Interview with Jordan CO teams	DB, MR, RT	3		6
Interview with Iraq CO teams	DB, MR, RT	3		6
Interview with Amman-based POs	DB, MR, RT	3		3
Return travel end of Phase I	DB, MR, RT	3		
Travel to Nairobi start of Phase II	DB, MR, RT	3		3
Interviews with Somalia CO teams	MR, RT	2		4
Interviews with Somalia CO teams	DB	1		5
Work in Hargeisa CO team and Pos	MR, RT	2		6
Travel to Djibouti	DB, MR, RT	3		3
Interviews Djibouti CO teams & POs	DB, MR, RT	3		15
Travel to Cairo	DB, MR, RT	3		3
Presentation preliminary findings	DB, MR, RT	3		
Telephone interviews COs, POs*	DB, MR, RT	3		6
Team work on draft report (Cairo)	DB, MR, RT	3		9
Return travel to home-base	DB, RT	2		2
Finalizing evaluation report (home)	DB, MR, RT	3		15
Submission of final report	DB, MR, RT	3		
Total				**127**

*+ Cairo PO interviews — Team

RT	Roy Thompson (TL)	
DB	Dolly Basil	
MR	Dr Mosaad Radwan	

UNPA Arab States Regional Office (ASRO)
Highest level results

ASRO contribution to ensuring capacities, knowledge and a working environment to further the attainment of the MDGs and ICPD goals and targets in the Arab Region assured

Youth focus

Human rights approach to programming

M04: % of CO rating of ASRO TA support 'Excellent' or 'Good' summed across all categories (disagg: direct vs brokered and thematic)

B: 67% (2009)

Adequate response to the technical assistance demands from the ASRO Country Offices

Management guidance and support provided

ASRO innovative regionally-focused work undertaken

M05: Number of ASRO initiated innovative approaches adopted by COs

The focus of the ASRO programme transitioned from direct provision to the management of TA to countries and COs

Technical Assistance successfully provided by ASRO staff to Country Offices on demand

Population dynamics and its interlinkages with gender equality, SRH, HIV/AIDs mainstreamed *

Womens' reproductive health improved

Gender equality, equity, empowerment of women promoted

M03: Percentage of staff time working on new TA modalities

M08: Number of client requests for direct TA during reporting period

M02: Percentage of staff time responding to CO requests

M11: Number of countries confirming the incorporation of at least 12 out of the 18 key elements of PD, RH, Gender and Youth into the situation analysis of their national development plans

B= 8/14 T= 13/14

Effective Programming of ASRO Regional Programme Budgeted Funds

M01: Implementation/burn rate (disbursement/budget) (overall & disagg. by thematic area)

150

Annex XII: Self-Check for Content of the Evaluation Report

SN	Required	Yes	?	No	Ref
4.1	The title page and opening pages should provide key basic information	✔			
4.2	The evaluation report should contain an Executive Summary	✔			
4.3	The subject being evaluated should be clearly described, including the logic model and/or the expected results chain and intended impact, its implementation strategy and key assumptions	✔			
4.4	The role and contributions of the UN organizations and other stakeholders to the subject being evaluated should be clearly described	✔			
4.5	The purpose and context of the evaluation should be described	✔			
4.6	The evaluation report should provide an explanation of the evaluation criteria that were used by the evaluators	✔			
4.7	The evaluation report should provide a clear explanation of the evaluation objectives as well as the scope of the evaluation.	✔			
4.8	The evaluation report should indicate the extent to which gender issues and relevant human rights considerations were incorporated where applicable	✔			
4.9	The applied evaluation methodology should be described in a transparent way, including any limitations to the methodology	✔			
4.10	The evaluation should give a complete description of stakeholders' participation	✔			
4.11	The evaluation report should include a discussion of the extent to which the evaluation design included ethical safeguards where appropriate	✔			
4.12	In presenting the findings, inputs, outputs, and outcomes / impacts should be measured to the extent possible (or an appropriate rationale given as to why not)	✔			
4.13	Analysis should include appropriate discussion of the relative contributions of stakeholders to results	✔			
4.14	Reasons for accomplishments and difficulties of the subject being evaluated, especially constraining and enabling factors, should be identified to the extent possible	✔			
4.15	Conclusions need to be substantiated by findings consistent with data collected and methodology, and represent insights into identification and/or solutions of important problems or issues	✔			
4.16	Recommendations should be firmly based on evidence and analysis, be relevant and realistic, with priorities for action made clear	✔			
4.17	Lessons, when presented, should be generalized beyond the immediate subject being evaluated to indicate what wider relevance they might have	✔			
4.18	Annexes should be complete and relevant	✔			

Annex XIII: Evaluation Question Reference Numbers

Ref#	Question	Check
1	To what extent have capacity building initiatives focused on UNFPA's counterparts at country level been effective?	✓
2	Have the initiatives targeted the appropriate institutions and / or individuals?	✓
3	Was the knowledge and skill set offered by these initiatives appropriate?	✓
4	To what extent did these initiatives contribute to the intended institutional improvement / change among national counterparts?	✓
5	Have regional level capacity building initiatives complemented CB efforts by UNFPA or other partners at country level?	✓
6	Given the limited resources available under the RP, are the CB modalities used the most appropriate in terms of contributing to national capacity development?	✓
7	Do the focus areas respond to the priorities at country level?	✓
7.1 (25)	How relevant is the RP to the priority needs of the region and countries?	✓
7.2 (26)	How relevant is the RP to the priorities of UNFPA COs?	✓
8	To what extent have capacity building initiatives focused on UNFPA COs been effective?	✓
9	Have the initiatives targeted the appropriate individuals?	✓
10	Was the knowledge and skill set offered by these initiatives appropriate?	✓
11	As a result of the CB initiatives, are UNFPA CO's better positioned to: Engage in policy dialogue to ensure ICPD issues are reflected in national and UNDAF priorities? Provide technical leadership in response to national priorities?	✓
11.1 (36)	Did the RP incorporate capacity development measures to ensure sustainability of the results over time?	✓
12	To what extent have advocacy efforts under the RP successfully positioned the ICPD agenda and raised the UNFPA profile in the region among governments, civil society, UN agencies, the donor community and public?	✓
13	To what extent has the research supported by the RP been strategic in its identification, implementation, and used to advance the ICPD agenda through advocacy, policy, programming at regional and country levels?	✓
14	To what extent has research and analysis supported under the RP provided forward-looking thinking in the area of ICPD to provide leadership in development of national policies and programmes?	✓
15	To what extent have the partnerships (implementing, collaborating, technical) established through the RP contributed to the advancement of the ICPD agenda?	✓
16	To what extent has the RP effectively leveraged political, financial, technical resources of partners at regional or country level in support for ICPD?	✓
17	To what extent has the Regional Programme supported Country Programmes?(technical, programme and operational support)	✓

Ref#	Question	Check
18	Has the Regional Programme provided leadership in generating and disseminating cutting-edge knowledge and thinking in the area of population and reproductive health?	✓
19	Is the structure of the RP integrated in practice so that the results are more than just the sum of its parts?	✓
20	To what extent was the RP designed, implemented, monitored and evaluated based on UNFPA supported RBM and EBP principles?	✓
21	To what extent is the regional programme aligned with the UNFPA Strategic Plan?	✓
21.1	(31)　The RP covers the entire Strategic Plan – should it continue to do so or should the next RP be more focused?	✓
21.2	(27)　Has ASRO applied the right strategy within the specific political, economic and social context of the region?	✓
21.3	(32)　Should the RP maintain similar strategies and actions for the up-coming cycle?	✓
22	How has UNFPA been effectively working together with other UN partners in the region?	✓
23	To what extent did the regional programme anticipate and respond to significant changes in the regional and national development context? What were the missed opportunities in UNFPA programming?	✓
24	To what extent did the regional programme add value to regional and country efforts in the priority areas of UNFPA's work?	✓
24.1	(33)　Have the RP activities contributed to enhanced results at country level?	✓
24.2	(28)　What have been the critical gaps in UNFPA RP?	
24.3	(29)　Has RP accomplished its intended objectives and planned results?	✓
24.4	(30)　What are the strengths and weaknesses of the RP?	✓
24.5	(34)　How well did UNFPA use its human and financial resources to achieve its contribution?	✓
24.6	(35)　What could be done to ensure a more efficient use of resources in the specific regional context?	✓
24.7	(37)　Are conditions and mechanisms in place so that the benefits of UNFPA interventions are sustained and owned by regional/national, institutions and stakeholders after the interventions are completed?	✓

Annex XIV: Sample Frame of IPs and Partner Organizations

ASRO Partner Organizations

Organization	Acronym	Location	CO	RO
League of Arab States	LAS	Cairo		
UN/ Economic and Social Development Commission for Western Asia	ESCWA / UNESCWA			
Councils of Ministers				
Cairo University		Cairo		
American University of Beirut	AUB	Beirut		
American University of Cairo	AUC	Cairo		
Center for Arab Women Training and Research	CAWTAR	Tunis		
Al-Azhar University	FIGOYAI Azhar			
Pan Arab Project for Family Health	PAPFAM	Cairo		
United Nations Children's Fund Middle East & North Africa Regional Office	UNICEF MENA	Amman		
United Nations Development Programme	WHO			
UNWomen (see separate tab for Regional Office in Cairo)	UNWOMEN			
Asian Forum of Parliamentarians on population and Development	AFFPD			
Convention for the Elimination of Discrimination Against Women	CEDAW			
Centres of Excellence				
Forum for Arab and African Parliamentarians for Population & Development	FAAPPD			
Islamic Educational, Scientific and Cultural Organization	ISESCO			
Institut National D'Administration Sanitaire	INAS			
Institut National De Statistique et d'Economie Appliquee	INSEA			
Peer Education Training and Resources Institute	PETRI			
Youth Peer Education Network	Y-PEER			
STI AIDS Netherlands	SOAAIDS-Netherlands			
Family Protection Department		Jordan		
Think Positive		Lebanon		
Arab Institute for research and training in statistics	AIRTS			
The Tunisian university of medical studies		Tunis		
The Tunisia National institute of Public Health		Tunis		
Algeria Ministry of Health		Algiers		
Algeria Ministry of Women Affairs and Family		Algiers		
Algeria Ministry of Youth		Algiers		
Jordan Family Protection Department – Department of Public Security		Amman		
Jordan National Center for Culture and Arts		Amman		
Faculty of Health Sciences (FHS) of the American University of Beirut (AUB)		Beirut		
Morocco Institut National d'Administration de la Santé (INAS)		Morocco		
Tunisia NGOs such as: ATL/MST/SIDA sections Tunis/Sfax/Sousse; ATIOS; ASSOCIAMED; AIESC; Espace Meriem Bizerte; Red Crescent; El Teatro; TIMUN;)		Tunisia		
Yemen RH Unit Director of the MoPHP, Deputy Minister		Yemen		
Yemen Minister of the MOPHP		Yemen		
Yemen RHCS Technical group		Yemen		
Yemen NGOs training for humanitarian Response		Yemen		
Syria Department of Bin King Saud Abdul Aziz University for Health Sciences (in addition to the one in Palestine) possesses the necessary expertise in Advanced Life Support to Obstetrics		Syria		
Syria HIV/AIDS/VCCT Center in Syria/Zablatani (potential candidate to serve as a regional center of excellence)		Syria		
Syria National NGOs, including Syrian Trust for Development and NGO "SHABAB"		Syria		
Issam Fares Institute for Public Policy and International Affairs		Beirut		
PETRI-AUB (may have been disbanded? Sasha)		Beirut		
Oxfam GB		Beirut		
Population Reference Bureau	PRB	USA		
Karama		Cairo		

Annex XV: RPAP Planning and Tracking Tool Performance Indicators

Output	Performance Indicator	Baseline	Target
PDS	1. Number of studies/ positions papers produced by implementing partners for use in policy development and dialogue	TBD	TBD
	2. Number of countries confirming the incorporation of at least 12 out of the 18 key elements of PD, RH, Gender and Youth into the situation analysis of their national development plans	8/14	13/14
	3. Number of Inter-country analytical reports available and disseminated.		
	4. Number of alliances and partnerships operational		
	5. Regional indicators disaggregated by age, sex, socioeconomic and administrative traits available		
	6. Methodologies and tools for data collection, analysis and related to humanitarian crises, adapted and adopted at regional level.		
	7. Number of countries participating in the 2010 round of censuses who are on schedule	3/4	4/4
	8. Number of specialized research studies used for prioritization of emerging issues in the region	TBD	TBD
	9. At least one forum and initiatives for knowledge sharing and south-south cooperation held on emerging population issues.	TBD	TBD
	10. Number of countries that have incorporated at least two emerging population issues (international migration, urbanization, ageing, population and the environment, depopulation) into their population studies	6/14	10/14
RHR	11. RH priorities identified in the region, included in the annual meetings of the council of health ministers	TBD	TBD
	12. Number of countries with a budget line for contraceptives in their national budgets	10/14	13/14
	13. Number of countries with a national strategy for RHCS	4/14	8/14
SRH & GBV in emergencies	14. Number of countries implementing regionally adapted guidelines on emergency responsiveness including sexual reproductive health and gender based violence	TBD	TBD
	15. Number of countries with an endorsed emergency preparedness plans that adequately address SRH and GBV in emergencies.	TBD	TBD
HIV	16. At least three Educational tools, standards and guidelines addressing rights of specific population on increasing demand for SRH developed/or adapted and adopted (disseminated) at country and/or regional level.	TBD	TBD
	17. A communication strategy for increasing demand of SRH is developed.	TBD	TBD

Output	Performance Indicator	Baseline	Target
YFS	18. Number of regional campaigns duplicated/adapted at national levels.	TBD	TBD
	19. Number of countries with laws that incorporate RR of women and girls	3/14	6/14
YFS	20. Consensus reached on assessment of modalities used in the region to provide youth friendly health services	TBD	TBD
Gender equality	21. At least one regional forum on gender equality and human rights of women and adolescent girls.	TBD	TBD
	22. Number of platforms of Laws/ legislative amendments enhancing the rights of women and girls prepared for advocacy/policy dialogue	TBD	TBD
	23. Number of countries with policies related to implementation of resolution 1325 in place	TBD	TBD
	24. NGO network working on legislative amendments active and used in the region.	TBD	TBD
GBV	25. Research findings, policy briefs, and advocacy tools available and disseminated.	TBD	TBD
	26. Number of Fora for dialogue between Parliamentarians, faith-based organisation, community and religious leaders and NGOs established and active at regional level	TBD	TBD
	27. Number of countries with national/ sub national mechanisms to combat GBV	6/14	10/14

Roy Thompson has worked on long and short-term assignments in more than 30 countries in Africa, Asia, the Middle East, the Pacific and the Caribbean, specializing in results-based programme and project management, monitoring and evaluation, enterprise development and agricultural development. He has practical experience of initiating and managing thirteen SMEs across a wide range of sectors from service to manufacturing. He was the first Regional M&E Advisor for USAID/East Africa consistently earning the top performance rating of '*outstanding*' during his tenure. He has been a Chief of Party for two USAID M&E service projects and has worked on long-term M&E assignments for both UNDP and UNFPA. He has recently successfully completed his doctoral research which explored the determinants of female entrepreneurial performance using innovative methods for measurement and triangulation of information gathered.

Dolly Bail has a Master's degree in Public Health from the American University of Beirut and more than 20 years of experience in the development sector. Her expertise is concentrated in the areas of project design, planning, implementation and monitoring and evaluation. She developed concentrated experiences in the area of monitoring and evaluation through conducting program monitoring and evaluation for many governmental, non-governmental and international organizations including a number of UN agencies operating in Lebanon and around the region. Ms. Basil is also well acquainted with the work of UNFPA. She provided the agency over the past several years with different consultancy services including evaluation assignments. Ms. Basil has considerable experience in university teaching in Lebanon. Her teaching experience focuses on programme management, the project life cycle, monitoring and evaluation, and issues of public health and the human rights based approach to development. She has extensive practical experience of conducting qualitative and quantitative research and managing development and public health projects.

Mosaad Radwan Abdel Hammed has considerable experience working in the area of Monitoring & Evaluation and Institutional Development. He holds two master degrees and a doctorate in the areas of training, organizational change and Institutional Development Evaluation from the Universities of Cairo and Manchester, UK. He has worked with UNICEF, USAID, EU on both long- and short-term monitoring and evaluation assignments. He has conducted many evaluations for international donors and organizational assessments for public entities in Egypt and around the Arab States region. He has been most recently working on an evaluation of the UNICEF Egypt Country Programme (2007-2012).

Achievements

Output	2009	2010	2011	2012
Output 1: Results-based management effectiveness and efficiency increased	Efforts to review and guide COs in their programme planning, and midterm reviews, through the help of ASRO focal points for specific countries. Contribution to strengthened knowledge sharing through the production of the monthly ASRO newsletter. Youth programming mid-term review Focus on accountability, monitoring and oversight of programmes at the RPM Support to capacity building in participation in CCA/UNDAF and training in areas of HIV/AIDS, maternal health, RHCS / Aid effectiveness, RH in crisis, gender, youth programming, environmental	Efforts included regional workshops on national execution, ethics, RBM, monitoring and evaluation for selected regional and country office staff. ASRO supported global workshops for M&E focal points, as well as a workshop on evidence based programming. An inter-regional workshop was organized with Africa Regional Office on programme planning and evaluation. The mid-term review of the regional programme was undertaken precisely to improve the programme's overall results orientation, and indicators to measure effectiveness of programme delivery. An external advisory panel for the regional programme	ASRO made efforts to review and guide COs in their programme planning, and Country Programme Evaluations (CPEs), through the help of ASRO focal points for specific countries. As part of its commitment to RBM, ASRO organized a CPE Exchange of Experiences workshop that included all COs. ASRO supported LAS/PAPFAM to enhance regional and national knowledge and skills for advanced data analysis that leads to better performance of causality analysis with focus on MDGs. ASRO participated in CO retreats/meetings to provide guidance and direction to COs in Syria,	**MRF OUTPUT. Enhanced programme effectiveness through strengthened results-based and evidence-based programming:** ASRO deliberately and effectively continued to facilitate ensuring coherence and consistency of RBM and EBP in the work of UNFPA in the region. The office also made thoughtful efforts to review and guide COs in their programme planning in preparation for CPDs and CPAPs, and CPEs, through the help of ASRO focal points for specific countries. As part of its commitment to RBM, ASRO pioneered organizing 2 meetings on Results Based Monitoring with countries that are in the preparatory stages of the CPDs or CPAPs. Countries undergoing CCA/UNDAF development and CPD/CPAP preparations were assisted by ASRO in reviewing progress, challenges, roadmaps, strategic focus, M&E frameworks and quality of programme outputs. ASRO also provided support and maintained close oversight on programme development efforts in Algeria, Djibouti,

Output	2009	2010	2011	2012
	scanning /IGA	was set up to provide ASRO with feedback on the relevance and strategic focus of its programme for the region.

In the area of humanitarian activities, the linkages between humanitarian outputs and indicators in RPAP and Regional AWP have been strengthened and M&E tools have been developed to better track resource mobilization performance and capacity building progress in the region.

Countries undergoing CCA/UNDAFs (Syria, Tunisia, Egypt, Algeria, Morocco, and Yemen), CPD/CPAP development (Opt, Iraq, and Somalia), and midterm review of current programmes (Jordan)were assisted by ASRO in reviewing progress, challenges, roadmaps, strategic focus and quality of programme outputs.

ASRO provided support and | Somalia, Jordan, Iraq Tunisia, Morocco, Egypt, Sudan and Yemen.

In the absence of a representative and the escalating situation in Syria, the RD held quarterly meetings with Syria CO for support and guidance.

In response to the situation in Libya, ASRO started providing humanitarian support based on results of several inter-agency needs assessment missions.

ASRO is in the process of establishing an office in Libya.

Countries undergoing CCA/UNDAFs and CPD/CPAP development were assisted by ASRO in reviewing progress, challenges, roadmaps, strategic focus and quality of programme outputs.

ASRO provided support and maintained close oversight of on-going CP | Jordan, Egypt, OPT, Tunisia and Sudan through on-site technical visits, group meetings, and teleconferences. At the UNDG level, ASRO collaborated closely with the Regional Directors Team, and the regional Peer Support Group to provide quality assurance and support to ongoing CCA/UNDAFs in the region. In order to enhance programme effectiveness, a programme management workshop targeting all the regional partners was conducted in Cairo in June. The programme management workshop introduced various UNFPA programme and financial management tools to enhance partners' capacity in result based programming

ASRO has had difficulties identifying competent M&E adviser to boost RBM efforts in the region. The post has been vacant for a year and half. ASRO has requested one of the staff members to follow up on relevant RBM matters as a focal point with support from other colleagues until the post is filled. |

Output	2009	2010	2011	2012
		maintained close oversight of on-going CP evaluations. At the UNDG level, ASRO collaborated closely with the Regional Directors Team, and the regional Peer Support Group of Deputy Regional Directors and technical focal points, to provide quality assurance and support to ongoing UNDAFs.	evaluations, Jordan, Djibouti and Sudan. At the UNDG level, ASRO collaborated closely with the Regional Directors Team, and the regional Peer Support Group of Deputy Regional Directors and technical focal points, to provide quality assurance and support to ongoing UNDAFs, ASRO led– in partnership with UNICEF – the development of the Regional Strategic Action Plan on Young People. ASRO continued to contribute to strengthening knowledge sharing through the production of its newsletter that has proven to be a good tool in documenting milestones and promising practices.	
Output 2: Results-oriented high-quality UNFPA programme delivery at the country, regional, and global levels	In partnership with UNESCWA and the League of Arab States UNFPA organized the ICPD@15 Regional Meeting on Population and	ASRO worked closely with LAS and ESCWA to follow up on the Doha Declaration of 2009. In collaboration with	In January, ASRO team in NY and Cairo was united after two year of operation from two locations. Starting from late January,	**MRF OUTPUT. Strengthened stewardship of resources through improved efficiency and risk management:** As part of ASRO's overall efforts to

Output	2009	2010	2011	2012
	Development in Doha. ASRO worked with COs to produce the ICPD@15 country and regional reports. RO provided support to the regional entities in enhancing knowledge in the areas of migration and aging. Included a Regional Expert Group Meeting on Aging that was organized jointly by PPMD and the Research Center on Aging in the American University of Beirut. ASRO supported a workshop on RH and RHCS in the context of the new aid environment in Rabat, Morocco from 23-27 March, 2009. participating countries revised some components of national plans introducing RH& RHCS ASRO supported maternal health programmes in Yemen, Djibouti, Sudan and Morocco. Yemen was	PPMD/LAS progress have been reviewed in a meeting with NPCs and established grounds for ICPD/MTR in 2012. ASRO actively participated in preparing the 3rd regional MDGs report. ASRO continued its support to LAS in implementing PAPFAM in several countries. ASRO conducted two regional workshops in support to COs efforts to accelerate progress towards achieving MDG5 targets. The first workshop focused on enhancing maternal survival and was attended by participants from 6 countries, WHO, UNICEF and WB. Through the workshop, priorities for ASRO's support to COs were identified and SSC opportunities. The second workshop addressed budgeting of RH services focusing on costing. Officials and CO staff from 4 countries participated and as	provoked by the Revolution in Tunisia, Arab States Region was in the middle of new political and social wave urging for democracy. Physically affected by the social movement in Egypt, most of the team was relocated to New York to maintain operations, which had to split the united ASRO team in two again. ASRO reviewed programme relevance for the regional programme as well as country programmes and RPAP has come up with a new set of activities addressing needs of the under-privileged population, especially youth. From midyear, ASRO has put efforts to be part of UNFPA global SP revision and realigned its strategic priorities to SP. Revoution in Egypt has delayed the recruitment of operations staff who only	enhance accountability, the office has worked closely with concerned units in HQ to improve financial resources management. Close collaboration, consultation and guidance from DMS, PSB and NEX unit, has been maintained throughout the year to ensure proper oversight and follow up on budgets, allocations, audit recommendations, implementation rates, OFAs, and related issues. In 2012 the total amount of resources available for implementation in Arab States region was nearly USD 90m, USD 8.5m of which was under ASRO implementation. ASRO regularly monitored implementation rates of COs and of Regional Programme. This allowed identifying under or over allocation of resources among different COs and timely re-allocation of resources mainly in response to humanitarian situations. Some of the budgets are entered without matching available resources which distorts the real implementation. When requesting additional resources, COs were requested to provide clear justification for expected results with timeline. • Regular contact and coordination with IPs is crucial to facilitate the process of NEX audits. Several teleconferences were

Output	2009	2010	2011	2012
	identified as a priority country to receive assistance. ASRO supported the establishment of the Regional Inter Agency Working Group on Reproductive Health in crisis. RO also supported a Training of Trainers for coordinators on the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Crises.Resulted in the creation of an action plan to integrate SRH into national emergency preparedness plans ASRO rolled out a Generic Guide for developing a Rapid Tool for SRH and HIV Linkages: Lebanon, Morocco and Tunisia were the first globally to utilize the Rapid Tool. RO supported In-reach Training on HIV and Sex Work, as well as Peer	a result became aware of UNFPA's costing tool that they can use. In 2010 Y-PEER expanded its scope to address issues like environmental sustainability, education, maternal health, GBV and financial literacy. Y-PEER organized an exhibition on Arab youth in the Intl AIDS conference in Vienna. Intensified inter-agency collaboration took place and resulted in the development of the UNDG Arab States Strategic Action Plan on Young People, under the leadership of UNFPA/UNICEF at the regional level. ASRO successfully implemented the grant from H&M that motivated other private sector companies to approach ASRO for future partnership e.g. MasterCard foundation. In the area ofHIV/AIDS, ASRO continues to take an	joined the team by September 2011. ASRO worked closely with LAS to follow up on Doha declaration and organized a regional NPCs meeting in Doha. ASRO continued its support to LAS in implementing PAPFAM in the region. ASRO conducted several workshops supporting CO efforts in meeting MDG5. Workshops organized covered: RHCS, Health Systems, RH costing and budgeting, and FP counseling. ASRO supported the fertility plateau study in Syria, Jordan and Egypt in partnership with the American University in Cairo. ASRO launched CARMMA in Tunisia and organized an international forum to disseminate Moroccan best practice in reducing maternal mortality in	conducted with HQ and COs on NEX Audit preparations and follow up. • Regular Reconciliation should be done by all COs to achieve clean and accurate records on OFA.

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Output	2009	2010	2011	2012
	Education Training for Outreach Workers End of the year evaluation of ASRO Youth, as well as HIV/AIDS programmes found that Y-PEER, as a theory and practice, is ideally suited to the unique challenges posed by the Arab region.Not only has there been a recent increase in government responses to the needs of young people through creation of national youth strategies or advisory committees, but a concurrent recognition of the value and need for direct youth involvement. Major milestone was reached in the launching of the Regional Y-PEER Center Peer Education Training and Research Institute with the American University of Beirut (AUB), as a part of ownership transfer to the regional institutions. ASRO conducted a	active part as a member of UNAIDS co-sponsors regional team. ASRO continues to strengthen linkages between thematic areas especially by in tegrating humanitarian thinking into youth, RH and gender programming. Joint initiatives are underway at different stages of maturity. ASRO continues to strengthen local capacities by providing ToT programmes on MISP and brokering TA for countries in humanitarian crises.	Morocco. ASRO supported evidence based advocacy through partnership with CAWTAR. In April, on-line resource center on gender equality and women's empowerment was successfully launched and attracted AGFUND to sponsor up-scaling the initiative in 2012. In follow up with the Arab Spring, two national roundtable discussions were held in Tunisia and Egypt as well as a regional roundtable involving key stakeholders to discuss the role of women in democratic transition. ASRO continued with the development of strategy for engagement of FBOs to advance ICPD PoA. ASRO organized a High-Level Panel on Youth in the Arab States: Reshaping History during theHigh	

Output	2009	2010	2011	2012
	comprehensive mapping of activities at COs in each key thematic area, namely Youth, RH, PDS and Gender A dedicated meeting of gender focal points in the region have also used the mapping results to plan for their activities in the coming years. Similar retreats in other thematic areas are planned for. ASRO provided support during the preparation, finalization and approval of the CPD for Lebanon and one year extension for OPT. The Regional Planning Meeting (RPM) in April 2009 was utilized as an opportunity to organize a one day meeting on Programming and Security. The meeting provided a platform to discuss implications for UNFPA operations in the complex regional context with particular focus at		Level Meeting on Youth in New York, 25-26 July 2011. The panel attracted large audience and provided an opportunity to highlight some of the key challenges young people in the region are facing in tides of a popular uprising. ASRO, in support of integrating SRH & HIV/AIDS, supported roll out of the Rapid Assessment Toolkit on SRH-HIV linkages in Sudan, Djibouti, Lebanon and Tunisia. In response to the crisis in the Horn of Africa, ASRO collaborated & coordinated closely with OED, HRB, DHR, Facilities, Security, as well as Country Offices and ARO for the response.	

Output	2009	2010	2011	2012
	UNFPAs operational experiences in Iraq, Sudan, Somalia, Palestine, Lebanon and Yemen. It also provided provided a critical input for a design of the humanitarian component of the regional programme, as well as the regional security action plan. ASRO has facilitated deployment of two additional staff to assist the oPT CO and was actively involved in supporting the immediate needs of population affected with military operations that caused massive destruction of livelihoods and significant deterioration of infrastructure and basic services. Initial efforts to explore regional partners and networks of experts has been initiated by ASRO. More work is needed in this area, especially in the context of south-south			

Output	2009	2010	2011	2012
	cooperation, revitalizing of experts rosters, and working with regional institutions to deliver technical assistance. Targeted technical support has also been provided to Iraq, which is the only country embarking on CCA/UNDAF in 2009, with UNFPA leading the Regional Directors Team (RDT) peer support group on quality assurance, along with UNICEF, as its co-convening agency. Several advisers mainly in RH, PD and M&E, provided support to the CO and the UNCT. ASRO organized a workshop on CCA/UNDAFs for the countries to orient them on the new guidelines, and build some capacity on how to better position UNFPA in these strategic processes			
Output 3: UNFPA maintains motivated and capable staff	ASRO management has started to look more closely at HR issues, particularly in terms of	ASRO has actively promoted special detail and engagement of several national staff in ASRO	ASRO organized two regional office retreats, and supported training and learning plans of some	**MRF OUTPUT. Appropriately staffed UNFPA with high-performing professionals fulfilling its mission:**

Output	2009	2010	2011	2012
	recruiting suitable candidates for several vacancies in the region. Given complexity of functioning from two locations, particular efforts were placed at development of ongoing mechanisms to enhance communication channels and build a strong regional team. Efforts to enhance teamwork were demonstrated in number of joint missions undertaken to support Iraq CCA/UNDAF process). Joint missions to Iraq were delivered collectively by several technical advisers, with harmonized member roles Specific detail assignments and other modalities for building and enhancing staff capacity and morale, especially among national staff, will be further explored in 2010	missions.For instance, the Asst Representative of Palestine was detailed to the ASRO/Cairo office during the maternity leave of the programme specialist on gender. Several capacity building initiatives were undertaken at regional level, to build country office staff capacity in areas such as RBM, M&E, evidence based programming, NEX, Ethics, and in almost all thematic areas,including humanitarian issues (MISP, etc.) . Focal points have also been given opportunities to take part in global/regional events (e.g. Women Deliver Conference in USA, AIDS Conference in Vienna, the International Youth Conference in Mexico, etc. During the 2010 Regional Planning Meeting, an increased number of national staff (both programme and operations) were invited.	COs, and specific requests of national staff to attend specific trainings. ASRO supported the participation of 2 staff in the CERF training organized by OCHA in Cairo. ASRO funded the participation of 7 participants (1 from RO, 6 from COs) to the Thirteenth Annual Meeting of the Inter-agency Working Group (IAWG) on Reproductive Health in Crises in Istanbul, as well as the associated Training on the ASRH Toolkit for Humanitarian Settings. Through continuous capacity building of the staff on main focus areas and providing continuous technical support and also by involving COs in Global and Regional activities as the main focal points all contribute to their motivation. Staff safety and security	During 2012 ASRO continued to work with DHR on recruitment for COs in the region as well as the for the regional office ensuring that UNFPA attracts and recruits high-performing professionals. ASRO also promoted cross-country detail assignment thus exposing staff to new opportunities and challenges to enrich their experiences in addition to supporting staff participation in regional and global events for knowledge sharing and networking. During 2012 ASRO completed recruitment for 12 posts. Key support posts were filled, which helped to timely address staff gaps and implement regional programme smoothly. Several regional workshops were organized where staff as well as partners and IPs have participated to ensure that staff are up to date and well versed with developments in relation to UNFPA strategies, procedures and mandate. Some of the posts were re-advertised more than 2 times due to various factors such as: identified candidate refused to accept the offer at the end; recruited candidate left ASRO after 5 months; negative reference check for identified candidate etc. • Shortage in certain capacities at CO level should be handled with high priority, as it adds additional burden on the regional office

Output	2009	2010	2011	2012
		At least 30 regional participants also had the opportunity to attend the 2010 Global Meeting in Princeton New Jersey.	became very critical in 2011 in every programming intervention supported in the region in 2009. This included active support of the regional office in the implementation of the MOSS and MORSS. Other modalities for building and enhancing staff capacity and morale, especially among national staff, will be further explored in 2012.	staff.
Output 4: Effective partnerships that protect and advance the ICPD agenda maintained and expanded	A series of informal consultative meetings and discussion to follow up recommendation of global forum of faith-based organizations (FBOs) and to expand and strengthen existing partnerships with FBOs were conducted. A draft concept note for concrete workplan of coming years was also developed. Partnerships with CAWTAR, LAS, AUB, INAS and AUC were reviewed in context of new technical assistance	ASRO expanded its partnerships with regional and national partners in order to advance ICPD and MDGs. Draft partnerships strategy was developed addressing TA, resource mobilization, advocacy, and humanitarian responses. The strategy was presented and discussed during the RP's MTR, and partnership meeting. Through RDT/DRDT, ASRO takes an active part in UNDG activities which provides leadership and guidance on	ASRO Partnerships Strategy was reviewed and revised in 2011, taking the new regional political evolution into consideration and some activities were conducted e.g. mapping of regional partners, bilateral meetings with some potential partners. ASRO initiated new partnerships with American University in Cairo, OXFAM GB, Karama, International Medical Corps, Danish Church Aid and ISESCO. ASRO brokered TA from	**MRF OUTPUT. Secured broad-based and stable funding to meet the strategic plan resource requirements:** Under the guidance of the Regional Director, efforts continued to mobilize resources in support of regional and country programmes. Regional director continued to build strategic partnerships with various donors and contributed to UNFPA's action plan on engaging GCC donors in resource mobilization. A regional resource mobilization workshop for UNFPA humanitarian response was organized in Cairo with support from Resource Mobilization Branch, IERD in partnership with OCHA. Given ASRO regional context attracting humanitarian

Output	2009	2010	2011	2012
	modality for UNFPA to build national and regional capacity. A regional partnership meeting is being planned for 2010 which will aim to further enhance partners understanding and familiarity with UNFPAs new strategic direction in technical assistance, and business practices. partnership meetings were organized with the League of Arab States (for (PAPFAM & PPMDD), CAWTAR, IPPF, other UN agencies, etc. to support effective and efficient implementation of planned activities, advocacy, policy dialogue and capacity development activities.	the UN's strategic priorities in the region. Significant support has been given in inter-agency efforts forCCAs/UNDAFs, and the UNDG Regional Priorities for 2010/11 on youth programming, repositioning the UN in MICs, and in addressing the nexus of food security and climate change. ASRO continued to work on effective partnerships to advance ICPD agenda with LAS, ESCWA, NPCs, AUC, Al-Khawarizmi Statistical Association and Center for Studies on Aging in Lebanon. ASRO works with the Arab Council of Health Ministers through LAS to advance a regional maternal health initiative aiming at enhancing regional/national efforts and to furnish grounds for SSC to improve maternal health in least developed countries of the region. ASRO continued to work with	Al-Azhar International Islamic Centre for Population Studies and Research for Afghanistan CO and initiated discussion for Somalia for SS cooperation. A concrete TA modality with Al-Azhar is under preparation. ASRO expanded effective regional and national partnership in support of ICPD agenda. Two countries established NPCs, UAE and Saudi Arabia to be part of the NPCs Forum led by LAS. At the regional level, two workplans were developed and implemented with two partners, ESCWA and AUC. Through RDT/DRDT, ASRO played an active part in UNDG activities which provided leadership and guidance on the UN's strategic priorities in the region. Significant support has been given in	aid, the capacity building efforts were focused on countries that had gone through humanitarian situations or are currently experiencing humanitarian crisis. A regional resource mobilization adviser post has been advertised twice but ASRO has not yet been able to recruit a regional adviser who would be dedicating more efforts to RM and partnerships building with non-traditional donors.

Output	2009	2010	2011	2012
		LAS and other PAPFAM partners (AGFUND, UNICEF, UNAIDS, WHO) on enhancing data collection, in-depth analysis and utilization of PAPFAM data. To enhance TA and SSC, ASRO initiated dialogues with CAPMAS, AUB, ESCWA and ISESCO and participated in inter-regional meetings in Bangkok on SSC that involved potential partners from AS region. Partnership at Global level has been mobilized for deployment in the field (GenCap, NRC) and for capacity building (SPRINT). ASRO organized a regional consultation on engaging men and boys in partnership with GHRCB,MenEngage Alliance and GTZ. Role of FBOs and religious leaders was highlighted as a key strategy for programme intervention in the region nd it will be addressed at FBO regional forum next year.	inter-agency efforts for CCAs/UNDAFs, and the UNDG Regional Priorities e.g. youth programming. In partnership with ILO RO, the 2 ROs developed joint ILO-UNFPA Programming Framework for Young People at a joint meeting. Joint UNFPA-ILO Programmatic Framework for Young People places a strong emphasis on: capacity building, civic engagement, participation and support for policy development. In coordination with ICPD secretariat at HQ, ASRO prepared a roadmap for ICPD/20 and beyond; mapped young parliamentarians in the region and secured participation in the Global Young Parliamentarian Dialogue, mapped youth NGOs in the region for participation in the CSO consultation meeting in support of ICPD/20 and beyond. ASRO will continue efforts that aim at building more	

Output	2009	2010	2011	2012
			regional institutional relationships to provide TA and advance ICPA agenda at the regional and CO levels.	
Output 5: Leadership role of UNFPA and active participation in the United Nations reform ensured	ASRO played an effective and leadership role in the Iraq CCA/UNDAF throughout various stages of the process. ASRO took an active part in the Regional Directors/Deputy Regional Directors teams and their initiatives in the region. These included active participation in meetings, as well as follow ups to UN reform initiatives, CCAs/UNDAFs, and the RC performance assessment process. Together with UNICEF Regional office, ASRO was tasked with the development of RDT Strategy in the area of young people. ASRO is represented in the UNFPA IDWG on UN Reform, and in the 2009	ASRO enhanced capacity of technical and programme staff members from COs and the Regional Office on CCA/UNDAF processes through participating in inter regional Capacity Building meeting held jointly with APRO in March in Bangkok. ASRO continued to play a collective and effective role in the CCA/UNDAF process of the 6 roll out countries for 2010 (Egypt, Syria, Morocco, Algeria, Tunisia and Yemen) through providing direct technical assistance to UNFPA COs and through PSG support to the process under the leadership of the RDT and through DRDT to ensure quality and conformity with guidelines. ASRO supported Iraq and Palestine COs in the development of the CPD and the CPAP.	ASRO continued to play a collective and effective role in the CCA/UNDAF process of the 3 roll out countries for 2011. ASRO took an active part in the Regional Directors/Deputy Regional Directors teams, and their initiatives in the region. These included active participation in meetings, as well as follow ups to UN reform initiatives, CCAs/UNDAFs, and the RC performance assessment process. Together with UNICEF, ASRO co-led the process of developing regional action plan on young people. Support was provided to roll out countries at two levels, ASRO direct supported to COs in Sudan, Jordan and Djibouti to help play a more active role in UNCT. As well, ASRO contributed to	No question in 2012 ROAR format

Output	2009	2010	2011	2012
	round of CCA/UNDA. ASRO took the lead as the RDT convening agency for the peer support group on quality assurance and support.	ASRO co-lead the PSG for Morocco and Yemen. ASRO took an active part in the Regional Directors/Deputy Regional Directors teams and their initiatives in the region. These included active participation in meetings, as well as follow ups to UN reform initiatives, CCAs/UNDAFs, and the RC performance assessment process. CCA/UNDAF roll out has been supported to reflect Disaster Risk Reduction and humanitarian concerns. CAP has been reviewed to ensure UNFPA concerns and contributions were reflected. ASRO has regularly participated in the Inter-Agency Coordination Network on Emergency Preparedness and Response in theMiddle East and North Africa. ASRO was part of the	the PSG reviews and took part in the SPR in Jordan and Djibouti. ASRO continued to support countries in the CPAP development e.g. Yemen. UNFPA is part of the Libya HCT and UNCT. UNFPA participated in several inter-agency needs assessment missions to Libya and to the Egyptian-Libyan & Libyan-Tunisian borders at the onset of the crisis in Libya. UNFPA took the lead in RH provision to Libya IDPs and Refugees (procurement and pre-positioning of RH kits, MISP trainings), as well as the response to, and prevention of GBV.	

Output	2009	2010	2011	2012
		mission to assist the Inter Agency Contingency Planning for South Yemen as well as on the Global Health cluster mission to Yemen. ASRO is also an active member of the UNFPA Inter-Divisional Working Group on UN Reform.		
Output 6: Accountability for achieving results at all levels improved	Renewed emphasis on monitoring and evaluation of programmes, have stressed ASRO management concern for accountability at regional and country levels. Oversight responsibilities have focused on timely submission of OMPs, COARs, travel plans, leave plans, and PADs. All staff have also been encouraged to complete mandatory courses, such as the security courses, and ethics course. Special efforts have also been put on monitoring actions of COs on audit findings and recommendations.	In 2010, ASRO put additional emphasis on monitoring and evaluation of programmes, Oversight responsibilities have focused on timely submission of OMPs, COARs, travel plans, leave plans, and PADs. Capacities of the regional and country office staff members in monitoring and evaluation were enhanced through participating in a number of regional and global events. A mandatory evaluation exercise was initiated for countries in their next-to last year of the programme (Egypt, Syria, Morocco, Algeria, Tunisia and Yemen).	ASRO continues to put special emphasis on monitoring and evaluation of programmes, oversight responsibilities have focused on timely submission of OMPs, COARs, travel plans, leave plans, and PADs. 4 / 7 02-Jan-12 Capacities of the regional and country office staff members in monitoring and evaluation were enhanced through participating in different events. A mandatory evaluation exercise was initiated for countries in their penultimate year of the programme, Jordan, Djibouti and Sudan. ASRO, through the focal points, keeps close monitoring of	No question in 2012 ROAR format

Output	2009	2010	2011	2012
			all IPs to ensure timely implementation of agreed upon plans and efficient use of resources. Special emphasis has been also dedicated to follow ups on NEX audits and implementation of audit recommendations.	
Output 7: Sustainable resources for UNFPA ensured	ASRO mobilized extra budgetary resources in an amount of USD 1,039,000.00 from the Unified Budget Work-plan (UBW) under UNAIDS in an effort to further strengthen the HIV/AIDS response in the region. ASRO with support from IERD established links with the retail company H&M to support Youth Peer Education Network (Y-PEER). As a result UNFPA mobilized $585,000 from H&M in support for Y-PEER regional and national activities in Egypt, Bahrain, Oman and Turkey. A desk review was	Under the guidance of the Regional Director, efforts continue to mobilize resources in support of regional and country programmes. Following a workshop on resource mobilization in 2009, and mapping of donor interests, efforts continued in 2010 to develop a strategy for resource mobilization. However, this requires more consultation, and will most likely continue in 2011. In the area of humanitarian assistance, ASRO provided support in proposal development for certain countries. Yemen and Djibouti COs	Efforts continue to mobilize resources in support of regional and country programmes. Following a workshop on resource mobilization in 2009, and mapping of donor interests, efforts continued in 2010 and 2011 to develop a strategy for resource mobilization in coordination with RMB. Draft strategy paper for RM in GCC countries is prepared and being finalized in consultation with HQ. ASRO supported COs in CAP for Yemen and CERF processes in Syria, as well as obtaining Emergency Funds for Egypt. UNFPA participated in the Flash Appeal and	No question in 2012 ROAR format

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Output	2009	2010	2011	2012
	conducted to map donor support in the region. Results of this donor mapping exercise were shared at the regional planning meeting, and with IERD for further analysis and use. RO is regularly monitoring and reporting utilization of trust funds and donors contributions to the country offices.	have received funding from the CERF (3 countries got CERF allocation in the region). Emergency Fund from HRB was mobilized for Southern and Northern Sudan for kit prepositioning. Funding prospects for Iraq refugees in Syria and Jordan were also identified, with the help of IERD/RMB. A joint retreat of these two countries was held, with the participation of ASRO and IERD/RMB to review funding prospects and resource mobilization strategies for this area. ASRO has actively worked in collaboration with other Branch/Divisions like HRB - for the development of tools to mainstreambhumanitarian preparedness and response within the Fund (DLPI, Humanitarian Strategy, Core Commitments and SOPs); with PSB – on an initiative to improve procurement of kits in Middle East countries; with	Common Humanitarian Action Plan for Libya. ASRO has also succeeded in mobilizing over USD 1 million through the Flash Appeal for Libya, to address acute humanitarian needs and to start responding to early recovery needs throughout the remainder of 2011 and 2012: Norway ($643,000), Canada ($250,000), and Finland ($105,000).	

Output	2009	2010	2011	2012
		the Inter Divisional Working Group on Sudan.		
Output 8: Stewardship of resources under UNFPA management improved	ASRO management constantly monitors funds allocation and utilization. A periodic review of implementation rates and OFAs has been done by ASRO and has helped monitor and assess the use of both regular and non-core resources.	As part of overall efforts to enhance accountability, ASRO has worked closely with concerned units in Headquarters to improve financial resources management. With IERD/RMB, follow up was made in connection with expired/expiring fund codes, and project reporting and extension of deadlines. Close collaboration, consultation and guidance from DMS and NEX unit, has been maintained throughout the year to ensure proper oversight and follow up of audit recommendations, implementation rates, OFAs, and related issues. Guidance has been sought from DMS regarding issues of NEX vs DEX in countries like Sudan, Iraq, Somalia , where national capacities do not lend themselves to national execution requirements.	ASRO continues to pay special attention to monitoring funds allocation and utilization on both the regional and country levels. Regular review of implementation rates and OFA balances helped ASRO keep track on progress and identify bottlenecks as well as implementation challenges. Close cooperation, consultation and coordination with DMS have been maintained throughout the year on relevant matters.	No question in 2012 ROAR format

Output	2009	2010	2011	2012
Output 9: UNFPA a stronger field-focused organization	Despite barriers and challenges faced in ASRO regionalization so far including operating from two locations, being in the field close to countries and regional partners facilitated more interaction and more effective collective response to country and regional partner needs. Efforts continue to fully implement the regionalization road map, with prospects of having the host country agreement signed with the Government of Egypt, and relocation to a proper ASRO office. Recruitment of staff and relocation of existing staff have been hampered by delays in the host country agreement. Close monitoring of the security situation in the field, and its impact on programming and security andsafety of staff is regularly being undertaken by the regional SA, with	With the successful signing of the ASRO host country agreement with Egypt, after almost a 2 year delay, ASRO finally is on track with the implementation of the regionalization plan. This includes identification of a suitable office premises that would house both the regional office and the country office of Egypt, as well as the accelerated recruitment of international and national staff, according to the approved ASRO typology. Many challenges have been encountered along the way, but it is hoped that by 2011, ASRO will become a much stronger field-focused organization once the Office is fully settled in Cairo, and all NY based staff are relocated. In the meanwhile, support to country offices has intensified during the year, and the field presence of ASRO has become more and more felt by both	ASRO finally is on track with the implementation of the regionalization plan. This includes relocation to the new premises that will house both the regional office and the country office of Egypt. Many challenges have been encountered along the way, but it is hoped that by early 2012, ASRO will become a much stronger field-focused organization once the Office is fully settled in its new location. In the meanwhile, support to country offices has intensified during the year, and the field presence of ASRO has become more and more felt by both countries and regional/national partners. This is expected to be more and better in 2012. ASRO utilized every opportunity to enhance synergy and work with COs and continues to hold RO-CO joint retreats to strengthen its ties with COs and support/guide offices.	No question in 2012 ROAR format

Output	2009	2010	2011	2012
	support from management.	countries and regional/national partners. This is expected to be more and better in 2011.		
Support to COs	As ASRO was newly launched in 2009 after a long break from CST closure, efforts focused on consultations and analysis on how best ASRO can provide technical and programme support to CPs. The situation in the region is particularly volatile. Several countries are facing complex emergencies. Humanitarian needs are fully acknowledged by HQ, the Regional office and Country offices are working to strengthen humanitarian preparedness and response. However there is a lack of standardization and systematization in UNFPA emergency programmes. ASRO deployed regularly missions of colleagues	ASRO supported several COs to participate in regional/international events. ASRO provided support to the Ministers of Health from countries with the highest MMR to attend the "Women Deliver" conference in Washington and scientific events including "Post-Abortion Care" meeting in Egypt and the "cervical cancer" workshop in USA. ASRO invested in capacity development related to SRH/RR including the development of SRH strategy in Morocco and Yemen, and supported Egypt and Yemen in addressing CS challenges and provided TA to South Sudan. ASRO began a program supporting in-depth analysis of fertility plateauing reasons in 3 countries.		No question in 2012 ROAR format

Output	2009	2010	2011	2012
	from PD, DHR and DMS to the field. This significantly increased understanding of the complex environment in which some offices operate. ASRO collaborated with Technical Division in conducting a workshop on RHCS in the new Aid environment; this helped some of the participating countries to become more involved in National Health strategies and to advocate for more donor collaboration. The training of trainers of RH coordinators in emergency is an example of a good practice that strengthened national capacity in the region.	In some technical areas, lack of regional/national expertise poses a challenge. To address this challenge, ASRO started recruiting young professionals, building on initial capacity developed by Y-PEER. ASRO started to build regional pool of experts in the different thematic areas. Capacity building initiatives including MISP have produced positive results ASRO has positioned itself on GBV coordination taking the lead role of an Inter-Agency ECHO-funded project to build capacity on GBV coordination in humanitarian setting. ASRO has promoted humanitarian mainstreaming in planning processes in Yemen, Southern Sudan and Somalia. ASRO organized regional capacity building ToT on NEX and Ethics to enhance accountability. The ToT		

Output	2009	2010	2011	2012
		resulted in identifying two teams of staff that are ready to provide support to other COs virtually and in person as time allows. ASRO has been engaged with global efforts to update and maximize the use of UNFPA's roster of consultants and while working on establishing a simple to use regional roster. There is a need to expand the pool of trained experts and to create more partnership		
Contribution to Strategic Plan 2008-2013 DRF outcomes	Regional programme developed effective mechanisms for to enhance South to south cooperation. This can be demonstrated in a number of examples, including the assistance provided to the Iraq CO by the Tunisian office of family planning, support provided by Egypt and Syria CO to Iraq CO in strenghetening the capacity of young people to deliver high quality training in peer education,			

Output	2009	2010	2011	2012
	Moroccos support to Syria in the area of PLHIV interventions, or exchange between Oman and UAE, and Bahrain and Qatar for development of the national Y-PEER networks.			
Internal organizational developments and issues affecting unit performance	The split of the regional office between New York and Cairo have affected coordination, information sharing between programme advisers and specialists. Delay in recruitment of admin and finance staff as well as other operation staff (drivers, IT, assistants, etc.) has been challenging for programme advisers and specialists who have received little assistance to implement their activities.

Transition from CST to Regional office TA modalities may potentially affect ASRO work with high demand for direct TA mission and subsequent lack of time investment in building new TA modalities. | | Regionalization, has positively affected the office during 2011. Being close to the country offices facilitates quick response to their needs and interaction on daily basis. Additionally, co-location with Egypt CO, expected early in 2012, is also expected to further facilitate operations for both offices functioning from same location. It has also enabled RO staff to spend more time and dedicate more effort to support COs in timely manner e.g. RO held two retreats with Yemen CO team to finalize CPAP, during which RO tried to ensure continuum between UNDAF, CPD and CPAP. This process has also enhanced synergy between RP and CPs, and facilitated the enhancement of RP to better respond to | |

Output	2009	2010	2011	2012
			CO needs. The Arab Spring, the volatile political situation in the region, in Egypt, Tunisia, Syria, Libya and Yemen, together with the already existing humanitarian crises in Iraq, oPt, Somalia and Djibouti has posed several challenges to ASRO's work in the region and to COs as well. The situation necessitated flexibility in re-programming activities and quick response. Regionalization has positively contributed to ASRO's response being close to the situation and able to spend more time with COs to discuss the different challenges, agree on actions and mobilize needed resources in a region where there's limited donor interest. SP-MTR, the spirit of MTR allowed staff to be more interactive and provided a channel that staff used to reflect upon the SP through the different webinars that RO has organized with COs to discuss emerging priorities	

Output	2009	2010	2011	2012
			and ultimately responses to such priorities. In response to the limitation of funding, 2 posts have been frozen for the RO. This is adding to the challenges that ASRO is facing while attempting to respond to the emerging priorities with limited HR capacities. In line with the new business plan actions, ASRO has been providing programming support to all COs throughout developing UNDAFs, CPDs and CPAPs through its own review team of advisers and specialists. ASRO is continuing the search for best practices and promising practices and had during 2011 disseminated the Moroccan experience in reducing maternal mortality, in a regional forum attended by national/international partners as well as COs to exchange experiences. The regional office is well on track to become a hub for TA in the region through its network of experts and	

Output	2009	2010	2011	2012
			consultants. We're also working on improving the communication capacities of the office and communication focal points in COs to be better positioned to implement the organization's new communication strategy and improve visibility. ASRO will continue to look for young talented professionals to join the organization from the YPEER network as well as other channels and at the same time identify young change champions that believe in and will carry the organization's mandate forward.	
Level of unit implementation of Global or Regional Programmes	75-99%	75-99%		
South-South initiatives for national capacity development	10		10	
Number of regional partners	8	8		
% of Partners effective in promoting the ICPD agenda	90%		75%	
Evaluations	Mid Term evaluation of			No evaluations conducted

Output	2009	2010	2011	2012
conducted	Youth and HIV/AIDS Programmes			
% of previous year accepted evaluation recommendations implemented	75-99% [Evaluation of regional Y-PEER Initiative]			
Communications				The position of regional communications adviser was frozen for several months and after it was unfrozen it has been advertised 2 times, but ASRO has yet to recruit a suitable candidate. In the meantime a communications team has been backstopping the communications portfolio. Among the most notable achievements ranks the development of a regional UNFPA web portal for the Arab States (http://arabstates.unfpa.org) and a social media presence (www.facebook.com/UNFPAArabStates andwww.twitter.com/UNFPAArabStates) for the regional office. In addition, an electronic newsletter is produced and distributed on a regular basis. Following a customer satisfaction survey, the newsletter is currently being redesigned to allow for better web- and social media integration. The ongoing redesign of the newsletter is a pioneering effort to use state-of-the-art email newsletter solutions to deliver tailored communications to our target audiences and use online analytics to

Output	2009	2010	2011	2012
				track consumption patterns that continuously improve the added value of the newsletter for the readers. ASRO shared the knowledge and experience obtained from working on ASRO website with Djibouti CO which is in the process of building its own website.
				DRF OUTCOME 1. Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies: Several initiatives were undertaken to strengthen inter-linkages between population dynamics and the needs of young people under the umbrella of ICPD. ASRO continued to work with regional partners and national entities, through COs, to ensure proper reflection of UNFPA mandate in national and sectoral plans. ASRO developed a roadmap for ICPD review in Arab states in partnership with ESCWA, ECA, League of Arab States and African Union. The roadmap includes support to the ICPD Global

Output	2009	2010	2011	2012
				Survey; evidence generation regarding regional priorities including maternal health, youth issues, aging issues, population dynamics, environment and climate change, GBV, migration; building coalitions around ICPD; and preparations for the Regional Population conference in June 2013. ASRO enhanced national capacities to use population data. ASRO provided technical support to Djibouti, Libya, Saudi Arabia, Somalia and Yemen. ASRO supported the regional inter-agency programme on international migration surveys in Mediterranean countries in collaboration with ESCWA, EU, ILO, IOM, LAS, UNHCR and World Bank. A strategic Action Framework for Programming on Young People was finalized, disseminated and rolled out in priority countries namely Djibouti and Sudan. UNFPA will utilize the framework to leverage its expertise in population data analysis to inform policy formulation and programming on youth building partnerships for joint programming. In addition, the framework will be used as platform to leverage programming for youth, thus ILO and UNFPA regional offices started

Output	2009	2010	2011	2012
				jointly to address youth empowerment, employability and skills development, including life skills for marginalized youth. ASRO launched its Regional Youth Advisory Panel. The first meeting provided a platform for the exchange of information on major opportunities and challenges in the region. ASRO joined League of Arab States, The Council of Europe and European Commission in Partnership within the Euro-Med framework for programming on young people. Identification and recruitment of expertise in research areas and shortage of staff for timely completion of tasks remain challenges A delay in transfer of funds to IPs resulted in low implementation rates The bottom-up multi-stage, region-wide exercise to revisit and adjust the current approaches and strategy to programming lead to improved national and CO ownership of the strategic framework for programming on young people. The approach promoted a platform for youth dialogue and prioritization by the young people.

Output	2009	2010	2011	2012
				DRF OUTCOME 2. Increased access to and utilization of quality maternal and newborn health services: ASRO supported and guided COs in evidence-based programming; capacity building; and technical matters with special attention to countries in humanitarian crises and neighboring countries. ASRO conducted three regional workshops building COs' capacity to communicate and package research findings to policy-makers. This resulted in the formulation of policy briefs and presentations that provide evidence to policy makers to support RH programs in Djibouti, Egypt, Iraq, Jordan, Morocco, OPT, Somalia, Sudan and Yemen. A policy paper that documents best practices and policy challenges including addressing unmet need for FP in the region was prepared and disseminated to all the countries. ASRO continued to build capacity in costing national RH plans in Egypt, Iraq, Jordan and oPT. Joint HQ/ASRO missions were undertaken to Somalia and Djibouti to

Output	2009	2010	2011	2012
				assess the needs to improve RH services accessibility. ASRO sponsored a regional midwifery workshop to build the capacity of country teams in education, regulation and association according to ICM standards with participants from Djibouti, Egypt, Morocco, Oman, oPT, Somalia, Sudan and Yemen. Continuing instability in Syria demanded more attention from ASRO with corollary impact on neighboring countries. ASRO strengthened the capacities of affected countries through detail assignments to deploy skilled staff; creating new posts; deployment of NRC-seconded staff; in addition to direct support as needed. To improve capacities to respond adequately in crisis situations, ASRO organized a second meeting of the IAWG on RH in crisis-MENA Region that was attended by representatives from twelve countries and 28 organizations. A cross-regional SPRINT training on MISP for teams from Lebanon, Jordan, Iraq, Yemen and Turkey was also held. ASRO introduced eleven COs UNFPA 2nd generation humanitarian strategy and the new FTP.

Output	2009	2010	2011	2012
				The humanitarian preparedness and response capacities of CO staff were developed through workshops addressing Data Collection Guidelines and Resource Mobilization for Humanitarian Response. Health policy makers are not always aware of the key challenges to improving maternal health. Documenting, and sharing best practices from the region with respective policy makers; using local evidence and providing practical solutions; COs were able to engage in policy dialogue around relevant priority issues. Shortage in midwives to address current needs is a continuing challenge in several countries. Midwives in the region face challenges in relation to education, regulation and in establishing their own associations. The existing number of qualified tutors in priority countries of Djibouti Somalia, Sudan and Yemen is inadequate to address the needs. Additionally, midwives in these countries are not part of the MOH staff cadres and consequently there are no policies to protect them or regulate the profession. It is also unlikely for midwives to be granted membership of

Output	2009	2010	2011	2012
				nursing associations, and remain therefore voiceless to advocate for their own needs and resources as an independent group. Through its relationship with ICM, ASRO is working on identifying opportunities to empower them. UNFPA's humanitarian response capacity depends on the rapid deploy-ability of experienced staff, often with specific language skills. In response: ASRO facilitated detail assignments between COs in the region to provide rapid support when needed. ASRO included consultants with Humanitarian Response Capacities on its roster. Including national NGOs and government participants in regional trainings proves to be an effective way to build national capacity and create ownership for a wider coalition in support of MISP. Additional support is required to implement the humanitarian strategy, specifically on the application of the SOPs and FTPs.

Output	2009	2010	2011	2012
				DRF OUTCOME 3. Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions: ASRO provided comprehensive support to enhancing FP services in the region aiming at strengthening national RHCS systems and building national/local capacities in this regard. Interventions addressed different priorities including strategy development, capacity building in FP counseling, advocacy and policy-oriented communications. Improving RH counseling is key to improving access to family planning services. ASRO embarked on capacity building in counseling in the region. All COs have participated in regional RH counseling workshops conducted in 2011 and 2012. Consequently, participant COs produced country specific plans to build relevant capacities back home. COs will support rolling out of the plans. ASRO produced a policy brief to address the issue of unmet needs for family planning among Arab women and has started building the capacities of different francophone and anglophone countries in the region with regard to policy communication.

Output	2009	2010	2011	2012
				ASRO continued building the regional capacities in RHCS. ASRO conducted a regional RHCS TOT workshop for Iraq, Jordan, Lebanon, Libya, oPt and Syria that introduced the range of elements needed to achieve RHCS and led to identifying priorities for technical support and capacity development for each participating country. ASRO developed RHCS strategies in 3 countries in the region. With ASRO's support: Iraq and Sudan developed RHCS strategic plans, based on needs assessments conducted in the previous years; Yemen developed a five-year government-led roadmap, to establish a RHCS program and an early warning system for contraceptive commodities stock-outs at the central level. Policy makers in the region are not always aware, in the new political environment, of the benefits of family planning, not only for families but also for the society as a whole. The policy brief entitled "Women's need for family planning in Arab countries" targeted policy makers and highlighted the current challenges and proposed solutions. Additionally, some countries

Output	2009	2010	2011	2012
				drafted their specific policy briefs on RHCS such as Yemen. More emphasis on high level advocacy activities and documentation of best practices is likely to pave the way for improvements in maternal health. Regional RHCS capacity building workshops with diligent country level follow-ups are effective in jump-starting cascade capacity building at the country level. In addition, the SWOT analyses conducted by country teams during the workshop were effective in identifying specific country needs. Identification of French-speaking experts/consultants in RHCS field was very challenging. One way to address this difficulty is to promote inter-country exchange of expertise and seek support of French-speaking RHCS colleagues in other UNFPA regional and country offices in addition to sharing rosters of consultants in other regions.
				OUTCOME 4. Increased access to and utilization of quality HIV and STI prevention services especially for young people (including adolescents) and other key populations at risk: ASRO played an effective role in addressing national capacities for HIV

Output	2009	2010	2011	2012
				prevention for priority population groups. ASRO embraced the global vision for elimination of mother-to-child transmission of HIV (eMTCT). Jointly with WHO, UNAIDS and UNICEF, ASRO has developed the eMTCT Regional Framework. The framework provides a region-appropriate, systematic approach to eMTCT. Through its engagement with UNAIDS regional co-sponsors, ASRO advocated for and contributed to development of the "Arab Convention on HIV Prevention and Protection of PLHIV" which has been endorsed by the Arab Parliament in its ordinary meeting in March 2012. This document represents a comprehensive agreement that covers the different aspects of human rights, including travel restrictions and HIV prevention among key populations. One of the priority interventions in 2012 was a roll out of the Rapid Assessment Tool for SRH-HIV Linkages. ASRO has accumulated experience from Lebanon, Morocco, Sudan and Tunisia where this exercise has been completed. The roll out has been planned in four additional countries: Djibouti, Yemen, Somalia and Egypt, selected based on the set of criteria looking at the characteristics of HIV epidemic and the scope of maternal mortality situation in the country.

Output	2009	2010	2011	2012
				The Arab States region faces growing challenges in planning and managing technical support with regards to HIV/AIDS. This is linked to increased demand of technical support as most of the countries in the region have developed and initiated the implementation of their national strategic plans to meet the global, regional and national targets. In order to increase the impact and sustainability of UNFPA's HIV response through the provision of quality, timely and demand driven technical support, ASRO organized a series of comprehensive HIV response competency building training sessions in the region for heads of offices and HIV officers/focal persons. The concept of SRH and HIV Linkages has been well accepted in the region. To date, four countries in the region have rolled out the rapid assessment tool for SRH-HIV linkages. Progress at programme level has been hindered because SRH and HIV are often structured as two vertical "health" and "disease control" systems. Key challenges include technical support on suitable models for different contexts; harmonization of budgets; community involvement to reduce stigma

Output	2009	2010	2011	2012
				associated with HIV/STIs, risky behaviors, and acceptance of HIV care in RH settings; and monitoring and evaluation. In response, ASRO organized review of the current regional experiences in the area of SRH-HIV linkages and organized regional consultation on SRH-HIV linkages. This approach facilitated developing national work-plans for roll-out in four priority countries. Work-plans were built on the analysis of the past experience and lessons learned from Lebanon, Morocco, Tunisia and Sudan. Provision of quality technical assistance and responding to country/regional demands is challenging. Internal assessment from 2011 revealed that the major challenges include lack of sustainability and transfer of skills to nationals; overdependence on short term consultants; ad-hoc demands for technical support; and lack of sustainable capacity development system. To address these challenges, ASRO decided to review and adjust its current approaches for capacity building regarding HIV prevention. This process resulted in developing ASRO Strategic Framework for the Capacity Building for HIV/AIDS Prevention that emphasizes best practices and lessons learned from different technical support and capacity

Output	2009	2010	2011	2012
				development initiatives. The development process involved the following steps: 1. Desk review of regional reports, regional strategies, national strategic plans and other initiatives to identify priories for support 2. Analysis of current practices of technical support and capacity development including SWOT analysis 3. Small expert meeting for development of the strategic framework and a curriculum.
				OUTCOME 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy: ASRO has undertaken key steps regarding advancing GE and RR in the region in sync with preparations for ICPD@20. MoUs were signed with two regional partners: Centre for Arab Women Training and Research (CAWTAR) and Oxfam/GB. Tthe establishment of the Arab Women NGOs Coalition in support of the ICPD beyond 2014. ASRO in partnership with CAWTAR has engaged with more than 200 women NGOs across eleven Arab countries to create a regional body that campaigns

Output	2009	2010	2011	2012
				for Arab women's rights. The process involved active participation of women NGOs and COs and focused on building national capacities of women NGOs on ICPD PoA and its linkages with CEDAW, MDGs and other human rights instruments. The coalition will work at both national and regional levels addressing country-specific and regional Arab women's rights issues. In support for the preparation of gender responsive legislation, two concept notes were prepared for regional reviews that are anticipated to be finalized in 2013. These reviews address how Arab women could use CEDAW and ICPD-PoA to safeguard their rights; and the prevention and response to GBV in humanitarian settings in the Arab Region. ASRO is also developing a strategic framework for GBV prevention and response in the region that will finalized in 2013. ASRO in partnership with Oxfam/GB implemented regional initiatives for engaging men and boys to promote gender equality by combating GBV/VAW in Iraq, Jordan, Lebanon and oPt, targeting policy makers, media, religious leaders, and local NGOs.

Output	2009	2010	2011	2012
				Initiatives on engaging men and boys in prevention of GBV and HIV were implemented by Djibouti, Egypt and Morocco, and on transformation of gender roles in Morocco and Djibouti. Working on gender equality and women empowerment has been a challenge across the world because it involves changing attitudes, cultural values, customs and traditions. In the Arab region particularly with the newly emerging political systems, women's rights are not attracting enough attention and lacking the needed political support. This situation has created a state of polarization among women's rights activists and campaigners on one hand and the political systems and their supporters on the other hand. One of urgent questions that needed to be addressed by UNFPA is; how Arab women could hold on to their historical gains and how could they advance to achieve more rights in an environment that challenges the recognized international human rights principles. One of the lessons learned is to continue working at multilayered levels by lobbying with national and regional policy makers and decision influencers

Output	2009	2010	2011	2012
				to adhere the international human rights commitments, while supporting national and regional human rights NGOs/networks to advocate for women rights. This could be achieved through the following: 1- Lobbying, advocacy, campaigning for women's rights in partnership with wide range of stakeholders. 2- Evidence generation of benefits that the society could reap if women's rights are respected. 3- More systematic and creative work with the national and regional media outlets including social media. 4- South-south cooperation. ?
				OUTCOME 6. Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents: ASRO continues to consider youth RH as an utmost priority. As part of the ICPD review, ASRO decided to reflect the youth organizations' voices in the review, and to address the existing gap in youth work at the regional level by mobilizing youth organizations and NGOs working on youth issues in sync with UNFPA strategic frameworks. ASRO aimed to create a coalition of youth NGOs and groups to participate in the review process, coordinate awareness raising and advocacy efforts

Output	2009	2010	2011	2012
				regarding the ICPD PoA. To this end
				ASRO has supported the establishment and launching of the Arab Youth Coalition for ICPD Beyond 2014 whose goal is to act as a youth watch-dog for implementation of ICPD PoA beyond 2014 and to act as an advisory group and provide continuous inputs on youth related-issues.
				Through the Y-PEER programme, UNFPA has established itself in Arab States region as a credible provider of non-formal education for young people in the field of sexual and reproductive health.In 2012 alone, Y-PEER reached over 1,000,000 young people in Arab States with educational messages, including certification of 214 new master trainers and over 2,000 national trainers in peer education.
				As the Libya conflict brought about significant flows of people to neighboring Tunisia and Egypt, ASRO became particularly concerned about the young refugees' needs and aspirations, the availability of youth friendly services and the opportunities offered to them in terms of education, information and recreation. In this context, ASRO developed a Y-PEER Training of Trainers Manual for

Output	2009	2010	2011	2012
				Emergency Settings and supported and organized Y-PEER Peer Education Training of Trainers in emergency context for participants from Iraq, Jordan, Lebanon, Somalia, Sudan, Turkey and Yemen. TOT for Peer Educators in Humanitarian Settings requires experienced trainers who understand backgrounds of the participants, the context, and training materials. Following the YPEER training in July in Amman, the YPEER Manual was revised to ensure that feedback from the first few TOTs was integrated into the final version. In order to respond to increasing demand for a high quality Y-PEER Advanced TOT, ASRO has adjusted its approach and moved the focus of training events from regional to country level but continued utilizing the same standardized curriculum and regional roster of young trainers. This shift enabled COs to have a stronger potential to scale up interventions on national level.
				OUTCOME 7. Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning), and gender equality: Integrated in DRF Outcome 1

Annex XVIII: ERG First Draft Evaluation Report Comments and ET responses

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
General		
Overall, we find the report attempts to keep a balance between successes and limitations of the regional programme; however it is descriptive with limited analysis, which negatively impacts the quality of the conclusions and recommendations.	It would have been helpful if the reviewers would point to specific instances where analysis was limited and overly descriptive so that this issue could be better addressed. However, the evaluation team will review the document generically and make adjustments where they find that this statement holds true.	The evaluation team will reflect on the areas where analysis is limited and amend. The ERG is requested to specify areas for improvement as the statement is too general to be helpful in guiding the ET as it stands.
The report is unclear on the challenges that the ET faced, how they were overcome, if ever, and how they impact the credibility of the evaluation exercise.	The challenges including the low response rate to the email questionnaire will be addressed in the section. Time constraint is no longer a limiting factor since the level of effort is now changing from two to three months.	The ET will further elaborate the challenges faced in the specific evaluation task as opposed to generic challenges faced by any evaluation of this nature.
We would have expected to see a note or disclaimer on conflict of interest since the team leader was ASRO M&E advisor.	The issue of potential conflict of interest was raised by the evaluation team leader when initially approached and invited to conduct the evaluation, and dismissed by the ERG both in written and verbal communication. The eval. team therefore saw no reason to address the issue in the report, but will now do so.	The ET will add sentences explaining the potential pitfalls of conflict of interest posed by requesting a former full-time employee of ASRO to return to conduct an evaluation (and in the case of the MTR with former association with the CST)
The Evaluation Team (ET) tried to follow the specified TORs, though we find that, despite the intention to address DAC evaluation criteria, it seldom addressed efficiency in a convincing manner.	Efficiency is always a very challenging component of the 5 DAC Criteria to be potentially addressed. What benchmarks for efficiency are currently in operation for UNFPA in which to measure ASRO against? Benchmarks for overhead costs for example.	The ET will request a complete list of travel by ASRO personnel since 2008 from the ATLAS system and analyze assignments in terms of efficiency.
A specific objective was spelled out in the TORs that is "Analyze Humanitarian and Emergency preparedness and response in the region and make recommendations to improve its efficiency and effectiveness" was not addressed at all.	Humanitarian assistance and preparedness was referred to 29 times in the report. However there was no question in the list of evaluation questions in the ToR which refers to HA. The approach of the ET as in accepted evaluation	Given this response from the ERG the ET seeks guidance on the remedial action that is now required to further address the HA issues. One possibility is for Prof. Radwan to conduct further interviews in ASRO specifically on HA issues.

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
	practice was to respond to the evaluation questions posed. There was no initiative made by either the ET or those supporting to schedule interviews with the ASRO Humanitarian Assistance Specialist. While the Gender HA Advisor was consulted this was in a session with her colleague Kaori Ishikawa former gender analysis on issues relating to gender.	
The report did not refer to the evolution of SP. From 2008 to 2010, we were using three major pillars for RH, PD and Gender and 2011 and 2012, there was a big shift in our regional programme in line with revised SP. The framework the evaluators applied was mainly the old one and did not take the revised SP into consideration.	The ET has taken note of this requirement to chart the evolution of the global strategic programme from 2008-10 and from 2010-12. It is not correct to state that the framework for the evaluators was the old one, there are references to the changing orientiation of the SP and the ASRO programme but it is agreed that these have to be further elaborated.	The evaluation will work to chart the changes in the regional programme has faced and its concordance with the with the global strategic programme changes.
The ET proceeded according to the steps elaborated in the inception report, with minor deviations concerning fielding a questionnaire 25 country mangers (including representatives, deputy and assistant representative in 14 countries). However, the very low response rate "40% of individuals mailed, and 50% of countries" lead us to raise questions about its validity.	Validity of response in relation to response rate is only an issue if there is evidence to suggest that those who chose not to respond have fundamentally different views from those who did not respond. There were 2 returns which came in after the analysis and it was noted that inclusion would not alter the findings. 4 of the non-respondents were interviewed in person.	What would the ERG have us do? Abandon this instrument of triangulation completely? The ET will request the Deputy Regional Director to direct those who did not complete the form to do so and return to the ET. Please instruct on whether ASRO is prepared to do this.
The interview guide used is very long, 8 pages, and feedback received from interviewees lead us to assert that not all participants were asked all the questions. It is highly appreciated if the ET clarifies the logic behind selecting the questions addressed to different interviewees and how this affects the quality of the outcome.	The complexity of the semi-structured interview reflected the complexity of the questions posed to the ET. There were 37 questions posed and as noted above additional objectives stated in the ToR for which there were no questions. The interview guide was a semi-structured questionnaire and as the name explicitly states a	There is no action to be taken as this was simply a comment. However, the ET can discuss the issue in the limitations section.

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
	guide.	
We find that a key limitation of evaluation design was heavy reliance on questionnaire and interview with limited evidence of triangulation of data. This provided a limited perspective (in most of the cases just most recent events from the RPAP are "recollected by informants".	This is not correct. Triangulation was built into the methodology, perhaps this has not been sufficiently well elaborated in the report. The analysis did not simply rely upon recollection by informants if this is the impression created then it is incorrect. Triangulation involved comparison of different sources of information and internal analysis of each finding among the three evaluators in the ET.	The ET will improve the explanation of the steps taken to triangulate the information obtained from different sources and analyzed in the report.
The evaluation report includes all the required sections. However, the specific objectives of the evaluation quoted on page 9 were not clearly articulated in the report.	This is a very general statement and the ET would appreciate further specificity in the comment.	Awaiting clarification on specific instances referred to by the ERG.
Out of a 133 page document, the evaluation report itself starts on page 9 and ends on page 38, with almost 100 pages of annexes.	This implies a value judgement regarding main report length and length of annexes. Perhaps the ERG is stating that there is insufficient content in the main reporg. Please refer to the ToR …the report should follow UNFPA Evaluation Guidelines/DOS EQA outline, and be limited to 35 pages plus annex, and 8 recommendations.	ERG please instruct further
While an effort was made to keep the report succinct, it seems that the ET did not go through all the documents that were provided by the regional office, and missed the essence of the regional programme in several occasions.	On the contrary all documents were reviewed by team members, and the opposite is in fact true. Documents were requested by the evaluation team which were not initially provided by the ERG including. all COARS. ROARs and the OMP. The references section may imply that not all documents were consulted and this needs to be corrected.	The References section will now include all documents provided initially, a separate section with those that were provided at the request of the evaluation team, with a check against who has read what.
In addition, the report does not distinguish between the regional office and the regional programme and therefore goes off-track in the analysis.	This statement is not clear, please elaborate. What is the difference between the regional programme and the regional office?	Please elaborate on the meaning of this statement and instruct the ET on the distinction between the RO and the RP.

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
There is a need to streamline the definitions used in the report as the ET has used various sources to define concepts - reference to UN or UNFPA theoretical framework/definitions should be the reference throughout the doc.	Fair comment we will rectify this.	A glossary of terms will be added at the beginning of the report, assuming that this is not included in the stipulated max. 35 pages of the main report.
The depth of the analysis and linkages to supportive evidence is lacking through most of the report, leading to the impression that the conclusions are not backed up with sufficient concrete evidence as the ET claims to have done. We could expect to have a more solid evidence-based analysis of performance.	There is a need to review the report and draw out analysis in the Annexes into the main report.	The ET will review and draw out the linkages to supportive evidence and make adequate reference in the main report.
Moreover, the section on recommendations is generic as the recommendations made can apply to any development agency. They are too general and insufficient to guide UNFPA and lead to future actions by the agency.	There is a need to strengthen the recommendations section.	Recommendations will be made more specific.
Attributing the results achieved by the different countries in the region to the regional program is misleading.	Where is this done? Please elaborate.	ERG please elaborate on this general statement with specific instances.
The report does not also clearly articulate lessons learned from which the regional office could benefit to feed into the next regional programme.	Same point as 16. .	Lessons learned and recommendations will be better elaborated
Although the RP started since 2008, very little reference is made to the first couple of years or ever reflecting it as a challenge or limitation.	Documentation required on the evolutionary nature of the RP from 2008 onwards.	There will be more detail regarding the first years and evolution of the RP from 2008-12
While the report looks at the main pillars of the RP: capacity building, advocacy, research, partnership and RP management, which is good to address the findings within each component, it fails to address them in a holistic way and to answer questions like "how much capacity building in research improved advocacy? In other words, how and to what extent	The ET will review this.	The ET will consolidate findings to present a more holistic analysis of the RP.

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
these components were mutually reinforcing?		
The report gives more attention to analysis and findings in the areas of CB and advocacy, which may be attributed to the focus of the RP, or the interest of the stakeholders or the availability of data. RP management was given due attention since it is highly related to the potential outcomes of the programme.	Should this read that the RP was NOT given due attention?	The ET will work on the RP management sections and elaborate further.
Besides its role to determine the contribution of the RP to the strategic plan, analysis in the context of the regionalization would add much value to the evaluation report.	Not clear what this means, please elaborate.	ERG please elaborate.
The report gives an impression that the exercise skewed towards assessment of the capacity development component of the RPAP. Even in parts that are addressing advocacy, research and partnership components, the focus is for the large extent translated into analysis of outputs. For example, the evaluation report elaborates in detail Advocacy Workshop(s) for Policy Brief Development and attempt to build conclusions on "training participants" perceptions; in so doing, it failed to assess the end results of advocacy efforts for the regional programme. The evaluation covered a period of 5 years which provides a sufficient period to gather sound elements to yield some conclusions regarding the impact of our advocacy, research and partnership efforts. In countries that are covered by evaluation there are examples that can be used to illustrate results achieved (e.g. Comprehensive Youth Policy development and endorsement in Lebanon that can be linked to increased staff and national & youth	The 5th DAC OEC component of 'impact' was specifically not included in the ToR.	ERG please instruct further.

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
capacity in advocacy in parts supported by GRP, National Youth Policy in Sudan, RH policy frameworks in number of countries, etc).		
In several instances, the report flagged the inability of RO to create demand in relation CB and advocacy, and found that regional interventions were driven more by supply than demand. Lack of follow up, impact assessment and M&E of regional interventions led the ET to believe that these interventions were ad hoc without continuity. It omitted to state that while RP responds to the needs of the CO to the extent possible, it is also meant to provide build inter-linkages and strategic capacity building initiatives that links to regional and global, and interagency initiatives.	Noted but this comment is not entirely correct as the evaluation report has reflected upon achievements related to interlinkages and also provided an analysis on the supply and demand perspective.	The ET will reflect on this and add statements to better reflect the role of the RO in linking regional, global and inter-agency linkages.
The recommendations on the five pillars of the report; advocacy, research, capacity building, partnership and the RP management are quite simplistic. We expected more specific, strategic, systemic and forward-looking recommendations, by taking into account the current situation in the region. For example, the region is facing turmoil in the wake of the Arab spring, with the emergence of humanitarian situations in several countries and the exacerbated brain drain phenomenon. This situation leads to fewer qualified human resources available. Recommendations toward strategies for UNFPA to reach those qualified people who have an in-depth understanding of the development issues within the Arab cultural dynamics particularly on issues related to UNFPA mandate for CB.	Noted as per previous comment	The ET will work on this to strengthen the analysis.
The summative report articulated the response to	True these were noted as a potential weakness	The ET will work to ensure that all items in the self-

Comments	Evaluation Team Preliminary Response and Actions Planned	Actions Planned
almost all the questions that were specified in the TORs although the self-checking for the content of the evaluation report pointed out to 7 questions that are in doubt (Annex XII), out of which 4.12, 4.13, 4.15, 4.16 and 4.17 are critical for the final outcome of the process.	of the draft report on self-checking by the ET. The question mark for 4.12 refers to 'impact'	check are green.

In response to the request for data from 2008-12 for overhead costs and for travel costs the evaluation team was provided with aggregated data on travel costs and all costs of all operating units with the Arab States Region.

The information provides some insights into comparative costs of the sixteen operating units in the region, including country offices (COs) and the regional office (RO).

The *a priori* expectation would be that:

1. Regional Office Travel costs would reduce following the transfer of ASRO personnel formerly based in New York to Cairo. The rationale for this is that airfares to the different countries of the region would be considerably reduced from New York to countries of the region. UN personnel are allowed business class tickets for flights over 9 hours which meant that all flights to and from New York would have been business class. However, for precisely that reason and also to maximize the operational efficiency of each visit to countries in the region, HQ-based staff on their own initiative[xv] tended to combine country visits back to back in any single visit from New York to the region. Immediately following the transfer of staff to the region in December 2010 almost all international personnel were evacuated to New York for a period of some three weeks.

2. Regional Office travel costs would be considerably more than those of the country offices. However, if the accounting category for travel costs includes internal travel then large countries such as Sudan might incur substantial domestic travel costs. More detailed information and a breakdown of the travel costs categorization would shed light on this.

One of the difficulties in using *"% of overall operating unit costs expended on travel"* as an efficiency indicator is that there are two moving numbers, including changes in overall costs of operating units over time as well as changes in travel costs. This complicates any inferences that might otherwise be made concering the potential use of this performance measure as an efficiency measure. Nevertheless, some analysis is attempted here for illustrative purposes.

Somewhat surprisingly, Morocco spends the highest proportion of its overall costs on travel and this has been increasing over time, which presents something of an aberration. Morocco's overall expenditure as a percentage of ASROs expenditures has ranged from 94% in 2008 to 44% in 2012. Sudan's proportionate travel costs matched those of ASRO from 2008 to 2010 but then have reduced in 2011 and dramatically in 2012 despite a trend of falling overall expenditures over the five-year period. ASRO accounted for 26% of all operating unit travel costs in 2012, closely followed by Morocco which spent 23%, Somalia 15% and Sudan 12%. This was followed by Iraq which spent 7% of total travel costs. Other units spent less than 1%

to 3% of costs in 2012. Iraq accounted for 20% of all travel costs in 2009 and 2010 which was a likely result of expenditures on its SS initiative of brining Iraq Census professionals to Egypt for residential training.

ASROs expenditures have doubled over the period from 2008-12 in line with Somalia and Iraq and to a lesser extent Syria. The highest growth rate in expenditures of all the operating units is Jordan which has in 2012 seen a tripling of expenditures in 2012 compared to 2008. However, Jordan has an overall expenditure level of only 33% of ASRO's despite the increase in 2012 which is indicative of the increased allocation to deal with the Syrian crisis and the influx of refugees into Jordan from Syria.

ASRO has been accounting for between 9% and 11% of total expenditures of all operating units in the region. As a service organization this would appear to be a modest and reasonable proportion of overall expenditure. Not surprisingly, Sudan as the largest country in the region accounted for one quarter of all expenditures in 2012 followed by Iraq with 12% of total operating unit costs, and Somalia with 10%. ASRO's expenditures in comparison accounted for 9% of total costs. Nevertheless, any question of efficiency utilizing a performance measure ot total costs needs to be related to some benchmark such as *"ASRO expenditures not to exceed 10% of overall UNFPA regional office expenditures year-on-year"* in order to be able to make any normative statements about the efficiency of the regional office.

ASRO's costs have doubled over a base year of 2008 but this also reflects the nascent stage of the regional office back at the start of the programme cycle. While the regional office overall costs have doubled over the period the proportion of overall operating costs from 2008 has fluctuated over the period but not increased. In 2008 the proportion was 5% but apart from the peak of 11% in 2010 it has been stable at 9%. Costs of all operating units over the period have on aggregate remained static, but this masks increases in expenditures of some operating units contrasted by reductions in others.

ASRO travel costs as a percentage of overall costs did show a declining trend from 2008 to 2011 but then with an up-turn in the proportion from 2011 to 2012. This is likely due to the increased complement of staffing at ASRO resulting in a greater number of personnel travelling around the region. The transfer of staff from New York to Cairo would have likely played a part in reducing costs over the period 2010 to 2011 but more detailed information would provide clearer insight into trends and their underlying causes.

Careful consideration and selection of efficiency measures for performance monitoring within the management results framework and establishment of 'norms; or benchmarks by which to assess performanace would enable consideration of operational unit efficiency as one further dimension of results based management of UNFPA operational units.

Table Annex XIX.1: Travel Costs as a Percentage of Overall Costs

#	Operating Unit	2008	2009	2010	2011	2012
9	Morocco	23%	23%	24%	27%	42%
1	ASRO	26%	24%	21%	17%	20%
12	Somalia	11%	3%	9%	8%	12%
8	Libya					7%
3	Djibouti	11%	8%	3%	8%	6%
2	Algeria	11%	8%	12%	N/A	5%
4	Egypt	4%	7%	5%	3%	5%
6	Jordan	6%	8%	3%	4%	5%
16	Oman	16%	9%	8%	5%	5%
5	Iraq	23%	22%	23%	16%	4%
11	Yemen	10%	7%	13%	8%	4%
13	Sudan	12%	5%	4%	5%	4%
15	Tunisia	8%	8%	11%	9%	3%
10	Palestine	2%	3%	4%	3%	2%
7	Lebanon	3%	3%	1%	1%	1%
14	Syria	10%	7%	8%	6%	2%
All		**12%**	**10%**	**10%**	**8%**	**7%**

Table Annex XIX.2: Change in Overall Costs 2008-12 (Index 2008=100)

#	Operating Unit	2008	2009	2010	2011	2012
6	Jordan	100	138	237	181	305
12	Somalia	100	126	110	160	224
1	ASRO	100	166	174	176	208
5	Iraq	100	134	115	143	203
14	Syria	100	113	102	122	166
15	Tunisia	100	128	112	170	137
7	Lebanon	100	112	108	100	129
3	Djibouti	100	178	139	174	120
2	Algeria	100	153	103	158	104
9	Morocco	100	125	116	112	98
10	Palestine	100	85	84	88	98
11	Yemen	100	137	93	99	91
4	Egypt	100	109	112	122	88
16	Oman	100	109	59	85	83
13	Sudan	100	71	50	64	78
All		**100**	**104**	**89**	**102**	**119**

Table Annex XIX.3: Operating Unit % of All Units Travel Costs 2008-12

#	Oper. Unit	2008	2009	2010	2011	2012
1	ASRO	12%	21%	21%	18%	26%
9	Morocco	10%	15%	16%	18%	23%
12	Somalia	5%	2%	6%	7%	15%
13	Sudan	38%	14%	8%	13%	12%
5	Iraq	13%	20%	20%	18%	7%
4	Egypt	2%	5%	4%	3%	3%
11	Yemen	7%	7%	10%	7%	3%
14	Syria	6%	5%	6%	6%	3%
6	Jordan	1%	1%	1%	1%	2%
10	Palestine	2%	2%	4%	3%	2%
2	Algeria	1%	2%	2%	0%	1%
3	Djibouti	2%	2%	1%	3%	1%
8	Libya					1%
15	Tunisia	1%	1%	1%	2%	1%
16	Oman	2%	1%	1%	1%	1%
7	Lebanon	1%	1%	0%	0%	0%
All		**100%**	**100%**	**100%**	**100%**	**100%**

Table Annex XIX.4: Operating Unit % of All Units Overall Costs 2008-12

#	Oper. Unit	2008	2009	2010	2011	2012
13	Sudan	38%	26%	21%	23%	25%
5	Iraq	7%	9%	9%	10%	12%
12	Somalia	5%	6%	6%	8%	10%
1	ASRO	5%	9%	11%	9%	9%
14	Syria	6%	7%	7%	8%	9%
10	Palestine	10%	8%	9%	8%	8%
11	Yemen	8%	10%	8%	7%	6%
4	Egypt	6%	6%	8%	7%	4%
9	Morocco	5%	6%	7%	6%	4%
6	Jordan	1%	2%	3%	2%	3%
7	Lebanon	3%	3%	4%	3%	3%
3	Djibouti	2%	3%	3%	3%	2%
2	Algeria	1%	2%	1%	2%	1%
8	Libya					1%
15	Tunisia	1%	1%	1%	2%	1%
16	Oman	1%	2%	1%	1%	1%
All		**100%**	**100%**	**100%**	**100%**	**100%**

Figure Annex XIX.1

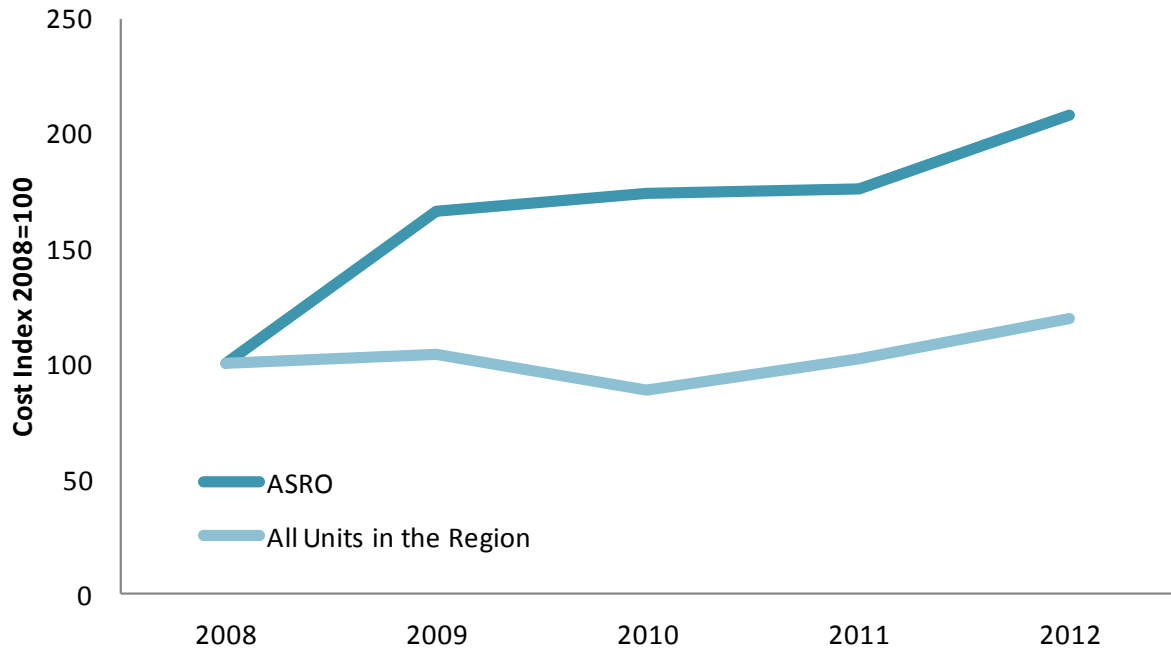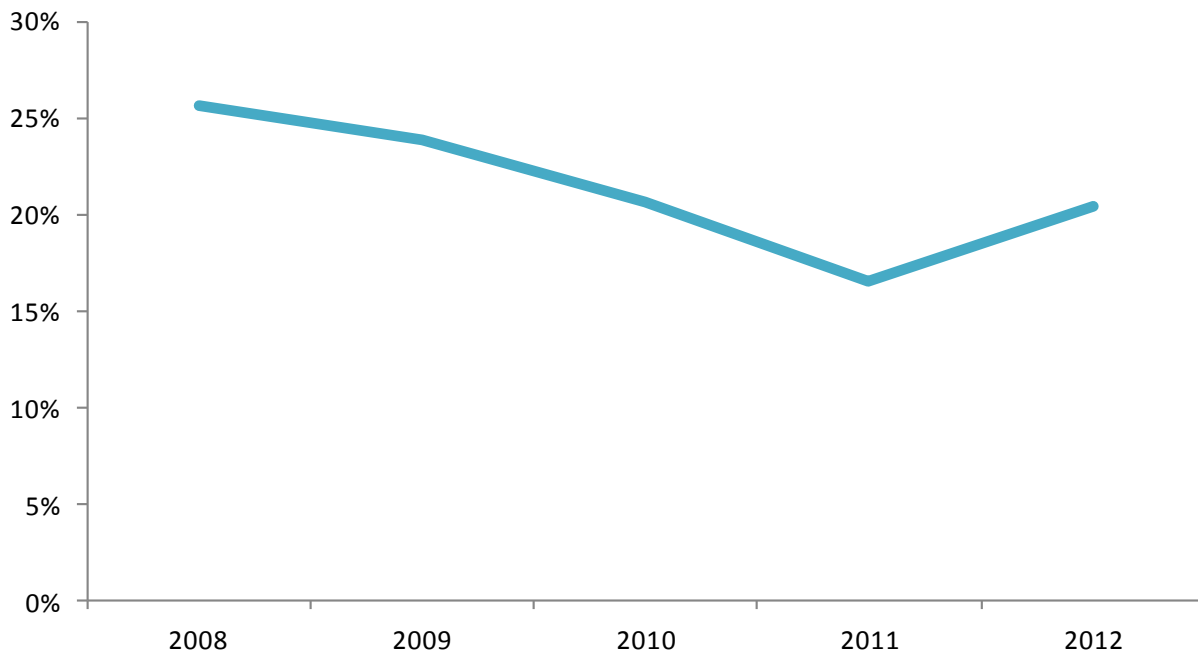# ASRO Change in Overall Costs 2008-12

Figure Annex XIX.2

ASRO Travel Costs as a % of Overall Unit Costs

Introduction

The International Conference on Population and Development (ICPD) Programme of Action (PoA) affirmed that the right to sexual and reproductive health (SRH) and the right to live free of sexual and other forms of gender-based violence apply to all people at all times, including populations affected by or recovering from emergencies. In September 2006, the UNFPA Executive Board endorsed a strategy for emergency preparedness, humanitarian response, and transition at its second regular session. The 2007 – 2009 strategy sought to integrate gender and SRH issues into humanitarian programming by increasing awareness and commitment, enhancing capacity, and strengthening partnerships with national entities, civil society, regional institutions and the international humanitarian system. The strategy noted the importance of timely and reliable data for planning an effective and appropriate humanitarian response.

The UNFPA second generation strategy seeks to ensure Fund-wide accountability for effective humanitarian preparedness, response and recovery. It does so by refining policies and processes that support humanitarian operations within the organization (Finance, Human Resources, Logistics, Media and Communications, and Management Information Systems); and by strengthening the advocacy, preparedness and response capability of the Fund's partners. The new strategy is not totally different from UNFPA's past efforts in emergency preparedness, response and recovery, but it does represent a substantial shift in business practices through: mainstreaming; focus on mandate; prioritizing preparedness; advocacy, communication and accountability for results; systems optimization; and responsibility of regional and sub-regional offices[25].

The Humanitarian Standard Operating Procedures (SOPs) facilitate the timely and effective implementation of the UNFPA humanitarian mandate in terms of technical, material and operational support to countries anticipating and/or responding to humanitarian crisis situations. The SOPs provide recommended standards of practice particularly for country offices, but also for regional offices and other units of the organization at various levels for preparedness as well as operational response in immediate humanitarian crisis situations[26]. The SOP identify roles and responsibilities of the Regional Office in the initial Programming phase as: Regional technical advisors and humanitarian officers should coordinate and provide support in the development of Flash and CAP proposals; Resource Mobilization-review proposals and submissions to Central Emergency Response Fund (CERF) for quality assurance; provide emergency funding from regional funds to complement funding from UNFPA Emergency Fund and coordinate with donors at regional level [27].

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[25] UNFPA (January 2012). Humanitarian Response Strategy "Second Generation"
[26] UNFPA, Humanitarian Response Reference Guide
[27] UNFPA, Humanitarian Response Reference Guide

Relevance

The on-going humanitarian crisis in the Arab region, compounded by the recent revolutions, imposes complex challenges on development assistance, creating a critical demand for the humanitarian programme within ASRO. UNFPA worked in Tunisia and Egypt to provide assistance to populations at the borders with Libya and is working closely with other partners to provide assistance to affected population groups in countries like Yemen, Libya, Syria, and Somalia[28].The Regional Programme Action Plan (RPAP) 2008-2011, drew attention to the urgent need for the humanitarian programme in the Arab region as it stated that *"… one of the main priorities of the programme will be to strengthen partnerships and build the capacities of governments, NGOs, and UNFPA Country Offices in emergency preparedness and contingency planning; integrating humanitarian response into regional development frameworks; and, in the process, contribute to positioning UNFPA as a significant partner in crisis situations".* The analysis of the Regional Programme, for example outputs: 2.1.2, 2.4.1, 3.1.1, 3.4.1 indicated *that "…the programme will develop coordination mechanisms with regional UN agencies to ensure positioning of SRH and GBV in regional capacity building in the area of contingency planning and humanitarian response within national structures, coordinate and provide technical support to adapt regional guidelines for preparedness, emergency and recovery situations that include sexual reproductive health and gender-based-violence"* [29].

The Regional Action plan for 2012-2013 included indicators related to humanitarian preparedness such as: Regional roster of qualified humanitarian staff, Number of inter-agency initiatives coordinated through IAWG, Number of countries with an endorsed Health cluster emergency preparedness plan that includes MISP [30].

Efficiency

In order to increase the efficiency of the humanitarian programme implementation, ASRO built the capacity of an experienced cadre of experts and resource persons for deployment and work with young people by young people. The modality of operation is through development of training tools for peer education, building capacities in delivering critical services, where UNFPA has a clear advantage e.g MISP, GBV and protection issues and data collection within coordination mechanisms such as the IAWG [31]. As the GBV response in humanitarian settings is a priority, ASRO has supported the development and dissemination of educational tools, standards and guidelines addressing the rights of specific most at-risk population[32].

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[28] ASRO Regional Action Plan 2012-2013
[29] Regional Programme Action Plan For the Arab States June 2008-2011
[30] ASRO Regional Action Plan 2012-2013
[31] ASRO Regional Action Plan 2012-2013
[32] ASRO Regional Action Plan 2012-2013

ASRO conducted a retreat Humanitarian for Focal Points on March, 2012 to orient Arab States Regional Office and Country Office Humanitarian Focal points to the 2nd generation humanitarian strategy and its two key instruments; Standard Operation Procedures (SOPs) in Humanitarian Settings and Fast Tracking Policies and Procedures (FTPs). This enabled the focal points to be in a position to advocate for and assist country offices with humanitarian mainstreaming and activation utilizing the two key instruments during a humanitarian crisis. ASRO and the Humanitarian Response Branch (HRB) rolled out the instrument fro Data Collection in Humanitarian Settings at a three day workshop in June, 2012 held in Hammamet, Tunisia. The workshop was attended by officers from 14 country offices in the Arab States Region as well as several partners.

In the case of Sudan, ASRO provided technical assistance, training, and materials to conduct the Minimum Initial Services Package (MISP) for Reproductive Health (RH). The training started in Khartoum by TOT and then eight MISP trainings were rolled out in the targeted states of (White Nile, Blue Nile, North Kordofan, Sinnar, South Kordofan and South Darfur) 138 RH and health coordinators benefited from the training [33] .

Partnership

ASRO contracted two Implementing partners to work in Libya, Dan Church Aid (DCA) and International Medical Corps. The two partners had a clear annual work plan and monitoring tools. The two implementing partners submitted final reports. The analysis of the final reports reveals a comprehensive reflection on the planned activities, indicators and results. Dan Church Aid (DCA), as one of ASRO's implementing partners, carried out several activities in eastern and western Libya in 2011such as: press conferences, open panel discussions, a photo exhibition about women's rights as well as various seminars on women's rights and on GBV. The other UNFPA partner, International Medical Corps (IMC), organized competitions in schools and developed information, education and communication material on GBV. They also conducted activities in Tripoli, Benghazi and Misrata that included sporting and chess competitions involving students from different schools, as well as marches by women to raise awareness on violence against women (VAW) [34]. UNFPA, in collaboration with the other members of the Humanitarian Country Team (HCT) and under the leadership of OCHA, participated in a humanitarian needs assessment mission in East Libya. ASRO took an active role mainly as part of the Health and Nutrition Cluster and the Protection Cluster[35].

ASRO conducted a training for the country-level teams on the global tool kit to address GBV in a humanitarian context (The IASC GBV Guidelines, guide to developing GBV Standard Operating Procedures, the GBV Information and

33 UNFPA – Arab states Regional Office Newsletter March & April 2011

34 UNFPA -ASRO, The 16 Days of Activism against Gender Based Violence. Special Report, 2011

[35] UNFPA – Arab states Regional Office Newsletter March & April 2011

Management System (GBVIMS), the GBV coordination training curriculum and developed with UNFPA and Ghent University and the IASC GBV Coordination Handbook).These trainings have been conducted in the 3 programme countries for the OPT, Iraq and Sudan throughout Feb-April, 2011. The last of these took place in Entebbe, Uganda during 10-20 April for the Sudan Capacity promoters team of 25 gender and GBV focal points from UN agencies on the ground, including UNFPA, UNICEF, UNHCR, UNAMID, UNDP, UNOCHA; Civil servants from Ministry of Health, Education, Social Affairs and VAW (Violence against Women) Units within Ministry of Council of Ministers and NGOs representing legal, health, education and psychosocial service providers [36].

Effectiveness

The ASRO MTR indicated that the deliverables at both regional and country levels enhanced the validity of adopted tools as well as capacities in the region. This includes: updating substantive and methodological aspects of PAPFAM to incorporate issues related to youth and to adapt the existing tools to humanitarian situations (crises and post-crises), Proceed with ongoing activities of the PAPFAM survey including collecting data in countries with humanitarian situation, The RP for Arab States focus on four priorities spelled out within UNFPA Reproductive Rights and Sexual Reproductive Health Framework. The establishment of the Regional Inter Agency Working Group on Reproductive Health in crisis was an important step to coordinate activities and strengthen implementation at all levels.

As part of the coordinated, inter-agency response to disasters, UNFPA takes the lead in providing supplies and services to protect reproductive health, with an emphasis on the special needs and vulnerabilities of women and young people[37]. UNFPA supports various data collection activities, including censuses to provide detailed information for planning and rapid health assessments to allow for appropriate, effective and efficient relief. It also assists stricken communities as they move beyond the acute crisis and enter the reconstruction phase[38].

Sustainability

ASRO implementation strategy in the humanitarian area indicates a high potential for sustainability. ASRO builds a strong partnership with UN organization, governments, and national and international NGOs. Moreover, providing partners with training and materials assist in sustaining the effect of humanitarian intervention at the institutional and process level. Using the Training of Trainers approach help in transferring the experience to a wide range, and grantee the availably of local

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[36] UNFPA – Arab states Regional Office Newsletter March & April 2011
[37] The Online Resource for UN Resident Coordinators retrieved from (http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf)
[38] The Online Resource for UN Resident Coordinators retrieved from (http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf)

trainers and experts even in the case of UNFPA absences. For the financial sustainability, UNFPA works in partnership with governments, along with other United Nations agencies, communities, NGOs, foundations and the private sector to raise awareness and mobilize the support and resources needed to achieve its mission. The Fund is fully committed to a more effective, coherent and better coordinated United Nations system that 'delivers as one', which is the essence of the ongoing United Nations reform process[39]. In this regard, UNFPA received in April, 2013 a donation of $5 million from the Government of Kuwait to respond to the urgent needs of displaced people in Syria and of refugees in neighboring countries. These indispensable funds will allow UNFPA to continue saving women's lives, help them deliver babies safely, and protect them from gender-based violence. and scale up its humanitarian assistance and to establish hubs inside Syria, including mobile clinics, in key areas and cities within Syria [40].

Challenges

The humanitarian programme faces some challenges which include [41]:

- ❖ Lack of human resources at ASRO, as the Humanitarian Specialist is working alone. Compounding this is the increasing demand from COs, which results in the individual responding only to the most urgent needs and not allowing sufficient time to manage other dimensions of the second generation of the humanitarian strategy such as building the capacity of the COs to be able to manage the humanitarian interventions.
- ❖ Despite there being a designated humanitarian focal point in each CO, the roles and responsibilities of these focal points needs to be developed with a clear TOR, and capacity building plan.
- ❖ There is a lack of institutional memory, as it was difficult to review the achievements in the humanitarian component against the RPAP 2008-2011.
- ❖ There is a lack of regional partners who can deliver MISP and GBV interventions.
- ❖ In 2005, an independent assessment of UN integration was commissioned by the Expanded Executive Committee on Humanitarian Affairs (ECHA) Core Group. This influenced a series of guidance notes that aimed to improve the effectiveness of UN integration and determine its most appropriate form in different circumstances, including how best to manage the interface between peacekeeping, humanitarian action and development.[42.] There is a need for more coordination between UN organizations.

Recommendations

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[39] The Online Resource for UN Resident Coordinators retrieved from (http://rconline.undg.org/wp-content/uploads/2011/11/UN-Entities-Information-Sheet_UNFPA.pdf)
40 This information retrieved from UNFPA web site (http://www.unfpa.org)
[41] Meeting with Ms. Mollie Fair, Programme Specialist – Humanitarian Affairs.
[42] Victoria Metcalfe, Alison Giffen and Samir Elhawary (2011). UN Integration and Humanitarian Space: An Independent Study Commissioned by the UN Integration Steering Group. United Kingdom: Overseas Development Institute.

❖ Humanitarian functions at the ASRO level need to be revisited, as one programme specialist is not enough to respond to the CO's requests. Given the increasing demand for UNFPA to play a more active part in humanitarian interventions in the region, there is a need to have two specialists with a clear identification of roles and responsibilities, for example one dealing with urgent needs and the other managing the implementation of the strategy for second generation of humanitarian strategy, or some other division of responsibilities as appropriate, perhaps geographically.

❖ There is need for a clear TOR and capacity building plan.for CO focal points

❖ Stakeholder analysis should be conducted to identify the potential future regional partners to work with ASRO in addition to those already participating

❖ More coordination and agreement on roles and responsibilities between the UN organizations while working in humanitarian areas.

❖ A documentation strategy of the humanitarian intervention should be developed, in order to identify best practices and areas for development.

[i] 1 in 7 established positions in the UNFPA organization globally not filled and vacancies typically advertised more than once and sometimes as much as three times

[ii] The COAR formats have been changed from year to year but from 2009-12 they are sufficiently standardized to be comparable. 2008 was omitted from the analysis as the format was different.

[iii] The team leader of this evaluation was the M&E Advisor for ASRO from 2009-2011 and has had the opportunity to reflect on the nature of capacity building activities from two vantage points. Another team member was assigned to focus on capacity building in the evaluation and the TL added examples from his own experience within the organization

[iv] Evidence includes the reporting of activities in the 2012 Regional Office Annual Report (ROAR)

[v] The others being ARO = Africa Regional Office (which is in the process of being divided into two regions), EECARO = East Europe and Central Asia, APRO = Asia and the Pacific and LACRRO = Latin America and the Caribbean

[vi] Where the evaluator adapts the inquiry methods as the evaluation progresses based on what is learned (adapted from grounded theory design of qualitative research http://www.socialresearchmethods.net/kb/qualapp.php)

[vii] Evidence includes the reporting of activities in the 2012 Regional Office Annual Report (ROAR)

[viii] The Sustainable Research and Development Centre (March, 2008). Final Report for the Evaluation of Project RMI5R208: Y-PEER: Strengthening and Expanding Capacity for Delivery of High Quality Peer Education Systems in Arab States, Eastern Europe and Central Asia. Amman- Jordan & the Sustainable Research and Development Centre (March, 2008). Y- PEER Egypt: Strengthening and Expanding Capacity for Delivery of High Quality Peer Education Systems in Arab States, Eastern Europe and Central Asia. Amman- Jordan

[ix] Perhaps the old adage of 'two wrongs do not make a right' is appropriate here

[x] One notable exception to this is in the case of the Technical Advisor responsible for YPeer and HIV/AIDs in the region who has considerable managerial experience of the extensive YPeer network

[xi] in the sense that they were external to ASRO although within the UNFPA organization

[xii] from the verbatim minutes of the presentation *"Future Directions of the Regional Programme"* at the Partnership meeting on 17th June 2010

[xiii] Like a large and unwieldy vessel that takes considerable time and effort to turn to a new heading.

[xiv] While a benchmark for 'time to recruit' may not be well defined in UNFPA or other UN agencies, vacancies remaining for one than one year is well below any standards of any organization, let along an international organization of the standing of UNFPA

[xv] personal communication with formerly HQ-based technical advisors in New York during first visit to HQ as regional monitoring and evaluation advisor in October 2009