



**EVALUATION OF THE 6th UNFPA IRAN
COUNTRY PROGRAMME 2017-2021**

EVALUATION REPORT

(PERIOD COVERED BY THE EVALUATION: JANUARY 2017-MARCH 2021)

28 July 2021

COUNTRY MAP

(with markings of Provinces where UNFPA interventions are located)



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The ET hopes that this Evaluation and recommendations presented in this report will positively contribute to building a sound foundation for future UNFPA Iran supported programmes in Iran in collaboration with the Government of the Islamic Republic of Iran.

¹ In line with the recent one year extension of the 6th FYDP and the UNDAF, UNFPA-CP6 was extended for one year until 2022 in April 2021.

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Abbreviations and acronyms

| | |
|--------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| APR | Annual Progress Report |
| APRO | Asia-Pacific Regional Office |
| ANC | Antenatal Care |
| AWBC | Adolescents Well-being Centres |
| AWP | Annual Work Plan |
| A&Y | Adolescents and Youth |
| BAFIA | Bureau for Alien and Foreign Immigrants Affairs |
| CCA | Common Country Analysis |
| CMT | Crisis Management Team |
| CERF | Central Emergency Response Fund |
| CO | Country Office |
| CP | Country Programme |
| CP6 | Sixth UNFPA Iran Country Programme 2017-2021 |
| CPD | Country Programme Document |
| CPE | Country Programme Evaluation |
| CPRP | COVID-19 Country Preparedness and Response Plan |
| CRO | Civil Registration Organization |
| DD | Demographic Dividend |
| DHS | Demographic and Health Survey |
| ECHO | EU's Civil Protection & Humanitarian Assistance Operation |
| EP | UNFPA Evaluation Policy |
| ERG | Evaluation Reference Group |
| ET | Evaluation Team |
| EU | European Union |
| FGD | Focus Group Discussion |
| FHH | Female Heads of Households |
| FYDP | Iran's Sixth (6 th) Five-year National Development Plan 2017-2021 |
| GAWI | Global Age Watch Index |
| GCS | Government Cost-Sharing |
| GHRP | Global Humanitarian Response Plan |
| GNI | Gross National Income |
| GoI | The Government of the Islamic Republic of Iran |
| HACT | Harmonized Approach to Cash Transfers |
| HIV | Human Immunodeficiency Virus |
| HPV | Human PapillomaVirus |
| HTP | Health Transformation Plan |
| ICPD | International Conference on Population and Development |
| ICT | Information and Communication Technology |
| ICD | International Statistical Classification of Diseases |
| IRCS | Iranian Red Crescent Society |
| JCPOA | Joint Comprehensive Plan of Action |
| JUNTA | Joint UN Team on AIDS |
| KII | Key Informant Interviews |
| LFPR | Labour Force Participation Rate |
| M&E | Monitoring and Evaluation |
| MFA | Ministry of Foreign Affairs |
| MENA | Middle East and North Africa |
| MICU | Mobile Intensive Care Unit |
| MM | Maternal Mortality |
| MMR | Maternal Mortality Ratio |
| MoCLSW | Ministry of Cooperatives, Labour and Social Welfare |
| MoHME | Ministry of Health and Medical Education |
| MPTF | Multi-Partner Trust Fund |

| | |
|--------|--|
| MTR | Mid-Term Review |
| NED | National Elderly Document |
| NEX | National Execution |
| NGD | Nominal Group Discussion |
| NOCR | National Organization for Civil Registration |
| NTA | National Transfer Account |
| ODA | Official Development Assistance |
| OECD | Organization for Economic Cooperation and Development |
| OHE | Office of the Health of the Elderly (of MoHME) |
| OR | Other Resources (external to UNFPA) |
| OSE | Office of Support and Empowerment (of MoCLSW) |
| PCA | Programme Coordination and Assistance |
| PD | Population and Development |
| PDNA | Post Disaster Needs Assessment |
| PHC | Primary Health Care |
| PNC | Post-natal Care |
| PoA | Programme of Action (of ICPD) |
| PSA | Population Situation Analysis |
| PMTCT | Prevention of Mother to Child Transmission |
| PWD | Persons with Disabilities |
| RH | Reproductive Health |
| RI | Relief International |
| RM | Resource Mobilization |
| RR | (UNFPA) Regular Resources |
| SCI | Statistical Centre of Iran |
| SDGs | Sustainable Development Goals |
| SERP | UN Iran Socio-Economic Recovery Plan for COVID-19 |
| SNCE | Secretariat for the National Council for Elderly |
| SRH | Sexual and Reproductive Health |
| SSTC | South-South and Triangular Cooperation |
| STI | Sexually Transmitted Infection |
| SWO | State Welfare Organization |
| TAP | Technical Assistance Package |
| TFR | Total Fertility Rate |
| TOC | Theory of Change |
| TOR | Terms of Reference |
| TVTO | Iran Technical and Vocational Training Organization |
| UBI | Universal Basic Income |
| UBRAF | UNAIDS Unified Budget, Results & Accountability Framework |
| UHC | Universal Health Coverage |
| UMIC | Upper Middle Income Country |
| UNAIDS | United Nations Programme on HIV/AIDS |
| UNCT | United Nations Country Team |
| UNDP | United Nations Development Programme |
| UNDAF | United Nations Development Assistance Framework |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNISDR | United Nations International Strategy for Disaster Reduction |
| UNOCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| VCT | Voluntary Counselling and Testing |
| WP | Work Plan |
| WFS | Women Friendly Space |

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The key facts table

| Land | |
|--|---|
| Geographical Location | West Asia |
| Land Area | 1.648 million square km |
| People | |
| Population ² | 84,895,640 |
| Percent Urban ³ | 74% |
| Population Growth Rate ² | 1.24% |
| Government | |
| Type | Islamic Republic |
| Economy | |
| GDP per capita ⁴ | US\$ 2,282.6 (2020) |
| GDP Growth Rate ⁵ | 7.6 |
| Main Economic Activity | Hydrocarbon, Agricultural, and Service Sectors ⁶ |
| Social Indicators | |
| Human Development Index, Rank ⁷ | 0.783 (Ranked 70 out of 189 countries-2020) |
| Unemployment (%): Total (Male / Female) ⁸ | 9.5 (8.1 / 16.54) |
| General Population (P ₁₅₊): | 23.1 (20.6 / 35) |
| Adolescent & Youth (P ₁₅₋₂₄): | 14.9 (10.9 / 23.9) |
| Tertiary Degree Holders (P ₁₅₊): | |
| Life expectancy (e ⁰): Total (Male / Female) ⁹ | |
| Iran | 74.2 (72.5 / 75.5) |
| Alborz Province (Max.) | 76.2 (74.4 / 78) |
| Sistan & Baluchistan Province (Min.) | 67.4 (65.7 / 69.2) |
| Under 5 mortality (per 1000 live births) ¹⁰ - 2015 | 19.4 |
| Maternal mortality (deaths of women per 100,000 live births) ¹¹ | |
| Iran | 17.7 |
| Esfahan Region (Esfahan, Shahr Kord, Kashan, Yazd Medical universities) | 11.4 |
| Kerman Region (Rafsanjan, Zahidan, Kerman, Bam, Jiroft, Zabol, Iranshahr, Sirjan Medical Universities) | 28.3 |
| Births attended by skilled health personnel (%) | 99 (2014) ¹² |
| Health Expenditure (as a % of GDP) | 8.66 (2017) ¹³ |
| Contraceptive prevalence rate (all methods) | 53.8 ¹⁴ (2019-UN estimate) |
| Unmet need for family planning (% of currently married women, 15-49 years) | Na |
| Literacy (% aged 6+) ² | 87.6% (Male: 91%, Female: 84.2% (|

² Statistical Center of Iran, Population Clock – September, 25, 2021: <https://amar.org.ir/%D8%AF%D8%A7%D8%AF%D9%87%D9%87%D8%A7-%D9%88-%D8%A7%D8%B7%D9%84%D8%A7%D8%B9%D8%A7%D8%AA-%D8%A2%D9%85%D8%A7%D8%B1%DB%8C>

³ Statistical Center of Iran, 2016 Census Report

⁴ World Bank Report: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IR> (accessed by September 2021)

⁵ Statistical Center of Iran, Seasonal Economic Report – March 21-Jun21, 2021

⁶ World Bank: <https://www.worldbank.org/en/country/iran/overview> (accessed by January 2021)

⁷ UNDP: <http://hdr.undp.org/en/countries/profiles/IRN> (accessed by January 2021)

⁸ Statistical Center of Iran, Labor Force Survey – Summer 2020

⁹ Statistical Center of Iran, Population & Health Indicators - 2016

¹⁰ Mohammadi Y., Parsaeian M., et al, 2017, Measuring Iran's success in achieving Millennium Development Goal 4: a systematic analysis of under-5 mortality at national and subnational levels from 1990 to 2015, Lancet Glob Health, Vol. 5.

¹¹ MoH, Maternal Health Bureau, Maternal Mortality Surveillance Report - 2018

¹² World Bank Data: <https://data.worldbank.org/indicator/SH.STA.BRTC.ZS?locations=IR> (accessed by January 2021)

¹³ World Bank Data: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=IR> (accessed by January 2021)

¹⁴ UN, Contraceptive use by method – 2019: <http://digitallibrary.un.org/record/3849735/files/ContraceptiveUseByMethodDataBooklet2019.pdf> (accessed by January 2021)

| | |
|---|--------------|
| Percent of women (aged 20-24 years) married before age 15 ¹⁵ | 3.37% |
| People living with HIV, 15-49 years (%) ¹⁶ | 59000 (2019) |
| HIV Prevalence rate, 15-49 years (%) ⁵³ | <0.1% (2019) |
| Sustainable Development Goals (Iran Dashboard)¹⁷ | |
| | |
| <p>■ Major challenges ■ Significant challenges ■ Challenges remain ■ SDG achieved ■ Information unavailable</p> | |

¹⁵ Statistical Center of Iran, Demographic Divident profile of Iran - 2018:

¹⁶ UNAIDS: <https://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran> (accessed by January 2021)

¹⁷ SDG Dashboard: <https://dashboards.sdindex.org/profiles/IRN> (accessed by January 2021)

EXECUTIVE SUMMARY

Purpose of the Evaluation

1. This report presents the results of the Country Programme Evaluation (CPE) of UNFPA Iran's Sixth Country Programme (CP6) 2017-2021¹⁸. The CPE was commissioned by UNFPA Iran, with the **purpose** of demonstrating accountability to stakeholders on achieving development results, supporting evidence-based decision-making, and contributing important lessons learned to the existing knowledge-base of the organization, and in turn, informing the next country programme cycle. It provides an independent assessment of **relevance, effectiveness, efficiency** and **sustainability** of UNFPA support provided to the Government of the Islamic Republic of Iran (GoI) in 2017-2021, with the additional element of UNFPA's positioning in and **coordination** support to the UN Development System in Iran, as well as an analysis of the various facilitating and constraining factors influencing programme delivery. The **audience** of this evaluation is the UNFPA Country Office (CO), the UNFPA Asia-Pacific Regional Office (APRO), UNFPA Headquarters and the UNFPA Executive Board; national implementing partners, relevant government agencies, development partners, and UN entities in the country.

Objectives of the Evaluation

2. The **overall objectives** of the CPE are to provide: (i) an enhanced accountability of UNFPA and its CO in Iran for the relevance and performance of its country programme (CP) and (ii) a broadened evidence-base to inform the design of the next UNFPA programming cycle in Iran. The **specific objectives** of the CPE are to: (i) provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support in the **Sexual and Reproductive Health (SRH)** and **Population and Development (PD)** programmatic areas, and progress towards the expected outputs of CP6 in supporting GoI in **development and humanitarian** contexts such as vulnerable populations in natural disasters and emergencies; (ii) analyze expected, and unexpected results, challenges, and lessons learned during CP6 implementation; (iii) provide an assessment of the CO's strategic positioning within the development community, including within the United Nations Country Team (UNCT) and national partners, and its comparative and collaborative advantages; and (iv) draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle, while documenting good practices and innovation in programme intervention design or strategy development.

3. The CPE also assessed **cross-cutting areas** including partnerships, resource mobilization, and women empowerment. Humanitarian response, mainstreamed within the SRH theme, is also covered. The CPE also considered the support provided to the most vulnerable populations, especially those in natural disasters and emergency settings as well as those severely affected by the double impacts of COVID-19 pandemic and unilateral sanctions. To complement the assessment of programme components, the CPE also assessed the M&E systems of the CO as well as some operational aspects.

Brief description of CP6

4. CP6 was developed based on the priorities set under GoI's 6th Five-Year Development Plan (FYDP), the UNDAF (UN Development Assistance Framework) 2017-2021, UNFPA-SP (Strategic Plan) 2018-2021, ICPD-PoA (International Conference on Population and Development – Programme of Action) benchmarks, and in keeping with GoI's sectoral policies and plans. CP6 is designed to focus on two programme components - SRH and PD. Given Iran's Upper-Middle Income Country (UMIC) status, UNFPA Iran is classified in the "*Pink*"¹⁹ category, and CP6 is anchored more at a strategic level in advocacy, policy advice and knowledge management as a mode of engagement, and aims to assist GoI in the development and implementation of relevant and informed evidence-based population and reproductive health (RH) strategies and action plans in light of the demographic window of opportunity, and for harnessing the demographic dividend (DD). However, in natural disasters and emergency-related humanitarian settings, such as in the context of the 2018 Kermanshah earthquake and the 2019 floods impacting 80 percent of the country, coupled with the COVID-19 pandemic, in addition to the above mode of engagement, service delivery was also deployed, and the SRH and PD programming was expanded to integrate disaster response and emergency-related humanitarian support, tying in with GoI's preparedness and response plans.

5. CP6 has one output in the SRH area (in support of the UNFPA-SP outcome 1 on SRH and UNDAF outcomes 2.1 2.2 and 2.4), focusing on increasing the capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated SRH-care services for women and men, with a focus on at-risk populations, including in disaster and emergency settings. The PD component has two outputs (in support of the UNFPA-SP outcome 4 on PD and

¹⁸ In line with the recent one year extension of the 6th FYDP and the UNDAF, UNFPA-CP6 was extended for one year until 2022 in April 2021.

¹⁹ UNFPA country classification by colour quadrants is based on the country's need and ability to finance criteria. Countries in the "*Pink*" quadrant's (low needs and high capacity to finance) key focus is on creating an enabling environment through capacity development, except in humanitarian assistance.

UNDAF outcome 3.6), which focus on: (i) increasing availability of population data and analysis to inform strategies and action plans on the implications and benefits of the DD; and (ii) on increased availability of evidence to support formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons.

Prevailing unilateral sanctions in the country and resulting economic downturn have impacted the implementation of programme interventions, with challenges faced in the area of international funds transfer and procurement.

Evaluation Approach and Methodology

6. The CPE adhered to UNEG (UN Evaluation Group) Norms and Standards, and closely followed the approach and methodology prescribed in the *UNFPA Evaluation Handbook*. It employed the four main OECD-DAC (Development Assistance Committee of the Organization for Economic Cooperation and Development) criteria of relevance, effectiveness, efficiency and sustainability, along with an additional component of coordination that assessed the positioning of the UNFPA Iran CO within the UNCT. The evaluation was transparent, inclusive, and participatory, and followed the “do-no-harm approach”, especially given that it was undertaken at a critical juncture for the country in the midst of the prevailing COVID-19 pandemic. The exercise was conducted by a three-person team comprising of an international Team Leader and two national Evaluators (with support of an assistant who helped in transcribing and translation services). Due to circumstances related to COVID-19 and social distancing measures in place, all interviews and group discussions were conducted in a remote manner. No site visits were possible, which remained a limiting factor in terms of making first-hand observations.

7. The evaluation was divided into **design** (November-December 2020), **data collection** (January-March 2021), **analysis** (April 2021) and **reporting** (May-July 2021) phases. Using both secondary and primary sources, the collection of evaluation data was implemented using the following mixed methods: (i) desk review of documents, financial and other pertinent programme data, including from the UNFPA Information System and the Atlas System; (ii) key informant individual and group interviews using a semi-structured qualitative questionnaire guide; (iii) structured email questionnaires; and (iv) focus group discussion on thematic questions. The analysis is based on the synthesis and triangulation of information obtained from the above-mentioned evaluation activities. A total of 75 individuals (of which 61 percent were females) belonging to ten stakeholder categories were covered during primary data collection, based on the purposive sample drawn. The UNFPA CO staff, APRO, Implementing Partners (IPs), other national and local partners, UNCT, donors, service beneficiaries and providers, all contributed their input to this evaluation. All interviews followed informed consent procedures, as per UNEG guidelines.

Main conclusions drawn from key findings

A. Strategic Level

Relevance – Conclusion 1:

7. **CP6 is well-aligned with priorities set by relevant national and international policy frameworks. UNFPA’s comparative advantage in addressing prevalent issues in Iran corresponding to its mandate, make it a very relevant player.** UNFPA has managed to effectively support the government's efforts to realize the potential of the demographic transition and invest to harness the demographic window of opportunities advocating for inclusion of vulnerable populations such as women, girls, youth, and the elderly in its programming and in the national public policy agenda. The CP’s approach of using advocacy, policy dialogue and evidence-generation for policy-making, remains a valid programming strategy. The programme repositioning for emergency support to the COVID-19 pandemic, was found to be relevant and very timely. UNFPA strategically approached partnerships and has firmly established a relationship of trust with its stakeholders, making it a credible and reliable partner with IPs, UN entities and development partners. The strategy for the development of CP7 will need to be broadened from the perspective of programme design, undertaking more effective targeting of vulnerable populations and their needs, and leveraging on existing partnerships.

Effectiveness - Conclusion 2:

8. **The UNFPA programme has been effective in progressing towards achieving intended results, and has been successful in balancing between population policy mandates and supporting the needs of vulnerable populations.** Interventions focusing on maternal health of Iranian and Afghan women, and HIV/STI interventions have been particularly effective and achieved intended results. UNFPA activities on emergency and humanitarian situations were also found to be timely and effective, in particular in intervening on protecting women and girls’ SRH needs. More advocacy (*e.g. push for a mechanism to identify challenges and vulnerabilities of vulnerable populations*), knowledge sharing activities (*bringing expertise with both first-hand knowledge and experience through SSTC mechanism*), and a holistic approach for population issues, will enhance UNFPA’s effectiveness.

Sustainability - Conclusion 3:

9. **UNFPA interventions have good potential of being sustainable, as they are in line with GoI's priorities and needs.** They bring knowledge, expertise, training and research, are timely, have a policy focus, and demonstrate

empowerment-in specific oriented activities. Some of the successful pilot interventions have showcased end-user satisfaction, which contributes to sustainability of the programme. However, exit strategies are missing from the design of programme interventions. **For ensuring sustainability of interventions for wider replication and adaptation, and for their impact to continue when UNFPA support is withdrawn, sustainability needs to be integrated as an approach while designing interventions.**

Efficiency - Conclusion 4:

10. **UNFPA has made efficient use of its human, financial, administrative and technical resources. With limited human resources and budget at hand, it has strategically been able to work with partners to leverage and deliver.** The core funding was completed up by the CO's excellent success in resource mobilization, having mobilized to-date under CP6 more than 5 times the resource mobilization target envisaged at the time of CPD development. As the programme is expanding, and there are good prospects for a larger volume CP7, the CO may consider designing fewer but larger-scale interventions that can bring in economies of scale. The CO has demonstrated excellent progress in terms of quality of communication products. Building on this, efforts to effectively capture lessons learnt and highlight key achievements along with projecting promising initiatives, can positively complement resource mobilization efforts. Looking ahead, **more synergised approaches with UN entities, robust monitoring and results reporting, and strengthened CO capacity, could further enhance efficiency.**

Coordination - Conclusion 5:

11. **UNFPA has been an active member of, and contributor to, the existing UNCT coordination mechanisms, including humanitarian structures. By virtue of its mandate and technical expertise being particularly relevant to the UNCT to help navigate complex issues, UNFPA can use this added value it brings to the UNCT to its advantage, and strengthen its development footprint.** Entities such as UNICEF and UNDP are keen to expand their partnership with UNFPA, given the complementarity of mandates, capacities and know-how, and modality of operations. This provides a great opportunity for UNFPA to strengthen partnerships through more joint programming, establishing programmatic and operational synergies, and mobilizing more resources.

B. Programmatic Level

Conclusion 6: Although SRH interventions within the framework of CP6 were not specifically designed based on needs assessment, UNFPA successfully provided quality SRH-care services in areas such as maternal health and HIV prevention to adolescents and youth, women and girls, and at-risk populations. Better prioritization of the most vulnerable and high-risk populations is needed, to further assess their specific needs, explore the bottlenecks to developing targeted interventions and defining new approaches and strategies for reaching these populations. This will help in accelerating results for those left behind. Inclusion of vulnerable populations with disabilities in the programme will be an important consideration.

Conclusion 7: UNFPA has been supporting successful GoI efforts to reduce maternal mortality and morbidity by implementing projects that are vital for the country. Results of the joint work of MoHME and UNFPA, through a sustained partnership established over decades, have translated into significantly reducing maternal mortality in Iran. UNFPA has provided continuous support to maternal health interventions throughout the currency of CP6, which has not only been relevant, but also very valuable for the country. **This support must continue and be further strengthened through application of more sophisticated interventions addressing near-miss mortality and maternal morbidities.**

Conclusion 8: The CO was successful in finding entry points and common grounds with GoI to have effective engagement on the needs and necessities of women, including through implementation of women empowerment interventions via protecting women and girls during emergencies. It also contributed to increased institutional capacity of national entities on women empowerment. UNFPA has women empowerment activities on all three aspects of the Data-Analysis-Policy process, which target women.

Conclusion 9: CP6 is focusing on the Data-Analysis-Policy process as a major goal for its PD component, and has successfully enhanced national capacities to identify vulnerable populations and include their needs in the national policy agenda, by advocating for their well-being. The CO activities/programmes on FHHs, elderly populations, and women and youth empowerment are examples of UNFPA's efforts to help and advocate for vulnerable populations. Although the CO was able to effectively fill some gaps, there is still a lack of data on identifying some vulnerable populations, and more effort is needed to respond to the needs of those left behind.

Conclusion 10: UNFPA activities on emergency and humanitarian situations, in general, were timely and effective, with special attention to addressing the needs of vulnerable populations, such as women and girls, FHH and the elderly. The CO remained an active contributor to country level coordination, planning, and monitoring interventions to provide SRH-care services for vulnerable populations in emergency preparedness and response. **Given the scale of the emergencies and associated needs, strengthened CO capacity and mobilization of more resources can help address the needs of vulnerable populations more effectively, providing more coverage of services to meet the needs of different vulnerable populations.**

Conclusion 11: As part of its HIV prevention programmes, UNFPA has been able to support a relatively wide range of comprehensive SRH-care services through Women Centres, VCT centres and AWBCs, covering a wide range of at-risk populations. While preventing HIV in high-risk populations, UNFPA also uses this opportunity to provide SRH-care services to target groups and at-risk populations. The AWBCs were a novel experiment for the realization of HIV/AIDS prevention for most vulnerable and out-of-school adolescents and empowering them. Through Women's Centres distributed nation-wide, UNFPA has a leading role to support covering a broad spectrum of SRH-care services in these centres. UNFPA's interventions in the field of STI/HIV prevention amongst different vulnerable populations could be a useful model for other Muslim countries to follow. These interventions have enabled the CO to make effective use of the comparative strengths of UNFPA and promoted national ownership of supported interventions.

Conclusion 12: The SSTC mechanism for sharing of global experiences, lessons learnt, and best practices has been very useful, especially when the country is facing the challenges imposed due to unilateral sanctions. The GoI views SSTC activities as positive, important, and two-directional. They provide the opportunity to showcase and promote Iran's capacities and potential in several areas. Similarly, Iran can gain from global experiences of other regional players in priority areas of interest. At the same time, the SSTC mechanism provides a bridge to the international community, facilitated by the UN, with a focus on leaving no one behind. The UNCT's plans for SSTC for 2019-2021 demonstrate that amongst all UN agencies in Iran, UNFPA had the highest number of planned activities on SSTC, which reflects UNFPA's institutional commitment to supporting activities under this mechanism. MFA is fully supportive of UNFPA enhancing SSTC activities, and national partners expect a well-defined mechanism and coherent programme for SSTC activities, bringing in expertise with new ideas and high-calibre experience.

Recommendations

A. Strategic Level

Recommendation 1: Institutionalize more systematic mechanisms for planning, monitoring and reporting of results at both programme and project levels, such that the achievement of results is better recognized, as well as outreach to the most vulnerable populations can be overseen. For overall effectiveness and long-term impact of interventions, the CO M&E and reporting system should be enhanced to include clearly defined M&E activities, the frequency of data collection, project level indicators and the means of verification. Reporting templates should be developed to also include communication initiatives, using more pre- and post-tests, shifting focus from the completion of interventions and activities to that of a results chain approach. Showcasing and demonstrating the impact of successful interventions will help give a push for the needs of the vulnerable to be made part of public policy priorities. Effectively capturing lessons learnt and highlighting key achievements while demonstrating end-user satisfaction, along with projecting promising initiatives, can positively complement resource mobilization efforts.

Recommendation 2: Capitalize on the strong partnership base, developed as a result of the CO's strategic approach to partnerships, to apply more synergistic approaches in the design and implementation of programmes, coordinating with other development partners and UN entities with similar broad objectives aiming at the same target populations. The relevance of UNFPA as a credible, strategic and reliable partner having been established by its key partners, provides an opportunity for UNFPA to strengthen these partnerships through more joint programming (*developing fewer number, larger-scale joint inter-agency programmes/interventions, that can bring in economies of scale*), establishing UNFPA as a thought-leader within the UNCT by bringing UNFPA's technical expertise to bear in areas of its mandate (eg. demographics, social protection) that can support UN programming, and strengthening programmatic and operational synergies with partners.

Recommendation 3: Strengthen CO human resource capacity for implementation of an expanded programme, with humanitarian support incorporated. Factors such as increased quantum of work, expansion of partners' base, new donors coming on board, and the resource pool being enlarged in 2020, all perpetuate the need for the CO to strengthen capacity in both programme as well as operations areas. It is therefore recommended that in future resource mobilization efforts, project-based funding for such human resources is prioritized.

B. Programmatic Level

Recommendation 4: Strengthen the quality of SRH-care services to achieve greater results in preventing maternal mortality, building on Iran's well-developed health delivery network and services. Paying attention to issues such as near-miss maternal mortality and maternal morbidities, which would require the application of more sophisticated and challenging interventions to address the issue, as well as provision of integrated SRH-care services, taking into consideration health impacts of COVID-19, particularly on pregnant women, would contribute to achieving over-arching results.

Recommendation 5: Integrate sustainability as an approach while designing interventions, and carry this through to the implementation phase. Given the impact and relevance of interventions that have been put on hold due to

contextual sensitivities (AWBC and WFS), undertake discussions with GoI to explore the integration of these tried and tested successful but less sustainable approaches, into other more sustainable interventions already underway.

Recommendation 6: Strengthen emergency response through programmatic and operational measures to enhance effectiveness and efficiency, including the integration of SRH in all emergency response interventions. Engagement with GoI on tailoring emergency response services, based on Government needs and in line with the cultural context would help, along with reaching an understanding on exercising flexibility during emergency situations. Given the inter-sectoral nature of emergencies, where multiple agencies collectively play a role, UNFPA should play a unifying role in promoting inter-agency and inter-sectoral collaboration, with the collective ultimate goal of transferring ownership to GoI.

Recommendation 7: To enhance the CO's role on women's empowerment, and FHHs, considering the important role of women for harnessing the demographic dividend in Iran, and for the next CP, consider developing relevant outputs for PD and SRH areas, for both developmental as well as humanitarian contexts. The CO should undertake to demonstrate models, and showcase the effectiveness of these models through piloting, while supporting MoHME in integrating activities targeting women in Primary Health Care (PHC).

Recommendation 8: Strengthen the Data-Analysis-Policy process by identifying the existing gaps and enhancing data collection and analysis procedures for identifying all vulnerable populations of different demographics, and advocating for inclusion of the needs of newly identified vulnerable populations in the policy process. Exploring the bottlenecks to developing targeted interventions and defining new approaches for reaching these populations will help in accelerating results for those left behind, and will provide the basis for the development of better-targeted interventions that specifically result in good health outcomes for the most vulnerable Iranian populations.

Recommendation 9: Take advantage of policy level work undertaken in the area of HIV by UNAIDS, and use their partnership as an opportunity to work with adolescents and other vulnerable target populations' SRH needs to the fullest extent. Enhance attention being paid to the design and implementation of relevant policies and strategies, as well as training and other capacity building services.

Recommendation 10: Develop a well-defined and coherent programme of SSTC activities, bringing in expertise with new ideas and high calibre experience. Capitalize on MFA's full support for enhancing SSTC activities and in close collaboration with MFA, expand the work in this area, and cast the net wider for SSTC initiatives in Iran through development of a well-defined mechanism for SSTC activities. Remain closely engaged in UN RCO's undertaking on SSTC, and avail the joint programming approach with partner UN entities. Vulnerable populations, such as FHH, the elderly, and disabled persons amongst others, can be the focus of UNFPA's work under these initiatives emanating under the Technical Assistance Package (TAP) framework.

Recommendation 11: For the development of CP7, use age-structural transition and emerging demographic dynamics as the driving force for development, while considering a holistic, life-cycle approach in PD and SRH and women empowerment programming, including the humanitarian dimension. This would include different demographic and socio-economic groups in designing and implementing activities to harness the DD. To address existing and emerging issues, the CO should consider applying a holistic and life-cycle approach in programming to include all aspects of human life. This would apply to SRH, PD and programming on women empowerment, including the humanitarian dimension. Inclusion of vulnerable populations with disabilities in the programme will also be an important consideration, by either mainstreaming disability issues into the current intervention, or implementing a disability-specific programme. With the comprehensive Common Country Analysis (CCA) exercise in its final stages in preparation for the new UN Iran Sustainable Development Cooperation Framework (UNSDCF) 2023-2028, the UNFPA CO can draw on the CCA as a starting point and supplement that analysis with a more in-depth needs assessment of its potential target populations

CHAPTER 1: INTRODUCTION

1. The United Nations Population Fund (UNFPA) is the leading sexual and reproductive health UN agency. In 2018, UNFPA launched efforts to achieve transformative results globally, that promise to change the world for every man, woman and young person (UNFPA Strategic Plan 2018-2021, DP/FPA/2017/9). By pursuing its goals, UNFPA is committed to accelerate the implementation of the International Conference on Population and Development Programme of Action (ICPD-PoA).

2. UNFPA has been collaborating with the Government of the Islamic Republic of Iran (GoI) over the past forty years in the areas of reproductive health (RH), population and development and women's empowerment. UNFPA's current cooperation with GoI lies within the 6th Country Programme 2017-2021²⁰ (CP6), and is implemented in cooperation with national and local government partners, donors and partner organizations. It is aligned with the United Nations Development Assistance Framework (UNDAF) 2017-2021 and Iran's Sixth Five-year National Development Plan 2017-2021 (FYDP). CP6 has an approved budget of USD 4.75 million from regular resources, and the country office (CO) was expected to mobilize an additional USD 1.0 million from other sources over the 5-year period of the programme cycle to co-fund the programme.

1.1 Purpose and objectives of the Country Programme Evaluation

3. The country programme evaluation (CPE) commissioned by UNFPA Iran, is undertaken in accordance with UNFPA Evaluation Policy (EP), and is meant to serve three main purposes:

- i) Demonstrating accountability to stakeholders on achieving development results to accelerate implementation of the ICPD PoA;
- ii) Supporting evidence-based decision-making (for UNFPA and GoI); and
- iii) Contributing important lessons learned to the existing knowledge-base of the organization, and to feed into the next country programme cycle.

4. The CPE is also in accordance with Section IV of the country programme document (CPD) on "programme management, monitoring and evaluation" indicating 2020 as the year to "perform the final evaluation of the programme cycle." It is being undertaken as an independent assessment of **relevance, effectiveness, efficiency and sustainability** of UNFPA support provided to GoI in 2017-2021, with the additional element of **coordination**.

5. The specific objectives of the evaluation are to:

- i) Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support and progress towards the expected outputs of CP6 in supporting GoI in development and humanitarian contexts such as vulnerable populations in disasters and emergencies;
- ii) Analyze expected, and unexpected results, challenges, and lessons learned of the country programme (CP) implementation;
- iii) Provide an assessment of the CO's strategic positioning within the development community, including within the United Nations Country Team (UNCT) and national partners, and its comparative advantage;
- iv) Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.
- v) To review the design and implementation of the CP including management, operations, coordination, and partnership arrangements;

6. The primary users of this evaluation are the decision-makers within the UNFPA CO, other country offices and the organization as a whole, government counterparts in the country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office (APRO) and UNFPA Headquarters will also use the evaluation as an objective basis for programme performance review and decision-making.

1.2 Scope of the evaluation

7. The CPE covers the period 2017-2020, and includes all initiatives under all outcomes and outputs of CP6, including all national and sub-national level initiatives which were planned and/or implemented during the period

²⁰ In line with the recent one year extension of the 6th FYDP and the UNDAF, UNFPA-CP6 was extended for one year until 2022 in April 2021.

2017-2020 in both development and humanitarian settings such as natural disasters including floods and earthquakes. While CP6 is implemented at the national level and interventions are largely focused in the capital city of Tehran, individual projects have had specific geographical scope, mainly for piloting of interventions for demonstration purposes with potential for replication by national and local entities in other parts of the country. The intervention Age Friendly Cities and Communities (AFCC – also referred to as Age Friendly Environment - AFE) was piloted in Esfahan while Adolescents Well-Being Centers (AWBCs) had specific focus in the provinces of Tehran, Karaj, Fars, Khuzestan, Kermanshah and Lorestan. The Women Friendly Spaces (WFS) project has been implemented in provinces of Golestan and Lorestan and interventions related to the Afghanistan refugees in Iran had specific focus in Provinces of Tehran, Kerman and Razavi Khorasan.

Provincial coverage of the Evaluation:

AFCC: Piloted in Esfahan
AWBCs: Focused in Tehran, Karaj, Fars, Khuzestan, Kermanshah and Lorestan.
WFS: Piloted in Golestan and Lorestan.
Afghan Refugees: Focused in Tehran, Kerman and Razavi Khorasan
Women Centres and VCTs: Nation-wide

8. The evaluation covers the programmatic areas of sexual and reproductive health (SRH), population and development (PD), including population ageing. Cross-cutting areas include: partnerships, resource mobilization, women empowerment, adolescents and youth. Humanitarian response, mainstreamed within the SRH theme, is also covered. The CPE also considered the support provided to the most vulnerable populations, especially those in disaster and emergency settings, as well as those severely impacted by the double impacts of COVID-19 and unilateral sanctions.

9. To complement the assessment of programme components, the CPE also assessed the operational (finance, administration, procurement) and M&E systems and structures of the CO. Besides assessing the intended effects of the programme, the CPE identifies key unintended effects. The evaluation reviews the CP6 programme logic and investigates the pathways of change, including the assumptions that underpin the causal chains and linkages between elements of the results chain, while analysing the intended outputs, activities and the contextual factors that may have had an effect on the implementation of the Programme.

10. Since February 2020, Iran has been hit hard by the COVID-19 pandemic, which continued to prevail all through the conduct of this exercise. As of 25 September 2021, a total of 5,519,728 confirmed COVID-19 cases were reported²¹, and 119,072 deaths recorded. Due to emergency circumstances, globally, and especially prevalent in the context of Iran, including travel restrictions, the CPE was conducted through remote means. The evaluation methodology, the modality of work of the evaluation team (ET) and the CPE work plan were accordingly impacted.

1.3 Methodology and process

1.3.1 Methodology

11. The evaluation utilized a theory-based approach taking into consideration the CP planning documents reflecting the design of the programme including its intervention logic and results framework. The analysis of the programme's theory of change (TOC) and unpacking of the intervention logic played a central role in the design of the evaluation and was the basis for the analysis of the data collected, for the reporting of findings, and for the development of conclusions and recommendations. The intervention logic supporting the TOC was reconstructed to include changes, including those in the COVID-19 context. The evaluation adhered to UNEG Norms and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation. It was guided by UNFPA's Evaluation Handbook: *How to Design and Conduct a Country Programme Evaluation at UNFPA*. The evaluation was transparent, inclusive, and participatory, and followed the "do-no-harm approach", especially given that it was undertaken at a critical juncture for the country in the midst of the prevailing protracted COVID-19 pandemic.

A. Evaluation criteria and evaluation questions

12. The evaluation of programmatic areas followed the OECD-DAC criteria of **relevance, effectiveness, efficiency, and sustainability**, and an additional UNFPA specific criterion of **coordination**. These criteria were applied to each of the programme outcome areas to ascertain input on the performance of each area, as well as facilitating and constraining factors. The evaluation questions proposed in the CPE ToR were reviewed by the ET, and all ten were retained while being refined in formulation (Annex-A details the changes made). From amongst the ET, a lead person was assigned for each question, based on relevance of the questions to the area of expertise. As elements such as women empowerment and LNOB (leaving-no-one-behind) principles were integrated into the

²¹ Ministry of Health and Medical Education, 28 May 2021; <https://webda.behdasth.gov.ir/>

evaluation methodology, the evaluation questions and corresponding interview questionnaires were formulated in a way to encourage respondents to comment on women empowerment and LNOB principles as cross-cutting issues, as a means to examine in particular the extent to which UNFPA Iran has mainstreamed interventions to advance these principles across all CP interventions. Special consideration was given to assess how those belonging to vulnerable target populations including the disabled, elderly, and women, especially in disaster and emergency settings, were made part of programme design and implementation. The final set of questions for each criterion are reflected in Table 1.1 that follows.

Table 1.1: Evaluation Criteria and Evaluation Questions (EQs)

| EQ codes | Evaluation Criteria and Evaluation Questions (EQs) |
|-----------------------|---|
| RELEVANCE | |
| EQ1R | To what extent UNFPA's support in the field of sexual and reproductive health in Iran, (including through South-South and Triangular Cooperation - SSTC), is (i) in line with the priorities set by relevant international and national policy and normative frameworks, including UNDAF, ICPD Programme of Action and UNFPA Strategic Plan; and (ii) adapted to the varied needs of the population such as those of women and young people, as well as the needs of vulnerable populations? |
| EQ2R | To what extent has the country office been able to respond to changes in national needs and priorities , including those of older people, women and youth, as well as vulnerable populations, or to shifts caused by major policy changes? What was the quality of the response? |
| EQ3R | To what extent have partnerships been leveraged and maintained with the partner government specifically (e.g. ministries, agencies and other representatives) and with other stakeholders, that have allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies? |
| EFFECTIVENESS | |
| EQ4E | To what extent have interventions supported by UNFPA (including through SSTC) contributed to sustainably improved access to all elements of integrated sexual and reproductive health services for women and adolescents including vulnerable populations, and in particular increased access to quality HIV and STI prevention services for young people and at-risk population? |
| EQ5E | To what extent has UNFPA support, including through SSTC, contributed to improved disaggregation in demographic and socio-economic data to ensure that evidence-based development and implementation of plans, programmes and policies including SRH policies and services, reflect the needs of a variety of stakeholders, including the elderly and those furthest behind? |
| EQ6E | To what extent has UNFPA successfully strengthened women empowerment in the design and implementation of interventions under the country programme? |
| EQ7E | To what extent has UNFPA contributed to improved emergency preparedness and response in Iran, including through SSTC, in the area of SRH (including maternal health and protection of women and girls), and in the area of P&D (including support to the elderly and in generating data for humanitarian work)? |
| SUSTAINABILITY | |
| EQ8S | To what extent has UNFPA been able to support implementing partners and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects? |
| EFFICIENCY | |
| EQ9OE | To what extent has UNFPA made use of its human, financial, administrative and technical resources as planned, and used an appropriate combination of tools and approaches to pursue the achievement of the intended outcomes defined in the country programme? |
| COORDINATION | |
| EQ10C | To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms ? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country? |

13. An evaluation matrix based on evaluation questions was developed, to help consolidate in a structured manner all collected information corresponding to each EQ and to identify data gaps and collect any outstanding information before the end of the field phase. The matrix includes the EQs, and for each EQ, the related assumptions, indicators to be assessed, main sources of data and information, and methods of data collection. The matrix served as a useful tool for the data analysis and reporting phases, enabling the conduct of the analysis in a systematic and transparent manner by showing a clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence. Given its significance, a specific humanitarian EQ has been included (EQ7E), while also mainstreaming humanitarian support in other EQs. The evaluation matrix is attached as Annex 4 to this report.

B. Methods for data collection and analysis

Data collection:

14. The evaluation utilized a concurrent mixed-methods strategy, using both qualitative and quantitative methods to collect data from primary and secondary sources. Qualitative data remained the main source of information due to circumstances related to country context (eg. existing surveys being outdated and limited access to sub-national data) and COVID-19 situation preventing conduct of new surveys by the ET. All interviews and group discussions were conducted in a remote manner due to circumstances related to COVID-19 and social distancing measures in place. In some cases, structured email questionnaires were made use of to solicit responses from key informants, in line with their preference for this mode of response. It was not possible for the ET to undertake any site visits.

15. The qualitative data included both primary and secondary sources. Primary data was collected through in-depth interviews of selected key informants, group discussions in the form of focus group discussions (FGDs) and through structured email questionnaires. -Secondary data was collected through desk reviews of existing literature, policy and programme documents, work plans, budgets, progress reports, databases, donor reports, various researches conducted by IPs, analysis of documents, and good practices; plus UNFPA's relevant global documents. The ET developed an Interview Guide and an FGD Guide, and these tools guided the work of the team throughout the conduct of the field phase. The interviews (individual + group) and FGDs were conducted online using Zoom and Skype platforms. To comply with ethics requirements, all interviews and FGD sessions were confidential and anonymous, and participants were notified up-front about the recording of the session and their voluntary participation. Assurance was given that no statement in the evaluation report would be directly associated with an individual or entity.

16. For quantitative data, reliance was mainly on secondary sources as mentioned earlier. Quantitative data was extracted from CO existing reports and documents including financial data from UNFPA's ATLAS financial system, CPD, national government data and information systems, and surveys.

Methods for data analysis:

18. The evaluation matrix and the EQs served as the guiding structure for data analysis for all components of the evaluation. Descriptive, content, comparative, quantitative, and contribution analysis was used to analyze and synthesize the data. The scope and current state of the country and CP activities was illustrated by the descriptive analysis. Content analysis was used for analysis of interviews and FGDs transcripts, and existing documents' and reports' contents, providing the basis for preliminary observations and evaluation findings based on emerging issues and trends. Different programme aspects and activities were contrasted using comparative analysis, identifying good practices and innovative approaches. Qualitative data analysis techniques such as thematic analysis and content analysis was utilized to reveal the nature of data and to answer the EQs. Qualitative data analysis started early in the process of data collection and continued throughout the field and data analysis phases in order to enrich the quality of data by filling the gaps missed during the design phase. Quantitative analysis methods were used to interpret data gathered from annual reports, studies and financial data, while contribution analysis assessed the relationships between different aspects of the UNFPA programmes and their contribution to overall country achievements.

Authenticity and trustworthiness of data and findings:

19. The ET employed various measures to boost the validity and reliability of data and findings. At initial qualitative data analysis stage, coding of transcripts and documents was undertaken to enhance conduct of collaborative action between the ET members. MAXQDA software was extensively made use of for coding of interview questions and extracting relevant information for analysis, leading to findings and conclusions. The analyses were reviewed by the team members until consensus was reached in case of any discrepancy. Triangulation technique was applied to maximize the authenticity and validity of the data and findings. Evaluation findings were supported with evidence, and data was triangulated across different sources and methods by cross-comparing the information obtained. The ET also cross-compared the evidence obtained through different data sources – e.g., comparing evidence obtained through interviews with government staff with those obtained from secondary data sources. Triangulation of data sources, data types and data collection methods helped overcome any biases that were present, and shed light on how UNFPA has been able to support its partners and beneficiaries in developing capacities and establishing mechanisms to achieve planned results, ensure ownership and the sustainability of effects and the extent to which UNFPA activities were designed (or not) in a manner that ensured a reasonable handover to local partners.

Sampling framework and stakeholders' participation:

20. An initial list of stakeholders was mapped by the ET in close coordination with the CO, keeping in perspective the 11 categories of stakeholder selection criteria listed in UNFPA's Evaluation Handbook, as detailed in Annex 5. Annex-D provides additional information on the stakeholder mapping undertaken during the design phase of the evaluation as a starting point to this exercise, which also contains an indicative list of persons to be consulted, while taking into account the prescribed stakeholder selection criteria. Ten stakeholder categories were identified for the field phase, including representatives from IPs, other government entities, academia, non-governmental organizations (NGOs), UN Agencies, bilateral donors, and, most importantly, direct and indirect beneficiaries²² of the programmes. An indicative sample of beneficiaries was identified for conduct of FGDs to gather information on service quality and accessibility and utility. Based on the stakeholder analysis, a sampling framework was developed and a final purposive sample (even if not fully representative) was selected as reflected in para 21 that follows, keeping in view the limitations posed by the COVID-19 situation in terms of site visits not being possible, and limitations in the availability and access to concerned entities. The ET ensured that these limitations would not create a bias in the sampling, by selecting a larger sample size leaving the margin for low participation rate. Where possible, alternative entities were interviewed that were familiar with the UNFPA CP and could bring in similar representative perspectives (eg. MoHME), while in other cases, proposed FGDs were scaled down to structured group discussions with smaller number of representative stakeholders (eg. VCTs and Women Centres). Due to site visits not being possible, direct observations from field visits could not be made by the ET.

21. Table 1.2 captures the sampling framework and stakeholder categories, and enlists the interviewees that were available to the ET for being consulted. Starting with a sample size of 98 stakeholders, the ET succeeded in consulting a total of 75 stakeholders (*61 percent of which were females*). Selection of stakeholders for inclusion in the evaluation kept in perspective the women empowerment and leaving no-one behind criteria, such that all key stakeholders are represented in the sample selected. Inclusion of direct and indirect beneficiaries was ensured to the extent possible. Annex 5 of this report contains a full listing of the 98 stakeholders initially targeted for interviews and FGDs, and includes those entities that could not make it in the end due to their unavailability. The participation rate was 76.5 percent out of a total of 98 stakeholders targeted.

Table 1.2: Sampling framework and stakeholder categories

| S.No | Stakeholder Group/Sample | Numbers | | Interviewees | Sex Ratio | | Method |
|------|--|------------|--------------|--|-----------|-----|---|
| | | Approached | Participated | | F% | M% | |
| 1. | UNFPA Country Office Representatives and Staff | 10 | 10 | Country Rep, Assistant Rep, Programme area leads, M&E Officer, Ops Manager | 80 | 20 | Key informant semi-structured individual and group interviews |
| 2. | UNFPA Regional Office Representatives and Staff | 12 | 12 | Desk Officer for Iran, and focal points for all thematic areas of UNFPA Iran engagement | 67 | 33 | Key informant semi-structured individual and group interviews plus email questionnaires |
| 3. | Government coordinating entity | 1 | 1 | Ministry of Foreign Affairs | 0 | 100 | Key informant semi-structured individual Interview |
| 4. | Implementing Partner Representatives (*) | 26 | 15 | Appropriate staff from each IP - MoHME, MoLCSW, SWO, SCI, UT, IUMS, SNCE (based on the stakeholder mapping as per their level of engagement with the CP); | 40 | 60 | Key informant semi-structured individual interviews plus email questionnaire |
| 5. | Other national/provincial government entities | 4 | 1 | SWO in Esfahan | 100 | 0 | Key informant email questionnaire |
| 6. | Representatives of Academia and NGOs | 4 | 3 | Helpage International (working on elderly and aging issues), IRSHA (working on SRH), Akbarabadi Hospital (Afghan-friendly hospital supporting Afghan refugees) | 33 | 67 | Key informant semi-structured individual interviews plus email questionnaires |
| 7. | Beneficiaries of UNFPA support (direct + indirect) | 20 | 14 | FGD with AWBCs in Tehran and Kermanshah – direct beneficiaries Group interview with indirect | 79 | 21 | Focus Group Discussion and Structured Group Interviews |

²² Direct and indirect beneficiaries refer to service providers of these centres who attended the trainings and workshops as part of CO capacity-building activities; it was not possible to reach beneficiaries of these centres, hence no evidence was collected directly from them as such, due to access issues.

| | | | | | | | |
|-----|--|-----------|-----------|--|-----|----|--|
| | | | | beneficiaries of flood response Group Interview with VCTs – direct beneficiaries Group Interview with Women Centres – direct beneficiaries | | | |
| 8. | Entities that are not partners of UNFPA but functioning in the same space as UNFPA | 6 | 5 | Relief International, Health Expert, SRH consultant | 40 | 60 | Key informant semi-structured individual interviews and email questionnaire |
| 9. | Donors | 4 | 3 (+2) | Embassy of Norway, Netherlands Embassy, Embassy of Italy, as well as covering EU/DEVCO and ECHO support through partner UN convening entities | 100 | 0 | Key informant email questionnaires and semi-structured individual interviews |
| 10. | UN Agency partners | 11 | 11 | Resident Coordinator’s Office (RCO), UNICEF, UNDP, WHO, UNAIDS, UNHCR | 36 | 64 | Key informant semi-structured individual and group interviews |
| | TOTAL | 98 | 75 | | | | |

^(*) The Ministry of Health and Medical Education (MoHME); the Ministry of Cooperatives, Labour and Social Welfare (MoCLSW); the Statistical Centre of Iran (SCI); the State Welfare Organization (SWO); the Secretariat for the National Council of Elderly (SNCE); University of Tehran (UT); and Iran University of Medical Science (IUMS) are amongst UNFPA’s key IPs while the Ministry of Foreign Affairs (MFA) is the overall coordinating agency.

1.3.2 Limitations encountered

22. The main limitation of the CPE were the circumstances of the COVID-19 global pandemic and various health and social measures in place to control its spread:

- a. The pandemic remained in high prevalence all through the conduct of the evaluation, and therefore the ET was not able to visit the field and meet stakeholders in person due to prevailing restrictions. Hence first-hand observations could not be made. This was seen as a limiting factor for the conduct of this CPE, and virtual and online sessions were organized in as much a participatory manner as was possible, to mitigate these conditions. The interviewees were given an option of what mode of interview they would be comfortable with – a structured email questionnaire being provided or an online in-person interview. In some cases, email interviews/questionnaires were resorted to when this was indicated as a preference. Email questionnaires in some cases, impacted the timeliness of some of the responses, and follow-up through phone calls needed to be undertaken, and help from the CO staff was taken. Some of the responses did not come through even despite repeated follow-ups, but these were minimal in number, and did not create any bias in the findings.
- b. Few of those included in the stakeholder list expressed inability to participate in the evaluation. The ET fully respected their view and prerogative, and the issue was mitigated by finding alternative respondents that were familiar with the UNFPA CP and could bring in similar representative perspectives. Also, the ET assessed that those who could not make themselves available for the interviews did not belong to any specific stakeholder group and therefore did not pose any systematic bias.
- c. Access to some beneficiaries was also not possible. In such cases, proposed FGDs were scaled down to structured group discussions with smaller number of representative stakeholders.

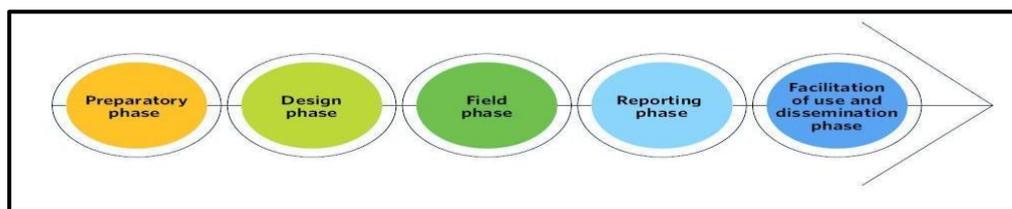
23. These factors restricted access to some key sources of information, but the ET ensured through purposive sampling that this did not impact the evaluation findings and the validity and credibility of evaluation results. While initiating the exercise with full knowledge of the limitations posed, the ET included in the initial listing of 98 stakeholders a more statistically representative sample leaving the margin for some stakeholders from the same entities to drop out as part of the process either due to their unavailability, indisposition due to the pandemic, or unwillingness to be part of the process. Additional stakeholders included in the listing from within the same entity helped overcome this limitation. Though findings from the purposive sampling may not be statistically representative of the full stakeholder sample, they are qualitatively generalizable, as the ET ensured that all key partners of UNFPA and those who have knowledge of the UNFPA CP or are associated with it in some form, are included as key informants, representing the ten stakeholder groups established based on the prescribed stakeholder selection criteria.

24. The Theory of Change (TOC) of the CP was not fully developed in the sense that would enable measure of the link from outputs to outcome level, or assess if assumptions made at the time of CPD design were valid. However, through additional deliberations with the CO staff, the ET was able to develop the intervention logic to serve as the basis for the evaluation.

1.3.3 Brief outline of the evaluation process

25. Based on the evaluation methodology, the CPE involved the following five phases: preparatory phase, design phase, field phase, reporting phase, and facilitation of use and dissemination phase. The **preparatory phase** was managed by the UNFPA CO through the M&E Analyst, who performed the role of the Evaluation Manager. It included: (i) preparing the CPE TOR and receiving its approval from UNFPA; (ii) establishing an ERG; (iii) selecting and recruiting evaluators and establishing the Evaluation Team; and (iv) preparing the initial set of documentation for use of the ET. On completion of the preparatory phase, the ET embarked on the **design phase** (November-December 2020), which entailed desk review of key documentation, stake-holder mapping, analysis of the programme’s intervention logic and revisiting the TOC, finalization of the EQs, development of the sampling frame-work, data collection and analysis strategy as well as the preparation of a work plan for the field phase. An evaluation matrix was developed corresponding to each EQ, which served as a useful tool for the analysis and reporting phase, enabling the conduct of the analysis in a systematic and transparent manner by showing a clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence. At the end of the design phase, the ET produced a **Design Report**, outlining the detailed evaluation methodology, criteria, timeframes and structure of the final report. Feedback received from ERG and APRO on the draft design report helped enhance its quality. The conduct of the **field phase** (January-March 2021) entailed collecting data through individual interviews, group discussions, email questionnaires and by way of consulting additional documentation. The collected data was analysed (April 2021) to produce a set of preliminary findings, complemented by tentative conclusions and a set of preliminary recommendations. A presentation of these was made to UNFPA for validation and testing. The ET continued the analytical work initiated during the field phase, taking into account comments made by the CO during the debriefing meeting. The **reporting phase** (May-July 2021) entailed the preparation of a first draft of the evaluation report that was sequentially reviewed by the UNFPA CO and APRO, and a revised draft was submitted to the ERG for their review. The comments received from ERG would be incorporated into the final version of the evaluation report. Following the clearance of the final report, an Evaluation Brief will be prepared for submission to UNFPA CO. This will be followed by the **facilitation of use and dissemination phase**.

Figure 1.1: The phases of a CPE



26. During all phases of the CPE, UNFPA’s evaluation handbook on “How to Design and Conduct a Country Programme Evaluation at UNFPA” was closely followed, and remained the key guiding document, along with UNEG (UN Evaluation Group) guidelines and standards.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development challenges and national strategies

1. The Islamic Republic of Iran is classified as an Upper-Middle Income country²³ (UMIC), and is the second largest economy in the Middle East and North Africa (MENA) region, with an estimated national income of 10,300 Trillion IRR in 2016, up from 6,000 Trillion IRR in 2012.²⁴ The current population stands at 84 million²⁵, with a sex ratio of 103 males per 100 females. Annual population growth has slowed down to 1.24 percent⁴ and the country has completed the first demographic transition. Over 25 percent of the population is between the ages of 15 to 29²⁶. Life expectancy at birth increased from 57 years²⁷ to 74.2 years²⁸ between 1980 and 2016 reflecting improvements in the country's economic and social infrastructure over the decades, and most importantly, improvement in the country's health system. Iran's Human Development Index (HDI) score was 0.783 in 2020, ranking 70th out of 189 countries.²⁹

2. GoI's comprehensive development strategy to improve social and economic resilience, encompassing both market-based reforms and social welfare improvement, is reflected in the 20-year Vision Document and the 6th FYDP 2017-2021, which focus on: a) development of a resilient economy, b) progress in science and technology, and c) promotion of a culture of excellence. The Government, through the 6th FYDP, takes measures to protect production, employment and social welfare in Iran's various economic sectors; while also taking measures to protect against social harm, and for social protection and social security.

3. The country is experiencing rapid socio-economic changes. Despite the high literacy rate among youth (more than 98 percent), economic participation is particularly low among women of working age (14.9 percent), even though Iran has very favourable statistics on female tertiary education rate (47 percent of all university students and 57 percent of Ph.D. students are female)³⁰. Official unemployment rate is at 8.1 percent for men and 16.54 percent for women³¹. The working-age population (ages 15 to 64) will continue to constitute more than 70 percent of the population until 2040, resulting in a low total dependency ratio of 41 percent for the next two decades in average³⁰. The young demographic profile and low dependency ratio presents a unique demographic window of opportunity for equitable economic growth, provided that productive and decent job opportunities as well as employability skills are available to all people, men and women included.

4. Following the Islamic Revolution (in 1979), the total fertility rate (TFR) of Iran began to rise and peaked at just over 6.5 children per woman in the mid-1980s. Consequently, since the early 1990s, GoI with technical support of UNFPA, designed and implemented a comprehensive and effective population control programme. TFR declined to 2.01 births per woman in 2016; this is below the replacement levels, due to improved access to high-quality health care, education and a national family planning programme that started in the late 1980s⁵. With an increase in life expectancy which is expected to reach to more than 85 by the end of the century, the population of Iran is projected to undergo rapid ageing. The sharp decline in fertility in a short period of time and a significant increase in life expectancy at birth created a generation of baby boomers in the 1980s. This generation is the driving force behind the age structural transition in Iran. A general population decree by the Supreme Leader was issued in 2014, supporting childbearing and the family, which considers pro-natalist policies covering qualitative and quantitative aspects of population issues, such as improvement in reproductive health, empowerment of the working-age population and young couples, management of internal migration, paying special attention to older persons, as well as monitoring mechanisms and data. The CP6 design adapted itself to this shift in government policies. In order to maximize the benefits of the demographic window of opportunity and harness the first and second demographic dividends, Iran needs to generate quality data to inform and formulate inter-

²³ <https://www.worldbank.org/en/country/iran/overview>;
<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519> (accessed by January 2021)

²⁴ Central Bank of Iran – 1396 Annual Review

²⁵ Statistical Centre of Iran, Oct 2020

²⁶ Population and Housing Census, 2016, Statistical Centre of Iran.

²⁷ UNFPA Iran Country Programme Document 2017-2021

²⁸ Population and Health Indicators, 2016, Statistical Centre of Iran.

²⁹ <http://hdr.undp.org/en/countries/profiles/IRN>; <http://hdr.undp.org/sites/default/files/hdr2020.pdf> (accessed by January 2021)

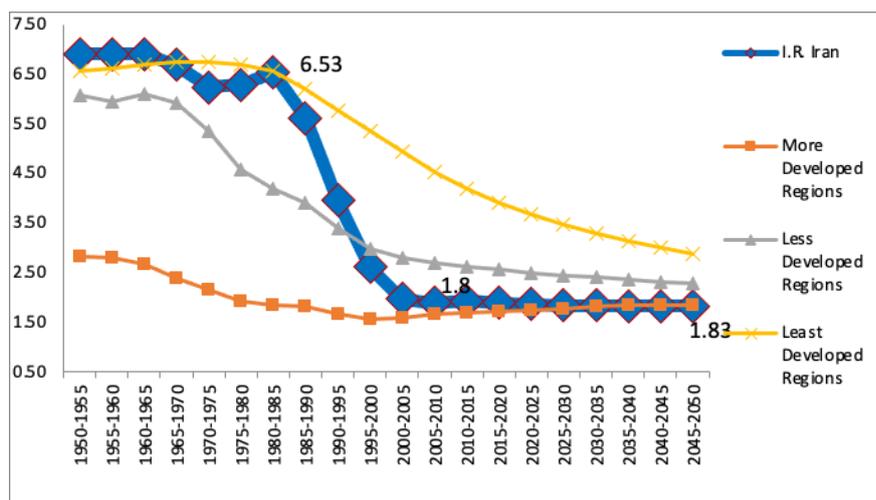
³⁰ Islamic Republic of Iran ICPD Review Report, 2018

³¹ Labour Force Survey, Summer 2020, Statistical Centre of Iran.

sectoral policies and programmes at such different areas as population and development, social security, employment, finance sector etc.

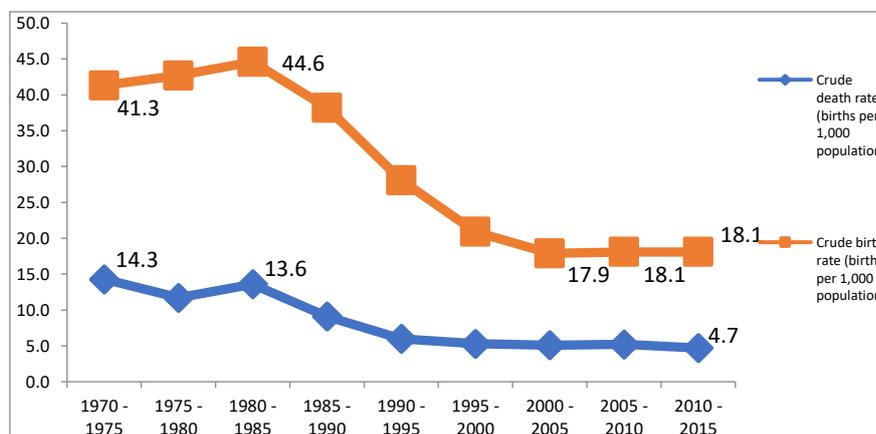
5. The proportion of older persons (60 years old and above) is projected to increase from 9 percent to nearly 30 percent by 2050⁵. The sex ratio among the older population reached 97.6 males per 100 females in 2016 indicating feminization of ageing⁵. Almost half of older persons are still illiterate, particularly elderly women with 27.1 percent literacy, who are more vulnerable⁵. The Government is conscious of this emerging trend and has established the National Council for Older Persons, and approved the National Elderly Document (NED). Data and analytical studies are needed for the formulation of evidence-based social and health policies and programmes in order to address the needs of the growing older population.

Figure 2.1: The Sharp decline in Total Fertility Rate of Iran



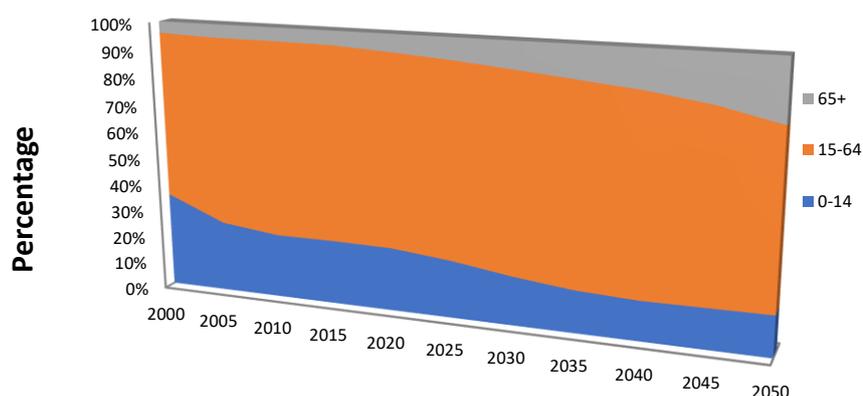
Source: World Population Prospects:

Figure 2.2: Demographic Transition in Iran



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision

Figure 2.3: Age Structural Transition in Iran



Source: UN Department of Economic and Social Affairs, Population Division (2015). *World Population Prospects: The 2015 Revision*

7. Iran's health system is cited in global health literature as one of the most robust in the world, with strong national health indicators, defined by a pioneering and well-established Primary Health Care (PHC) system, emphasizing equity, community and inter-sectoral participation.³² The strong national network of PHC services is designed to provide quality maternal and reproductive health care. HIV prevalence in Iran is still low in the general population and the HIV epidemic is in a concentrated phase. The number of people living with HIV (PLHIV) has been reported to be about 59,000 by the end of 2019,³³ Prevalence amongst people who inject drugs is slowly decreasing, but gradually shifting towards sexual transmission especially among key populations, and women and men at high risk of HIV. In recent years, there have been signs of increase in the epidemic in women, which might result in an increased number of HIV infected infants. Still, the infrastructure to eliminate mother-to-child transmission is in place;³⁴ The national response to the HIV/AIDS epidemic has been substantial and treatment services are now available in every district in the country. The Joint United Nations Programme on HIV/AIDS composed of 90-90-90 targets (i.e., by 2020, 90 percent of all PLHIV will know their HIV status, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy will have viral suppression), has been incorporated in the 4th Iranian National Strategic Plan. However, considerable work on the structural, behavioural, and technical issues remains to be done to attain the 90-90-90 target. In this regard, further action is needed for Iran to fulfil its stated objective of ending the AIDS epidemic by 2030.

8. Data on the prevalence of Sexually Transmitted Infections (STIs) in Iran is very sparse with very limited applicability to the general population. For example, a study in Northeast of Iran has reported Chlamydia trachomatis in 10.6% percent of men.³⁵ Another study in the Western parts of the country has reported Trichomonas vaginalis to be present in 2.1% percent of women who referred to health clinics.³⁶ In a large multi-district study, around 57% percent of the sample had experienced at least one STIs-associated symptom during the previous year. A considerable number of participants had delayed seeking care and treatment or self-medicated.³⁷ Studies show that STIs are concentrated in high risk sub-groups of the population. The Centre for Communicable Disease Control (CDC) of MoHME has strategic plans for the control of STIs, and all the medical science universities undertake passive surveillance for different STIs especially syphilis, gonorrhoea, HPV, and chlamydia.³⁸ Meanwhile, HIV/AIDS control programmes are designed and implemented for high-risk populations with greater scope and intensity under the fifth National HIV Strategic Plan (2021–2025) that has recently been developed and is under implementation³⁹.

9. The health sector has over the years undergone significant reforms through the *Health Transformation Plan*

³² National Action Plan for the Prevention and Control of NCDs and Related Risk Factors in the Islamic Republic of Iran, 2015-2025, Iranian National Committee for NCDs Prevention and Control, 22 July 2015.

³³ UNAIDS. <https://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran#:~:text=In%20the%20Islamic%20Republic%20of,of%20all%20ages%20was%200.05> (accessed by January 2021)

³⁴ HIV Spectrum 2019 Projections, Ministry of Health and Medical Education

³⁵ Ghanaat J, Afshari JT, Ghazvini K. et al. Prevalence of genital Chlamydia in Iranian males with urethritis attending clinics in Mashhad. *East Mediterr Health J.* 2008;14(7):1333–1337.

³⁶ Matini M, Rezaie S, Mohebbali M. et al. Prevalence of Trichomonas vaginalis Infection in Hamadan City, Western Iran. *Iranian J Parasitol.* 2012;7(2):67–72.

³⁷ Moradi G, Khoshravesh S, Hosseini M. Situation of linkage between sexual and reproductive health and HIV-related policies in Islamic Republic of Iran—a rapid assessment in 2011–2. *International journal of health policy and management.* 2015;4(3):131.

³⁸ Ghorashi Z. Sexually transmitted infections in Iran: A literature review. *JOHE* 2015; 4 (4):260-5.

³⁹ https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210127_iran-health-care-settings

(HTP), focusing on sustainable financing of the health sector, financial risk protection against health expenditures, increasing equitable access to quality healthcare services, improving service provision, and increasing people's satisfaction.⁴⁰ By 2018, around 95 percent of Iranians (including vulnerable populations) were covered by some form of health insurance. However, there is a need to ensure design and content of the universal health coverage benefit package, focusing on sexual and reproductive health. In addition, due to recent changes in Iran's national population policies, there are some unmet needs of family planning that need to be addressed.

10. The cost of healthcare for families increased by 22 percent in urban areas and by 31 percent in rural areas between October 2018 and October 2019, mostly due to hospitals facing shortages of medicines, equipment and consumer goods, placing vulnerable patients at greater risk⁴¹. Unilateral sanctions and banking restrictions have had an adverse effect on the production, availability and distribution of medicines, pharmaceutical equipment and supplies. Foreign medication has become scarce since 2018, in particular specialized medication required for the treatment of life-threatening conditions, including cancer, heart and blood diseases, thalassemia and multiple sclerosis. To better meet the health needs of specific target groups such as the elderly, the disabled, the poor and the less advantaged persons, remains a key concern of GoI.

11. Since early-2020, the impact of the COVID-19 pandemic on the global economy and social fabric is unprecedented. Iran has also been severely impacted, compounding existing unilateral sanctions: altogether, possibly leading to a fall of 15 percent of GDP, affecting 50 percent of Iran's workforce, particularly impacting the bottom 40 percent income-percentiles of the population and deepening inequality, and raising additional unemployment possibly by 2 million. Social services (including social protection services) and public health systems are taking a toll and are at risk, given the tighter financial situation of the Government due to unilateral sanctions. Close to 11.5 million households below or just above the multi-dimensional poverty line are significantly impacted by the crisis. Additional complications caused in-between the health, economy and human security nexus will sustain, exacerbating household vulnerabilities in multiple dimensions, with significant implications for the vulnerable populations the UN is targeting, especially in disaster and emergency settings. These challenges require urgent and improved programme measures for *combined* social protection and employment generation to pave the way for longer-term sustainable recovery⁴².

12. The Maternal Mortality (MM) ratio in Iran declined from 120 in 1990 to 17.7 per 100,000 live births⁴³ in 2018. Almost all births take place in hospitals or maternity centres with skilled birth attendants. Use of caesarean section (CS) has increased in the last decades – from 27 percent in 1989 to 56 percent in 2014⁴⁴. There are multiple individual, health facility, and health system factors which affected the preference for CS in Iran. Numerous attempts were made in recent years to decrease unnecessary CS in Iran, such as mother-friendly hospitals, and standard protocols for labour and birth. Although these programmes were effective, high rates of CS persist and more efforts are needed to reduce the use of CS⁴⁵. In 2001, the National Maternal Mortality Surveillance System (NMMSS) of Iran was launched. Its major objective was generation of reliable MM data to inform policy-making. The NMMSS applies 9th revision of the International Statistical Classification of Diseases (ICD-9) definition to monitor MM.⁴⁶ Whereas, most surveillance systems apply the World Health Organization (WHO) application of ICD-10 to deaths during pregnancy, childbirth and puerperium (ICD-MM) to monitor MM.⁴⁷ In this classification, MM are classified as early, late, or coincidental, on the basis of the cause and timing of death. Using the NMMSS facilitates underreporting in MM and needs improvement in some dimensions such as using ICD-MM classification of MM, recording maternal morbidities and near miss maternal mortalities, which are also not addressed by the current safe motherhood programme.

⁴⁰ Dr Iraj Harirchi, Deputy-Minister for Health. Presentation to the 7th World Health Summit Regional Meeting. Kish, Iran. 29-30 April 2019.

⁴¹ UN Iran Country Results Report 2019

⁴² Para extracted from Building Back Better - UN Iran Socio-Economic Recovery Programme (SERP) against the impact of COVID-19, June 2020

⁴³ Maternal Mortality Surveillance Report 2018 - Maternal Health Bureau, MoHME

⁴⁴ Population and Housing Census 2016, Statistical Centre of Iran

⁴⁵ Shirzad M, et al. Prevalence of and reasons for women's, family members', and health professionals' preferences for caesarean section in Iran: a mixed-methods systematic review. *Reprod Health* 2021;18(3).

⁴⁶ Azemikhah A AM et.al. National Maternal Mortality Surveillance System in Iran. *Iranian J Public Health* 2009;38(Suppl. 1):90-92.

⁴⁷ World Health Organization. The WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD MM. <http://www.who.int/reproductivehealth/publications/monitoring/9789241548458/en>; http://apps.who.int/iris/bitstream/10665/70929/1/9789241548458_eng.pdf?ua=1 (Published 2012). (accessed by January 2021)

13. Over past decades, Iran's urban population has increased from 37 percent in 1965 to 60.2 percent in 1995 and 74 percent in 2016⁴⁸, due to natural population increase, migration, and increase in the number of cities. Current estimates indicate that over 74 percent of the population lives in urban areas⁴⁹. To make this urbanization sustainable, there is a need to balance the wider opportunities of urban life (e.g. employment and services), with its socio-economic and environmental costs.

14. In view of the increasing importance of population issues, the Government decided to conduct the population and housing census at five-year intervals, beginning in 2011. In addition, other data collection exercises, such as income and expenditure and labour force surveys, are carried out quarterly. The country has the capacity to collect and manage socio-economic data and information. However, integration of population databases and analysis and harmonization of civil registration and vital statistics with other sources remain a challenge. Furthermore, there are still gaps in the construction and monitoring of national and internationally comparable indicators (as an example, the existing reliable data on SRH indicators dates back to 2010 (DHS 2010).

15. In terms of compliance with ICPD benchmarks, the 2018 GoI ICPD country review report reflects that Iran considers the ICPD-PoA as overarching development objectives, and has reported substantive progress in women's education, health and sanitation in Iran in recent decades. The country's Gender Development Index (GDI) increased about 8.4 percent (from 0.795 in 1990 to 0.862 in 2015)⁵⁰. Numerous legal frameworks, overarching documents, laws and regulations serve as the guarantee for ensuring women and girls' advancement in Iran. Namely, Articles 20 and 21 of the Iranian Constitution emphasize on women and ensures their rights in accordance with Islamic criteria. The ICPD report presents detailed information on increased proportion of female university students (both undergraduate & graduate studies) and efforts by GoI to: 1) develop women's specific programmes to prevent social harms, 2) economic development of women, 3) focus on female-headed households (FHHs) and women with 'inappropriate guardians', 4) attention to women with special needs, 5) shift from offering mere cash support to capacity building for FHHs and other vulnerable population, 6) fight violence against women with disabilities,

16. Iran's environmental challenges, which include its preponderantly arid and semi-arid climate, scarcity of water resources, rapid urbanization, high energy use intensity⁵¹, and vulnerability to earthquakes, desertification, sand and dust storms and severe flooding, are being compounded by ongoing climate change. In the context of natural disasters, especially earthquakes, the country scores highest amongst 191 countries on risk indicators⁵². The devastating floods in March 2019, which damaged river ecosystems and biosphere reserves, affecting more than 1 million people and causing over USD 3.5 billion in damage⁵³, reaffirm the need to address climate impacts. GoI is well prepared for initial response, but in terms of preparedness and long-term recovery, the draft *National Disaster Management Act* of April 2019 was introduced, focusing on more coherent legislation, evidence-based planning, better coordination, public education, and multi-hazard non-physical vulnerabilities. There is a need to enhance sectoral coordination and response, and to adopt disaster risk reduction policies, with special attention to women and vulnerable populations in disaster and emergency situations, given that women and girls are most at-risk during such situations (eg. in terms of RH needs and women and girls protectionservices).

17. Iran has been one of the world's largest refugee hosting countries during the last four decades, ranked sixth amongst refugee hosting nations. It still hosts nearly 1 million documented refugees, largely from Afghanistan, as well as over 1.5 million Afghanistan nationals. Most refugees reside in cities and towns across the country, rather than in camps⁵⁴. The country deserves due acknowledgement for the inclusive policies and programmes in place for refugees. All children, regardless of their legal status, have access to the national education system, and refugees can enrol in the national health insurance system and acquire access to medical care.

⁴⁸ UN Iran Country Results Report 2019, based on different Population and Housing Census results reported by SCI.

⁴⁹ Population and Housing Census 2016, Statistical Centre of Iran

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⁵¹ https://iran.un.org/sites/default/files/2020-10/UN%20Iran%20Country%20Results%20Report%20for%202019%20-%20Lay%20out%20-%20v10%20final%20%2818%20Oct%202020%29_1.pdf (accessed by January 2021)

⁵² INFORM Report 2019 - Risk Index scores are from 0 lowest to 10 highest. Iran is the only country scoring 10 on earthquake indicators

⁵³ Post-Disaster Needs Assessment (PDNA) document, 2019

⁵⁴ Iran Migration Outlook, 2020, available at (accessed 9/24/2021) <http://isti.ir/inc/ajax.ashx?action=download&id=d211557f-b768-4fcd-941b-4f4865ba7e60&md5=CE587733CBC7C3E18A1823F3A7B72B66>

2.2 The role of external assistance

Global Context

18. Official Development Assistance (ODA) is critical to filling key financing gaps where no alternatives exist. COVID-19 has direct and immediate implications for ODA budgets as it has put a strain on developed countries' economies. This is particularly true for many European donors, which constitute the traditional funding source for the UN System. In several OECD-DAC countries (Organization for Economic Cooperation and Development – Development Assistance Committee), funding has become less predictable for all UN agencies. In overall terms, core contributions to the UN remained largely static throughout the last decade, rising by almost USD 0.6 billion in 2019 to stand at USD 7 billion – 15 percent higher than in 2010.⁵⁵

19. In addition to the immediate threat to lives and livelihoods, the impacts of COVID-19 may stall and potentially reverse progress towards global development targets. Prior to the crisis, fiscal space was limited by rising public debt levels and servicing costs. The crisis risks creating major setbacks in financing for sustainable development. Domestic resource mobilisation is likely to suffer due to reduced economic activity. Inflows of external private finance are projected to drop by USD 700 billion compared to 2019 levels, exceeding the impact of the 2008 Global Financial Crisis by 60 percent.⁵⁶ 90 out of 122 developing countries are now in economic recession as the virus hurts sectors like tourism, manufacturing and commodities. The pandemic also risks putting pressure on flows of development aid from advanced to developing economies.⁵⁷ Notwithstanding the above, despite the unique challenges posed by COVID-19, historical trends suggest that ODA may in fact increase in 2021. In 2020, ODA by member countries of the Development Assistance Committee (DAC) amounted to USD 161.2 billion, representing 0.32 percent of their combined GNI. Total ODA in 2020 rose by 3.5 percent in real terms compared to 2019 reaching its highest level ever recorded. Most donors had adopted their ODA budgets for 2020 by the time the pandemic hit, and were able to maintain their planned ODA commitments. In addition, some were able to rapidly mobilise additional funding to support developing countries facing exceptional circumstances.⁵⁸

20. UNFPA has reached out to donors to fund its COVID-19 response targeting countries with weak public health and social support systems, including countries in fragile and humanitarian situations, at a projected cost of USD 187.5 million.⁵⁹ In July 2020, the Government of Germany announced it was increasing its flexible funding to UNFPA by €30 million to support the global response to the COVID-19 crisis, making Germany UNFPA's largest provider of un-earmarked "core funding" in 2020, supporting a wide range of life-saving sexual and reproductive health services to women and girls affected by the pandemic.⁶⁰ The Government of the United Kingdom announced in April 2021 that it intends to implement an approximate 85 percent cut to UNFPA this year. Several country-level agreements are also likely to be impacted.⁶¹

Iran Context

21. Following two years of recession, the Iranian economy had shown signs of recovery in 2014 and expanded by 3 percent. Inflation declined from average 29 percent in 2012 to 12 percent in 2017 following the Joint Comprehensive Plan of Action (JCPOA) that came into effect in January 2016.⁶² However, since the US withdrawal from the JCPOA in 2018 and subsequent re-imposition and tightening of economic sanctions, there has been a macro-economic downturn, hampering progress on national development plans. Iran's GDP per capita for 2020 was USD 2,282.6⁶³ and the inflation rate for May 2021 was 41 percent⁶⁴. The economy had a negative growth rate of 7.6 percent⁶⁵ during March-June 2021. Figure 2.4 reflects that net ODA to Iran has fluctuated over the last

⁵⁵ <https://devinit.org/publications/coronavirus-and-aid-data-what-latest-dac-data-tells-us/>

⁵⁶ [https://read.oecd-ilibrary.org/view/?ref=134_134569-xn1go1i113&title=The-impact-of-the-coronavirus-\(COVID-19\)-crisis-on-development-finance](https://read.oecd-ilibrary.org/view/?ref=134_134569-xn1go1i113&title=The-impact-of-the-coronavirus-(COVID-19)-crisis-on-development-finance)

⁵⁷ <https://www.oecd.org/newsroom/covid-19-crisis-threatens-sustainable-development-goals-financing.htm>

⁵⁸ <https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/ODA-2020-detailed-summary.pdf>

⁵⁹ [https://www.unfpa.org/covid19#:~:text=UNFPA%20is%20appealing%20to%20donors,cost%20of%20US\\$24187.5%20million.](https://www.unfpa.org/covid19#:~:text=UNFPA%20is%20appealing%20to%20donors,cost%20of%20US$24187.5%20million.)

⁶⁰ <https://www.unfpa.org/press/covid-19-germany-commits-additional-%E2%82%AC30-million-uphold-womens-sexual-and-reproductive-health%C2%A0>

⁶¹ <https://www.unfpa.org/press/statement-uk-government-funding-cuts>

⁶² Central Bank of Iran – 1396 Annual Review (from UN Iran Country Results Report 2019)

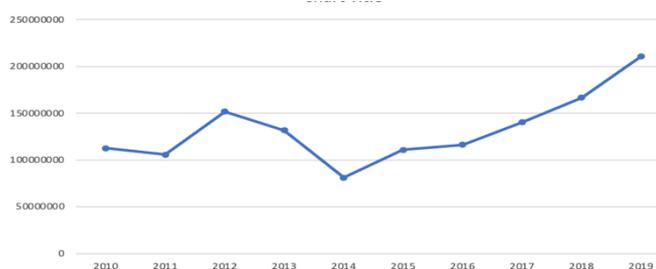
⁶³ <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=IR> (accessed September 27, 2021)

⁶⁴ <https://amar.org.ir/> (Accessed May 29, 2021)

⁶⁵ Statistical Center of Iran, Seasonal Economic Report – March 21-Jun21, 2021

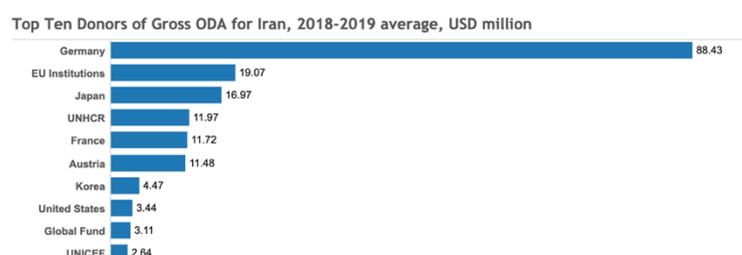
decade, but shows a steady increase over the last 3 years. According to OECD, net ODA in Iran in 2019 totalled USD 210.4 million and gross ODA totalled USD 215.8 million, reflecting a substantial increase from net ODA in 2018 totalling USD 165.9 million.

Figure 2.4: Net official development assistance and official aid received (current USD)⁶⁶



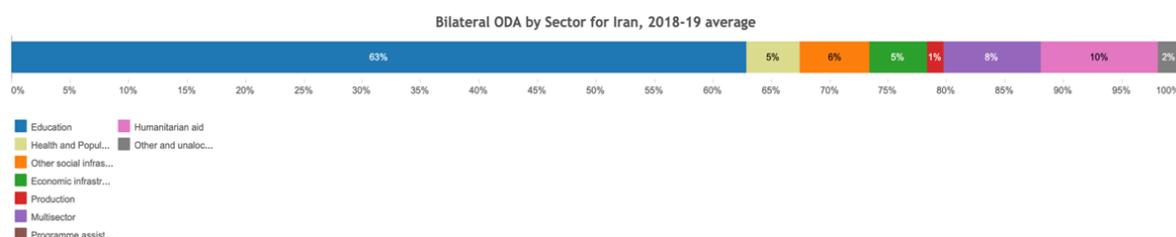
22. As Figure 2.5 demonstrates, Germany has proven to be Iran’s most significant source of external cooperation with gross ODA averaging USD 88.43 million between 2018-2019 followed by EU institutions with gross ODA averaging USD 19.07 million and Japan with gross ODA averaging USD 16.97 million.

Figure 2.5: Top Ten Donors of Gross ODA for Iran 2018-2019 average (USD million)⁶⁷



23. Figure 2.6 below indicates that the bulk of bilateral ODA for Iran is devoted to the education sector followed by humanitarian aid and economic infrastructure.

Figure 2.6: Bilateral ODA by Sector for Iran 2018-2019 average⁶⁸



CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 UNFPA strategic response

1. All UNFPA interventions are guided by a global corporate strategy set out in the UNFPA Strategic Plan (SP). The SP 2018–2021 describes the transformative results that will contribute to the achievement of the ICPD-PoA and, in particular, to good health and well-being, the empowerment of women and adolescent girls, with a focus on eradicating

⁶⁶ <https://data.worldbank.org/indicator/DI.ODA.ALLD.CD?locations=IR>

⁶⁷ OECD-DAC: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>

⁶⁸ OECD-DAC: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>

poverty. Amongst the key goals of UNFPA under the SP, is to achieve universal access to SRH, and reduce MM to accelerate progress on the ICPD agenda. UNFPA strategic response in Iran focuses on four strategic outcomes-related to Sexual and Reproductive Health (SRH), Adolescents and Youth, Women and Girls empowerment and Population Dynamics (PD) - and presents a set of organizational changes to improve management effectiveness with a strengthened results framework, and a new business model. UNFPA COs identify, within the integrated results framework of the UNFPA SP, those outcome areas that best reflect the priorities identified within the programme country's UNDAF, which is the UN-wide programming framework that presents the collective response of the UNCT to the national development priorities.

2. The UNFPA SP establishes that COs should choose at least one SP outcome and determine the focus of the UNFPA contribution through clearly formulated outputs. A CP is therefore not linked to all outcomes of the SP, but only to selected relevant outcomes, which, in turn, become an integral part of the CP. The UNFPA SP and the UNDAF thus present the broader expected effects of the CP, to which the CP outputs and outcomes are linked. For CP6, 2 outcomes of the UNFPA SP (SRH and PD) were selected, under which CP outputs were formulated.

3. Iran having gained an Upper-Middle Income Country⁶⁹ (UMIC) status, is classified under UNFPA's *Pink*⁷⁰ Category. While in previous CP cycles, significant emphasis was on capacity development, CP6 is anchored more at a strategic level in advocacy, policy advice and knowledge management as a mode of engagement, and aims to assist GoI in the development and implementation of relevant and informed evidence-based population and RH strategies and action plans in light of the demographic window of opportunity, and for harnessing the DD. However, in disasters and emergency-related humanitarian settings, such as in the context of 2018 Kermanshah earthquake and the 2019 floods impacting 80 percent of the country, coupled with the COVID-19 pandemic, in addition to the above mode of engagement, service delivery was also deployed, as the change in national context so required. The SRH programming was expanded to integrate disaster response and emergency-related humanitarian support, tying in with GoI's preparedness and response plans. The evaluation kept in perspective the shift in focus of the CO and IPs to service delivery, as a mix of programme intervention strategies was observed.

3.2 UNFPA response through the country programme

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements

4. Prior to the development of the previous CP (CP5 2012–2016), the evaluation of the preceding CP4 was undertaken in 2011, which highlighted the need to: (a) enhance management and results-based implementation; (b) strengthen coordination and synergy with stakeholders; (c) continue advocacy with relevant stakeholders at national level on issues related to the ICPD-PoA; (d) strengthen the national capacity for evidence-based programming and management; and (e) improve monitoring and evaluation (M&E) functions. All recommendations were adopted and implemented during CP5, which comprised of 4 output areas, of which outputs 1 and 2 related to SRH, output 3 related to emergency preparedness and response, while output 4 related to PD (see Table 3.2 for full output statements). CP5 supported GoI in its efforts to strengthen national capacities to enhance RH services and evidence-based programming for population and development. It assisted in areas of maternal health, sexually transmitted infections, HIV/AIDS, RH cancers, infertility, and helped generate evidence on emerging population issues, and support GoI efforts to include RH services in emergency preparedness plans.

5. The main lesson learned from the implementation of CP5 was that while PD data have been utilized to inform policies and programmes, it was not done at the optimal level. Insufficient analytical and thematic reports including policy papers in these areas remained a challenge. In addition, data gaps on population and health-related issues needed to be addressed, particularly in emerging population issues, such as the DD, population ageing and the needs of older people. It was therefore proposed that moving forward into CP6, UNFPA should focus on provision of technical support to fill the existing data gaps and ensure availability of analytical reports, as well as policy papers aimed at informing policy formulation and planning processes. It was also assessed that support needs to be provided to strengthen effective inter-sectoral coordination mechanisms for cross-sectional areas such as the DD, youth and women empowerment, and population ageing. In the area of disaster preparedness and response, it was assessed that despite Iran's strengths and various organizations having the capacities and tools to collect and disseminate data in the onset of an emergency, there are limitations and challenges that can hinder provision of high quality SRH-care services in disasters and should be addressed through UNFPA interventions.

6. The first Population Situation Analysis (PSA) of Iran was conducted in 2015, aiming to explore current and future demographic trends, and provide comprehensive knowledge and evidence on various aspects of PD, as well as health and

⁶⁹ <https://www.worldbank.org/en/country/iran/overview>; <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519> (accessed Jan 2021)

⁷⁰ UNFPA country classification by color quadrants is based on the country's need and ability to finance criteria. Countries in the "*Pink*" quadrant's (low needs and high capacity to finance) key focus is on creating an enabling environment through capacity development, except in humanitarian assistance.

reproductive health related issues. The report explains various important population issues such as changing age structure, demographic window of opportunity, youth status, as well as population ageing. The PSA contributed to formulation of CP6 through provision of sound evidence on the main aspects of population and RH issues.

7. Prior to the formulation of CP6, though there was no formal evaluation of CP5, there were discussions on achievements, challenges and lessons learnt with UNFPA-CO, UNFPA-APRO, and IPs. Building on the lessons learnt from CP5 implementation and PSA recommendations, CP6 was to be developed with due attention to setting baselines, targets and milestones for planned activities. The strategy was to give due attention to environmental scanning, so that any changes in the priorities of the Government are detected at an early stage and appropriate action can be taken. It was proposed for CP6 to adopt a more systematic, and institutionalized approach to South-South cooperation in the area of SRH, emergency preparedness and response, as well as PD. It was also proposed that more emphasis should be given to resource mobilization during CP6, to be pursued based on priority areas identified, adopting culturally sensitive approaches to programming.

3.2.2 Current UNFPA country programme

8. The 6th UNFPA CP document of the Islamic Republic of Iran (DP/FPA/CPD/IRN/6) was approved by the UNDP, UNFPA and UNOPS Executive Board in September 2016. The UNFPA financial commitment over 5 years towards the programme was approved by the Executive Board at USD 4.75 million from regular resources (USD 1.7 million for SRH component, USD 2.55 million for PD component, and USD 0.5 for programme coordination and assistance). UNFPA also committed to mobilize USD 1.0 million over the 5-year programme cycle, through co-financing modalities and/or from other resources, including regular resources. CP6 was developed based on the priorities set under GoI's 6th FYDP, the UNDAF, UNFPA-SP, ICPD-PoA benchmarks, and in keeping with GoI's sectoral policies and plans. Table 3.1 provides the linkage of UNFPA CP outputs with Iran's 6th FYDP, UNFPA-SP, UNDAF outcomes and ICPD-PoA priority areas.

Table 3.1: Linkage of UNFPA CP6 outputs with Iran's 6th FYDP, UNDAF 2017-2021 and ICPD-PoA priority areas

| UNFPA CP6 OUTPUTS AND UNFPA-SP OUTCOMES | ICPD-PoA PRIORITY AREAS | UNDAF 2017-2021 | IRAN'S 6 TH FYDP 2017-2021 CORRESPONDING PRIORITY AREAS |
|---|--|---|---|
| <p>CP6 Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with focus on at-risk populations, including in disaster and emergency settings.</p> <p>UNFPA-SP Outcome 1: Sexual and Reproductive Health</p> | <ul style="list-style-type: none"> ● VII. related to reproductive health <ul style="list-style-type: none"> A. reproductive health B. Family planning C. Sexually transmitted diseases and HIV E. Adolescents ● VIII. Health, morbidity and mortality <ul style="list-style-type: none"> B. Child survival and health C. Women's health and safe motherhood ● X. International migration <ul style="list-style-type: none"> D. Refugees, asylum-seekers and displaced persons. | <p>Outcome 2.1: Universal Health Coverage The health sector in Iran formulates, implements and monitors their policies and programmes more effectively, in line with promoting universal health coverage goals</p> <p>Outcome 2.3: Prevention and control of HIV/AIDS and other Communicable Diseases The health sector in Iran formulates, implements and monitors policies and programmes on HIV/AIDS and other communicable diseases more effectively.</p> <p>Outcome 2.4: Promoting health throughout the course of life The health sector in Iran formulates, implements and monitors its health promotion and well-being policies and programmes more effectively.</p> | <ul style="list-style-type: none"> ○ Section 14 – Health, Insurance, Women and Family Health <ul style="list-style-type: none"> ▪ Article 70 that relates to compulsory coverage of universal health Insurance. Government required to pay insurance subsidies and quantitative and qualitative improvement of health insurance schemes and health resources management through the insurance system (A). ▪ Article 74 that relates to the MoHME implementing the "Comprehensive and All-inclusive Health Services System", prioritizing health and prevention rather than treatment, based on primary health care and focused on the family doctor and referral system, by employing general practitioners and family physicians, nurses providing nursing care at community and home level (E). ○ Section 14 – Health, Insurance, Women and Family Health <ul style="list-style-type: none"> ▪ Article 74 that relates to the MoHME implementing the "Comprehensive and All-inclusive Health Services System", prioritizing health and prevention rather than treatment, based on primary health care and focused on the family doctor and referral system, by employing general practitioners and family physicians, nurses providing nursing care at community and home level (E). ○ Section 14 – Health, Insurance, Women and Family Health <ul style="list-style-type: none"> ▪ Article 76 that relates to ensuring maternal and child health, and improvement of promotion of maternal and neonatal mortality rates. ○ Section 15 – Social Insurance, Social Protection and Social Harm <ul style="list-style-type: none"> ▪ Article 80 that relates to the implementation of the plan for the organization and rehabilitation of the elderly, aiming to cover at least 25% of the target population by the end of the implementation of the Law of the 6th FYDP (F). |

| | | | |
|---|---|--|---|
| <p>CP6 Output 2: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of demographic dividend</p> <p>CP Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics with a special focus on population ageing and needs of older persons</p> <p>UNFPA-SP Outcome 4: Population Dynamics</p> | <ul style="list-style-type: none"> ● VI. Population Growth and Structure <ul style="list-style-type: none"> A. Fertility, mortality and population growth rates B. Children and youth C. Elderly people ● XII. Technology, Research and Development <ul style="list-style-type: none"> A. Basic Data collection and dissemination ● XIII. National Action <ul style="list-style-type: none"> A. National policies and plans of action | <p>Outcome 3.6: Population and Development</p> <p>Relevant GoI agencies formulate, implement and monitor population and development policies and programmes more effectively.</p> | <ul style="list-style-type: none"> ○ Section 14 – Health, Insurance, Women and Family Health <ul style="list-style-type: none"> ▪ Article 70 as it relates to compulsory universal health Insurance. ○ Section 15 - Social Insurance, Social Protection and Social Harm <ul style="list-style-type: none"> ▪ Article 80 as it relates to plan for management and proportionate distribution of jobs, population and migration across the country. |
|---|---|--|---|

9. Taking on board the recommendation that CP6 would be developed with due attention to setting baselines, targets and milestones for planned activities, a comprehensive exercise was undertaken to set baselines, targets and milestones for each of the 3 CP outputs. The Statistical Centre of Iran (SCI) remained a key player in this regard and worked closely with the UNFPA CO during this process.

10. The evolution of the previous cycle into the current one is reflected in the table below. CP5 had a separate output on Emergency Preparedness and Response, while in CP6, related activities have been integrated and reported under the SRH output. The CO⁷¹ reflected that the premise behind this was that under CP5, UNFPA had delivered strategically in terms of integration of RH into national preparedness and response plans, and had done capacity development through provision of training, translation and production of manuals and guidelines. Also, the protection of women and girls was not only done in emergencies, but was being supported more broadly, with provision of being reported under output 1. Similarly, there was provision for adequately integrating the work on data in emergencies under output 2. Hence this area would not have justified a separate output being formulated.

Table 3.2: Comparison of Outputs of previous and current CP cycles

| Programmatic areas | Outputs of previous cycle | Outputs of current cycle |
|-------------------------------------|--|--|
| Sexual and Reproductive Health | <p>CP Output 1: Increased availability of high-quality, comprehensive, integrated reproductive health services, information and commodities, particularly for populations that are most at risk.</p> <p>CP Output 2: Further strengthen the national capacity to deliver high quality HIV/AIDS & STI programmes and services.</p> | <p>CP Output 1: Increasing the capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated SRH-care services for women and men, with a focus on at-risk populations, including in disaster and emergency settings.</p> |
| Emergency Preparedness and Response | <p>CP Output 3: Strengthened national capacity for preparedness and management of reproductive health services in emergency situations.</p> | -- |
| Population and Development | <p>CP Output 4: Enhanced national capacity to collect, analyze, disseminate and utilize disaggregated population data for decision-making, evidence-based policy formulation, programming and monitoring of national achievements with regard to relevant Millennium Development Goal indicators and the Programme of Action of the ICPD.</p> | <p>CP Output 2: Increasing availability of population data and analysis to inform strategies and action plans on the implications and benefits of the DD.</p> <p>CP Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons.</p> |

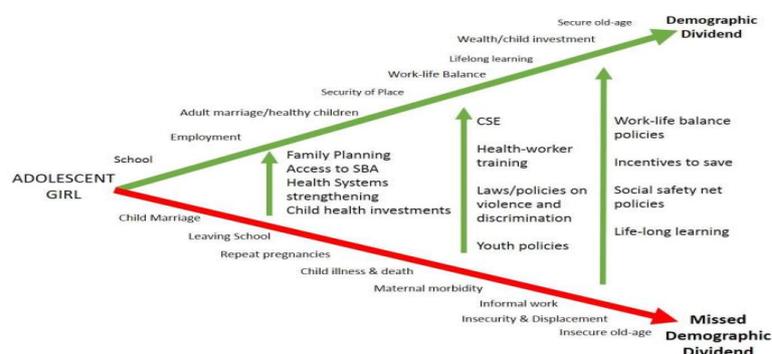
CP6 Conceptual Framework, Theory of Change and Intervention Logic:

11. The CP6 Theory of Change (TOC) presents the causal conditions that must be in place to achieve the results. As part of the design phase, in consultation with the CO, the ET revisited and reconstructed the TOC underlying the development of CP6, and its underlying intervention logic. Unpacking of the logic model helped identify the chain of results from inputs□activities□sub-outputs□outputs through to outcomes and impacts, thereby showing the links between causes and effects. A review of the country context helped determine that the age structural transition in Iran provides a niche for UNFPA to support GoI by providing advocacy, policy support, and knowledge management, and where needed in emergency-related humanitarian contexts, supporting service delivery. Figure 3.1 depicts the two different paths

⁷¹ Feedback from CO staff as part of Key Informant Interviews, Jan-Mar 2021

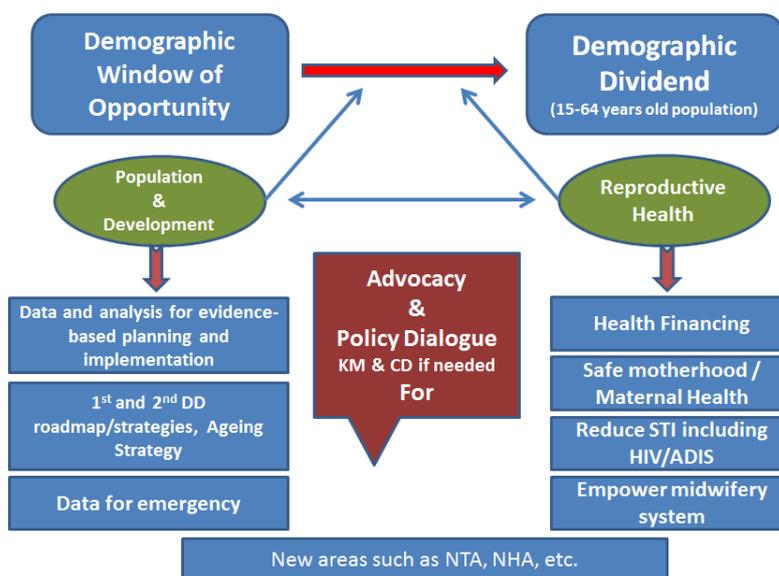
adolescent girls could experience at this transitional period. The green trajectory shows a path in which young adolescents at different stages of their lives enjoy a safe and healthy environment created by coordinated actions by UNFPA and the Government. The country maximizes its gains on DDs if this path prevails. The red trajectory, on the other hand, leads to a missed opportunity.

Figure 3.1: UNFPA’s role in harnessing the demographic dividend through a life-cycle approach



12. The conceptual framework of the CP (Figure 3.2), i.e. the age structural transition in Iran and the demographic window of opportunity and harnessing benefits of the DD, was assessed as being valid, given the country context. Needs were identified behind achieving the two major objectives of the CP, i.e. PD and SRH, with focus on: a) enhanced utilization of demographic and socio-economic data on social and population policy-making in order to capitalize the opportunities provided by the age structural transition in Iran; and b) improved health system to tackle different SRH issues of women, adolescents, elderly, disabled and other vulnerable populations, that are the main target groups of UNFPA activities and programmes. Use of the DD as the pinnacle for the TOC of CP6, emboldened the demographic dynamics at the national public policy levels. It also provided an opportunity for the CO to address part of the UNFPA mandate in the context of the new population policies.

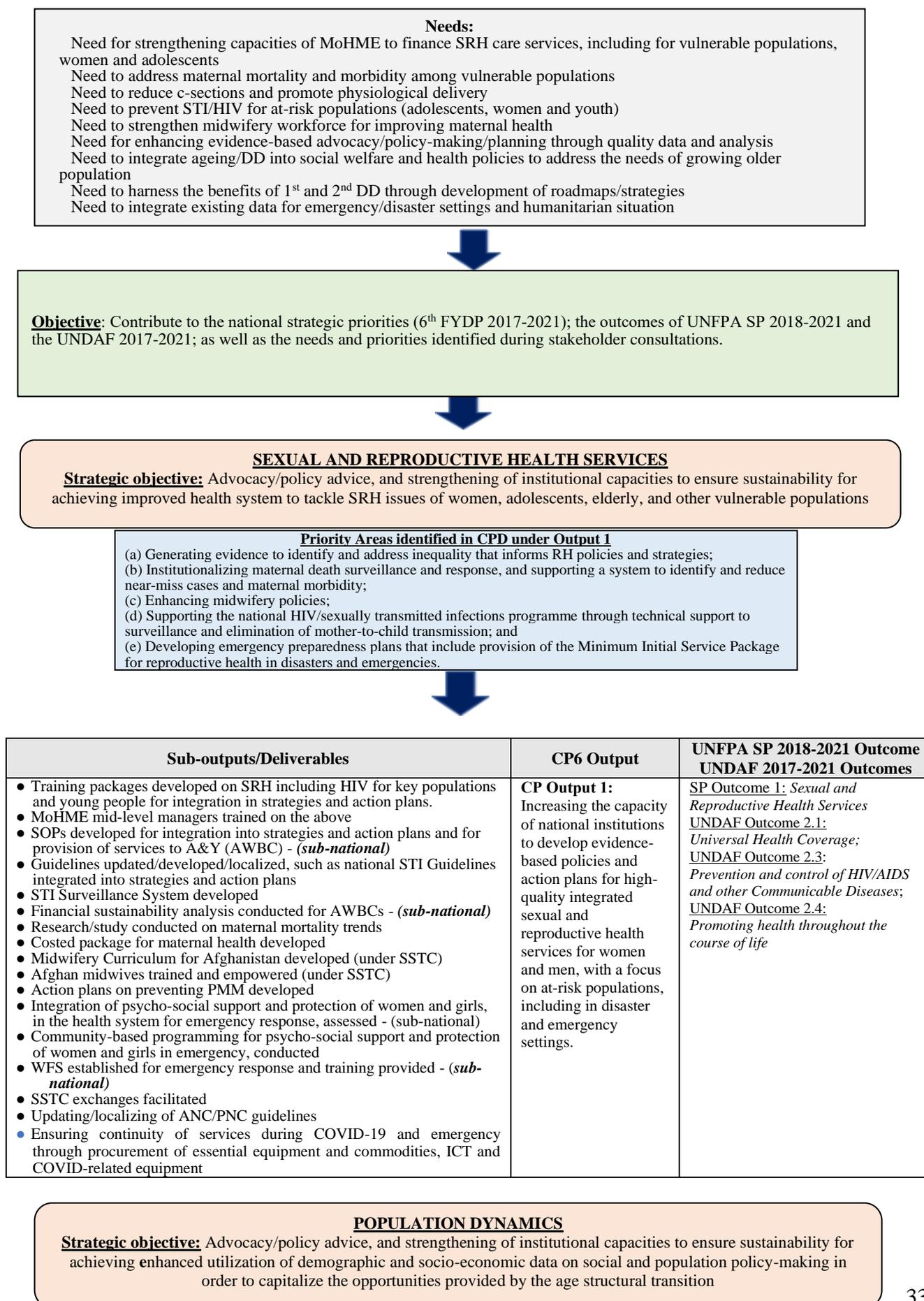
Figure 3.2: Conceptual Framework of CP 2017-2021



13. In the context of humanitarian support needs of the country as experienced in recent events such as the 2018 Kermanshah earthquake, the 2019 floods, the COVID-19 emergency, the CO has also focused on service delivery based on national priorities, and the SRH programming was expanded to integrate disaster response and emergency-related humanitarian support, tying in with preparedness and response plans of the Government.

14. CP6 contributes to UNFPA’s long-term goal of achieving universal access to SRH and reduce maternal mortality to accelerate progress on the ICPD agenda, among other goals. The chain of CP6 results is based on UNFPA’s 2018-2021 SP, and the three outputs of CP6 directly link to two SP outcomes, as reflected in Figure 3.3. The intervention logic of CP6 fleshes out (i) the needs as assessed at the time of CPD formulation, and (ii) the sub-outputs resulting from activities required to be undertaken through CP6 interventions to address these needs, and contribute to the achievement of CP6 outputs. The ET considers the three expected outputs of CP6 to be realistic in the context of the 5-year cycle of the CP.

Figure 3.3: Intervention Logic of UNFPA Iran CP6 reconstructed during the CPE exercise



| | |
|--|--|
| <p>Priority Areas identified in CPD under Output 2</p> <p>(a) Generating disaggregated data and analysis, as well as its dissemination and utilization; (b) Developing sound and relevant policy papers; (c) Strengthen civil registration and vital statistic systems; (d) Establishing inter-sectoral mechanisms to maximize the demographic dividend toward equitable economic growth that will result in, among others, greater opportunities for all; and (e) Formulating evidence-based population related programmes and action plans.</p> | <p>Priority Areas identified in CPD under Output 3</p> <p>(a) Generating sound evidence and analysis of the current and future status of population dynamics as well as population ageing; (b) Producing national and international comparable indicators on ageing and older persons; (c) Establishing and compiling national transfer accounts; (d) Including population dynamics, including population ageing issues, into sectoral and national plans; and (e) Strengthening inter-sectoral coordination and collaboration for effective programming to address specific vulnerabilities and social and welfare needs of older persons.</p> |
|--|--|



| Sub-outputs/Deliverables | CP6 Output | UNFPA SP 2018-2021 Outcome UNDAF 2017-2021 Outcome |
|---|---|---|
| <ul style="list-style-type: none"> ● Reports, evidence, mapping, desk review and policy briefs generated on FHH, Youth, and women ● Monitoring mechanisms and dashboards (FHH, development indicators) developed ● Action Plan for FHH developed ● Roadmap for DD developed ● Training package developed and integrated training conducted on life-skills and entrepreneurship to empower youth for better employability ● SSTC exchanges on population studies facilitated ● Ensuring continuity of services during COVID-19 and emergency through procurement of essential equipment and commodities, ICT and COVID-related equipment ● Conducting socio-economic analysis on the impact of COVID-19 on FHH households | <p>CP Output 2: Increasing availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend.</p> | <p><i>SP Outcome 4: Population Dynamics</i> <i>UNDAF Outcome 3.6: Population and Development</i></p> |
| <ul style="list-style-type: none"> ● Reports, evidence, mapping, and desk review on older population, generated ● National Document for Ageing developed ● Monitoring mechanisms and dashboards (Elderly) generated ● Action Plan for Elderly, Age Friendly Environment piloted in Esfahan Province - (<i>sub-national</i>) ● Guidelines and protocols for elderly care centres staff on infection control and prevention, developed ● Policy makers and health care providers trained as per emerging needs ● Socio-economic analysis on the impact of COVID-19 on elderly ● Development of training materials for elderly for self-care ● Adoption of international guidelines to COVID-19 and context of Iran ● PPE production by FHH and women from low-income group - (<i>sub-national</i>) ● Ensure continuity of services during the pandemic through procurement of ICT, PPE and medical equipment for elderly - (<i>sub-national</i>) | <p>CP Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons.</p> | |

RISKS: (i) The economic downturn and limited fiscal space due to geopolitical challenges could impact on quality social services, especially for the most vulnerable; (ii) UNFPA interventions in the area of SRH may face implementation challenges depending on evolving government priorities and preferences.

NOTE:

The intervention logic of the CPD unpacked above, reflects the needs identified at the time of CPD formulation, and associated activities that were envisaged to be undertaken to address these needs, producing corresponding sub-outputs/deliverables. It may be noted that since early 2020 when the COVID-19 pandemic engulfed the country, the CO repurposed and reprogrammed its budgets and activities to support socio-economic response to the pandemic. Many of the activities originally planned in the CPD now have COVID-19 response mainstreamed into them. Hence even though COVID-19 is not explicitly reflected in the intervention logic diagram as such, activities undertaken as a 100 percent response to the pandemic under the SRH and PD outputs of the CP have been integrated in the diagram while being reflected in blue colour under the Sub-outputs/Deliverables column, indicating their link to respective CP outputs.

15. With the advent of COVID-19 and its significant impact on the Iranian population, the UNCT and its partners developed the COVID-19 Country Preparedness and Response Plan (CPRP) as an immediate response to support GoI respond to the pandemic. Following this, in June 2020, the UN Iran Socio-Economic Recovery Programme against the impact of COVID-19 (SERP) was launched in support of the global UN Framework for COVID-19

response, which entailed each agency, including UNFPA, repurposing existing budgets to support the socio-economic response. Hence COVID-19 support work has been well-integrated into the existing CP6 outputs.

16. A number of government partners and academia are helping towards realizing the CP results. MoHME, MoCLSW, SCI, SWO, SNCE, UT, and IUMS are amongst the key IPs while the Ministry of Foreign Affairs is the overall coordinating agency. Table 3.3 provides a listing of interventions under CP6 outputs, and associated partners.

Table 3.3: Listing of UNFPA Interventions under CP6 Outputs

| Donors | Implementing Partners | Other partners |
|--|---|--|
| SEXUAL AND REPRODUCTIVE HEALTH SERVICES | | |
| CP6 Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with a focus on at-risk populations, including in disaster and emergency settings. | | |
| Intervention: PGIR18 - Health of at-risk population including women, men, and adolescents | | |
| Govt. of Norway through Headquarters; Kingdom of Netherlands; UBRAF (UNAIDS Unified Budget, Results & Accountability Framework); UNFPA core funds | Centre for Communicable Disease Control (CDC), Ministry of Health and Medical Education (MoHME) | UNICEF; UNAIDS |
| Intervention: PGIR22 - Improving maternal health, antenatal care and prenatal care | | |
| ECHO Fund (EU's Civil Protection & Humanitarian Assistance Operation); CERF (Central Emergency Response Fund); UNFPA Core funds | Office of Maternal Health, MoHME | UNICEF |
| Intervention: PGIR20 - Protection of Women and Girls | | |
| UNFPA Core funds | Office of Social Health, MoHME | |
| Intervention: PGIR15 - Improving maternal health of Afghan Refugees | | |
| Government of Italy; UNFPA Core funds | Iran University of Medical Sciences (IUMS) | Ministry of Interior, MoHME, BAFIA |
| Intervention: PGIR19 - Women Friendly Spaces | | |
| CERF; UNFPA Core funds | Social Harm Deputy, State Welfare Organization (SWO) | Wahdat (NGO); Khaneh Omid (NGO) |
| POPULATION DYNAMICS | | |
| CP6 Output 2: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend. | | |
| Intervention: PGIR01 - Studies and generation of evidence | | |
| GHRP; UNFPA Core funds | Statistical Centre of Iran (SCI) | University of Tehran |
| Intervention: PGIR03 - Studies and generation of evidence | | |
| UNFPA Core funds | University of Tehran (UT) | |
| Intervention: PGIR14 - Female Heads of Households | | |
| European Union (EU); UNFPA Core funds | Office of Support & Empowerment, Ministry of Cooperatives, Labour and Social Welfare (MoCLSW) | University of Tehran; UNDP |
| Intervention: PGIR16 - Demographic Dividend and Youth | | |
| EU; ECHO Fund; UNFPA Core funds; Republic of Korea through UNFPA HQ | Deputy of Employment, MoCLSW | University of Tehran; Budget and Planning Organization; Iran Technical and Vocational Training Organization (TVTO) |
| CP6 Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons. | | |
| Intervention: PGIR13 - Ageing, and Older Persons | | |
| ECHO Fund; UNFPA Core funds | Secretariat for the National Council for Elderly (SNCE), SWO | University of Art and Architecture Esfahan; University of Rehabilitation and Social Welfare; Municipality of Esfahan; Helpage (Intl NGO) |
| Pipeline Intervention - Ageing, and Older Persons | | |
| ECHO Fund | Office of Elderly, MoHME | |

Source: CO data, March 2021

3.2.3 The financial structure of the programme

17. This section provides an overview of the CP financial structure, and presents an overall perspective of the utilization of resources and expenditures incurred versus the planned resources allocated to the budgets of the various interventions ongoing and completed within the currency of the current programme cycle. Tables 3.5, 3.6 and 3.7 included herein provide breakdowns of budget and expenditures by: (i) CP outputs (and corresponding SP

outcomes); (ii) by year, and (iii) by IP. An account of resources mobilized under CP6 is also provided, along with a listing of key donor partners.

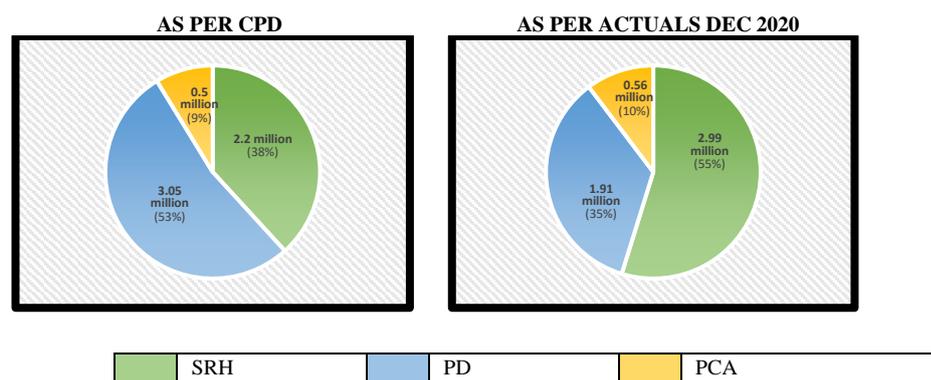
18. The CP financial commitments under the CPD 2017-2021 are reflected below by outcome/output areas.

Table 3.4: UNFPA Financial Commitment (*) for CPD 2017-2021 (in USD millions) by outcome/output area

| SP Outcome / CP Output Areas | Regular Resources | Other Resources | Total Resources | % Overall Budget |
|--|-------------------|-----------------|-----------------|------------------|
| SP Outcome 1: Sexual and Reproductive Health CP Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with a focus on at-risk populations, including in disaster and emergency settings. | 1.70 | 0.5 | 2.20 | 38.26% |
| SP Outcome 4: Population Dynamics CP Output 2: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of the demographic dividend. CP Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics, with a special focus on population ageing and needs of older persons. | 2.55 | 0.5 | 3.05 | 53.04% |
| Programme coordination and assistance (PCA) | 0.5 | -- | 0.5 | 8.7% |
| Total | 4.75 | 1.00 | 5.75 | 100% |

(*) As per CPD approved by the UNFPA, UNDP and UNOPS Executive Board in its second regular session 6-9 September 2016. The financial structure of CP6 is presented in the Results and Resources Framework that forms part of the UNFPA Iran CPD 2017-2021.

19. These boxes reflect the breakdown of resources (in USD) as envisaged in the CPD 2017-2021 versus actual programme outcome/output areas allocations and PCA costs incurred 2017-2020 which reflects variations in the split between SRH and PD allocations as compared to those envisaged at the time of CP6 formulation.



20. Financial data for the first 4 years of CP6 presented in Table 3.5 reflects that 61 percent of the USD 4,904,494 committed as programme resources are allocated to the SRH component (with integration of humanitarian support), while 39 percent are allocated for the PD component. In terms of utilization rates, 66 percent of the total utilization over these 4 years was in the area of SRH/humanitarian interventions.

Table 3.5: Overview of the budget allocation, expenditures and utilization rate for the programmatic areas by output 2017-2020

| Thematic Area | Regular Resources (in USD) 2017-2020 | | Other Resources (in USD) 2017-2020 | | Total (in USD) 2017-2020 | | |
|--|--------------------------------------|------------------------|------------------------------------|------------------------|--------------------------|------------------------|------------|
| | Budget (Planned) | Expenditure (Utilized) | Budget (Planned) | Expenditure (Utilized) | Budget (Planned) | Expenditure (Utilized) | % Utilized |
| Sexual and Reproductive Health (including humanitarian) OP1 | 833,036 | 703,253 | 2,159,435 | 1,976,288 | 2,992,472 | 2,679,541 | 90% |
| Population OP2 | 545,628 | 496,871 | 545,258 | 310,616 | 1,090,886 | 807,487 | 70% |

| | | | | | | | | |
|--------------|-----|------------------|------------------|------------------|------------------|-----------|-----------|------------|
| Dynamics | OP3 | 575,887 | 550,496 | 245,250 | 23,476 | 821,137 | 573,972 | 56% |
| Total | | 1,954,551 | 1,750,620 | 2,949,943 | 2,310,380 | 4,904,494 | 4,060,999 | 83% |

Source: Country Office (financial data as of 15 March 2021)

Table 3.6: Overview of the budget allocation, expenditure and utilization rate per year 2017-2020

| Year | Regular Resources (in USD) 2017-20 | | | Other Resources (in USD) 2017-20 | | | Total Resources (in USD) 2017-20 | | |
|--------------|------------------------------------|------------------------|------------|----------------------------------|------------------------|------------|----------------------------------|------------------------|------------|
| | Budget (Planned) | Expenditure (Utilized) | % Utilized | Budget (Planned) | Expenditure (Utilized) | % Utilized | Budget (Planned) | Expenditure (Utilized) | % Utilized |
| 2017 | 170,868 | 166,960 | 98% | 524,250 | 472,249 | 90% | 695,118 | 639,209 | 92% |
| 2018 | 696,937 | 567,900 | 81% | 308,228 | 290,315 | 94% | 1,005,166 | 858,216 | 85% |
| 2019 | 466,575 | 418,203 | 90% | 329,896 | 317,460 | 96% | 796,471 | 735,663 | 92% |
| 2020 | 620,171 | 597,557 | 96% | 1,787,569 | 1,230,355 | 69% | 2,407,740 | 1,827,912 | 76% |
| Total | 1,954,551 | 1,750,620 | 90% | 2,949,943 | 2,310,380 | 78% | 4,904,494 | 4,060,999 | 83% |

Source: Country Office (financial data as of 15 March 2021)

Figure 3.4: CP6 – expenditure per programme area in USD - cumulative 2017-2020

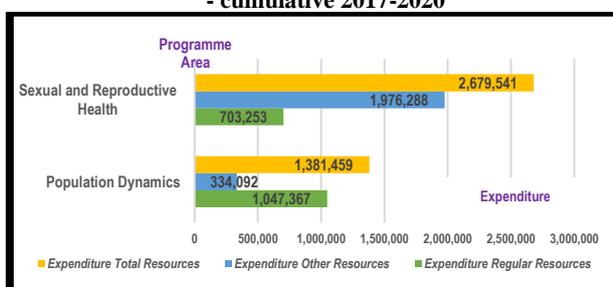


Figure 3.5: CP6 – budget utilization rate per year 2017-2020

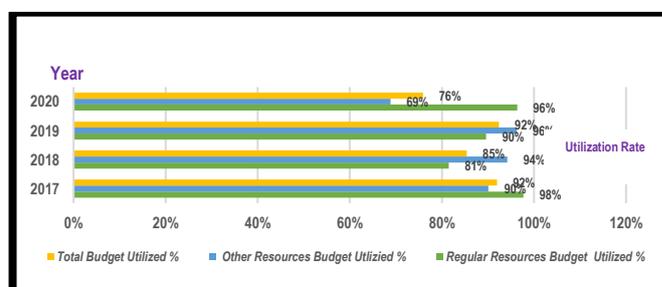


Table 3.7: Overview of budget allocation, expenditure and utilization rate per IP 2017-2020

| Implementing Partner | Atlas Code | Total Resources (in USD) 2017-2020 | | | | % Utilized |
|---|------------|------------------------------------|------------------|-------------|------------------|------------|
| | | Budget | | Expenditure | | |
| | | Split | Total | Split | Total | |
| Ministry of Health and Medical Education | PGIR18 | 1,012,717 | 2,155,982 | 899,104 | 1,933,457 | 90% |
| | PGIR22 | 1,019,115 | | 924,622 | | |
| | PGIR20 | 124,150 | | 109,731 | | |
| Iran University of Medical Sciences | PGIR15 | | 801,078 | | 728,649 | 91% |
| State Welfare Organization | PGIR19 | 60,662 | 856,549 | 40,912 | 591,407 | 69% |
| | PGIR13 | 795,887 | | 550,496 | | |
| Ministry of Cooperatives, Labour and Social Welfare | PGIR14 | 109,859 | 761,235 | 95,674 | 511,761 | 67% |
| | PGIR16 | 651,376 | | 416,087 | | |
| Statistical Centre of Iran | PGIR01 | | 229,377 | | 216,907 | 95% |
| University of Tehran | PGIR03 | | 100,274 | | 78,818 | 79% |
| Total | | | 4,904,494 | | 4,060,999 | 83% |

Source: Country Office (financial data as of 15 March 2021)

21. Bringing into consideration the first 3 years of the CP (2017-19), the CO utilized 90 percent of its total planned resources (ref: Table 3.6 reflecting utilization rates of 92, 85 and 92 percent respectively for the years 2017, 2018, 2019). Implementation in 2020 was impacted by the COVID-19 emergency, and the rate of utilization was recorded as 76 percent, resulting in an overall utilization rate of 83 percent for the first 4 years of CP6 implementation. Even though the implementation rate was comparatively lower in 2020, it was noted that in overall terms, the delivery of USD 1,827,912 in 2020 was the highest annual delivery in the 4 years of CP6 implementation.

22. Amongst the IPs, as Table 3.7 reflects, the largest share of the funds has been allocated to budgets under the Ministry of Health and Medical Education (amounting to USD 2,155,982), which remains the highest disburser of funds, having expended USD 1,933,457 over the 4-year period of CP6. The highest implementation rate (percent utilization of resources) is recorded for interventions under the Statistical Centre of Iran (SCI) @ 95 percent, though the budget allocation and volume of resources disbursed remained modest. The lowest implementation rate was recorded for interventions with MoCLSW (@ 67 percent).

23. Table 3.8 reflects budget allocations for 2021 for the 3 CP6 outputs.

Table 3.8: Projected Budget allocations 2021 in USD

| CP6 Outputs | Regular Resources Budget Allocations | Other Resources Budget Allocation | Total Budget Allocation |
|--------------|--------------------------------------|-----------------------------------|-------------------------|
| SRH OP1 | 187,104 | 484,104 | 671,208 |
| PD OP2 | 145,429 | 715,425 | 860,854 |
| PD OP3 | 157,154 | 267,900 | 425,054 |
| Total | 489,687 | 1,467,429 | 1,957,116 |

Source: Country Office (financial data as of 15 March 2021)

24. The programme coordination and assistance (PCA) component of the CPD is meant to encompass cross-cutting activities with direct relevance for the programme as a whole, but cannot be attributed to a specific programme area. An analysis of programme and management expenditures per year for the first 4 years of the CP shows that PCA expenses constituted 14 percent of the programme expenditures for 2017, 18 percent for 2018, 27 percent for 2019 and 8 percent for 2020. This reflects a consistent rise in PCA costs for the years 2017-2019, followed by a more controlled 8 percent in 2020. UNFPA's corporate prescribed financial limit for the amount to be spent on PCA activities must not exceed USD 1.5 million throughout the life of a CP⁷². The expenditures recorded under PCA for the first 4 years of CP6 implementation add up to USD 558,254, and as such, are projected to remain within the prescribed financial limit for the 5-year cycle of CP6. However, the cumulative PCA amount for the first 4 years of CP6 implementation has already exceeded the CPD notional allocation of USD 500,000 for PCA.

Table 3.9: Programme Coordination and Assistance v. Programme Expenditures 2017-2020

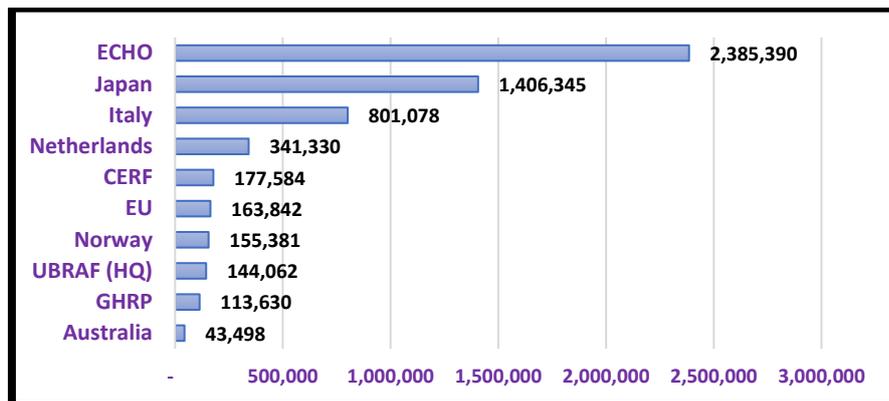
| Year | Programme-related Expenditures* (USD) | PCA (USD) | Percentage (%) |
|--|---------------------------------------|----------------|----------------|
| 2017 | 689,431 | 99,747 | 14 |
| 2018 | 895,048 | 165,283 | 18 |
| 2019 | 814,764 | 224,025 | 27 |
| 2020 | 886,159 | 69,199 | 8 |
| Total PCA amount covering 2017-2020 | | 558,254 | |

* These include all programme expenditures from Regular Resources (WP + non-WP)
(Source: Country Office financial data, February 2021)

25. Annex B provides details of the resources mobilized by UNFPA Iran during the first 4 years of CP6 implementation. Of the **USD 4,325,795** million non-core resources mobilized, 38 percent have been directed to regular development programmes, while 62 percent were for disaster response and emergency-related humanitarian interventions (from ECHO, CERF, GHRP). The largest donor is ECHO (European Union's Civil Protection & Humanitarian Assistance Operation Fund), from which USD 2,385,390 was mobilized in 2020. At the time of writing this report, the CO informed that it has succeeded in mobilizing an additional amount of USD 1,406,345 from the Government of Japan. Hence resources mobilized CO to-date in the current cycle amount to a total of **USD 5,732,140**, which demonstrates that the CO has already been able to mobilize more than five times the indicative level of resources targeted to be mobilized during the 5-year period of CP6 (USD 1 million), as foreseen at the time of CPD development. Japan's contribution has been captured in Figure 3.7 below, bringing the total number of donors to ten.

Figure 3.6: Donors to-date for CPD 2017-2021 (in USD)

⁷² UNFPA Policies and Procedures Manual, 2018



CHAPTER 4: FINDINGS - ANSWERS TO THE EVALUATION QUESTIONS

This chapter contains key findings as derived from the ten evaluation questions reflected in Chapter 1, Table 1.1 and their related assumptions, based on the selected 5 evaluation criteria of Relevance, Effectiveness, Sustainability, Efficiency and Coordination. The Evaluation Matrix attached as Annex 4 of this report captures the assumptions that were assessed against each question, and the corresponding indicators used for the analysis.

4.1 Answers to Evaluation Questions on Relevance

RELEVANCE:

EQ1R: To what extent UNFPA's support in the field of **sexual and reproductive health** in Iran (including through SSTC), is: (i) in line with the priorities set by relevant international and national policy and normative frameworks, including UNDAF, ICPD-PoA and UNFPA Strategic Plan; and (ii) adapted to the varied needs of the population such as those of women and young people, as well as the needs of vulnerable populations?

Summary of findings: The SRH component of CP6 is in line with the priorities set by relevant national policies and is well-aligned with the UNFPA SP, the UNDAF, Iran's 6th FYDP, and ICPD-PoA. Findings of the CPE reflect that UNFPA was successful in supporting components of SRH-care services such as reduction of maternal mortality, STI/HIV, and SRH-care services in emergencies and humanitarian crises that were in line with national priorities. Within the given context, all UNFPA interventions were found to be relevant, with the CO making its best efforts to target vulnerable populations including older and young person, women and Afghan refugees in Iran. The CO continues to scan the environment to find opportunities to enhance its support to address the varied needs of vulnerable populations.

Major demographic changes and considerable slowing of population growth in Iran and emerging issues including changes in age structure, changing economic situation, and impact on employment, characterize the recent demographic profile of the country. The inevitable shift in population policy in Iran was a response to these changes. In this regard, Iran's 6th FYDP, the current Iran UNDAF and CP6 were designed and adjusted taking into account issues such as below-replacement fertility, changing age structure and its policy implications, reaping the demographic dividend (DD), rapid population ageing, and women's empowerment.

➤ **The SRH component of CP6 is in line with the priorities set by relevant national policies and is well-aligned with the priorities set by the UNFPA SP, the UNDAF, Iran's 6th FYDP, and ICPD-PoA.**

The SRH component of CP6 was designed to contribute to the national and international priorities, and is aligned with the priority areas of the UNDAF, UNFPA-SP, Iran's 6th FYDP, and ICPD-PoA. Table 3.1 on page 33 of this report, provides linkages of the CP6 SRH output with FYDP, UNFPA-SP, UNDAF and ICPD-PoA. As reflected in detail in the referenced table, CP6 supports 4 UNDAF outcomes, 2 UNFPA-SP outcome areas, ICPD-PoA priority areas VI, VII, VIII, X, XII and XIII, and FYDP's articles 14 and 15⁷³. CP6's SRH component focuses on reducing maternal mortality (MM) and ensuring equitable access to safe motherhood and STI/HIV prevention services, including those for vulnerable populations⁷⁴.

➤ **All UNFPA-supported interventions were found to be relevant; the CO targeted vulnerable populations including adolescents and youth, women and girls, and Afghan refugees.**

Findings of the CPE show that UNFPA was successful in targeting vulnerable populations via supporting some components of SRH-care services including: 1) pregnancy-related services through situational analysis of maternal death, technical assistance for developing MMR software, and developing action plan for Preventive Preventable MM by research in six provinces⁷⁵; 2) control of STIs including HIV through financial and technical support of Adolescent Well-being Clubs (AWBCs), Women Centres, and Voluntary Counselling and Testing (VCT) centres, technical support for youth-oriented programmes, preparing comprehensive programme for population at risk of HIV, and supporting NGOs⁷⁶; and 3) providing some WFSs to protect women and girls during and after the crises such as earthquakes and floods. The target groups of these interventions were vulnerable populations including

⁷³ Table 3.1 of this Evaluation Report

⁷⁴ UNFPA-Iran Country Programme Document 2017-2021

⁷⁵ Review of AWP, Interviews with IP Reps and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

⁷⁶ Review of AWP, Interviews with IP Reps and other partners as part of Key Informant Interviews, Jan-Mar 2021

adolescent and youth, women and girls, and Afghan refugees. **Although SRH interventions within the framework of CP6 were not specifically designed based on independent needs assessments, UNFPA successfully provided quality SRH-care services to at-risk populations in select programme areas where its support was solicited.**

Analysis of the CPE shows that not only in the current UNFPA Iran CPD, but also in previous programmes, one major limitation was that interventions are not designed based on needs assessment to identify vulnerable populations such as Population with Disabilities (PWDs), women and young people, prior to the programming of the CPD and development of AWP⁷⁷. In Iran, in most cases, all UN agencies including UNFPA access information through the international office of ministries under the overall aegis of MFA, which is GoI's central coordinating entity for all UN agencies. MFA, in cooperation with relevant ministries such as MoHME, sets these priorities based on the National Development Plans, and UNFPA supports the requested interventions in line with its mandate. As part of the stakeholder interviews, MoHME indicated that they follow their criteria and frameworks for sharing information with UN entities, based on the studies they conduct. In line with the principle of national execution under which UNFPA programmes in Iran are implemented by Government entities, independent needs assessments of vulnerable populations are not undertaken by UNFPA and instead, UNFPA interventions are based on the priorities identified by the Government, and agreed to between GoI and UNFPA. There is, however, evidence that UNFPA has supported needs assessment studies in some instances, such as for interventions related to MM and SRH status of Afghan refugees in 4 provinces: Tehran, Razavi Khorasan, Kerman and Esfahan.

Maternal health-related interventions are an example of the AWP^s targeting the most vulnerable target populations: Coverage of nearly 100 percent of prenatal care through maternal health-related interventions of UNFPA provide coverage for all pregnant women at any level of risk and socio-economic status⁷⁸. Maternal health-related interventions for Afghanistan refugees and Interventions for control of STIs including HIV are other examples of AWP^s targeting the most vulnerable SRH target groups. All stakeholders interviewed, including UNFPA supported beneficiaries, stated that UNFPA CP interventions are relevant, and UNFPA targets all the vulnerable populations where possible. These findings were triangulated with relevant documents and reports^{68, 79}.

➤ **UNFPA support to successful GoI efforts to reduce MM has been relevant, effective and vital**

Some of the related CP6 interventions include: Situational analysis of MM and morbidities; Technical assistance for maternal mortality ratio (MMR) software development; Situational analysis of MM in three province (Sistan and Balouchestan, Hormozgan and Bisherhr); development of a roadmap to prevent MM, maternal health services delivery in emergencies, workshop on financing on maternal health services; analysing three years of MM trend; and development of evidence-based action plan for preventing preventable MM in six provinces (Sistan and Balouchestan, Hormozgan, Khuzestan, and North, South and Razavi Khorasan provinces). Triangulation of information obtained from the desk review of documents, review of AWP^s and interview with SRH consultants and IPs shows that UNFPA support to continue decreasing MM in Iran is sophisticated, relevant, effective and even vital. UNFPA's technical and financial support to Iran in the field of maternal health has been very valuable, and the issues that have been addressed and supported by UNFPA have been the very basic needs of the country's health sector⁸⁰. It is therefore considered critical for UNFPA not to withdraw its support from the programme.

➤ **UNFPA support to improvement of STI/HIV prevention services was highly relevant in the context of Iran, with the most vulnerable SRH groups being targeted.**

CP6's SRH component supporting UNDAF outcome 2.3 (prevention and control of HIV/AIDS and other communicable diseases), focuses on supporting STI/HIV prevention programmes such as financial and technical support for providing workshops and research on HIV for most at-risk population; publications for different advocacy efforts such as developing policy and applied research; exchange of experience with other countries about

⁷⁷ Review of AWP^s, UNFPA annual reports; Interviews with Reps from UNFPA CO, IPs and FGDs as part of Key Informant Interviews, Jan-Mar 2021

⁷⁸ Islamic Republic of Iran ICPD Review Report, 2018.

⁷⁹ Review of several documents:

- CDC, MoHME and UNFPA, Plan of Action for the Comprehensive Prevention Program for at Risk Adolescents for 2019-2020.
- Male Participation in vulnerable Women's Sexual and Reproductive Health- Iranian research center for HIV/AIDS (IRCHA), AIDS Department, UNFPA -Final report.
- Improving Maternal Health for Afghan Refugees in Iran. Assessing Maternal Health Needs of Afghan women in Mashhad. 2019
- Financing Maternal Health Services in the Islamic Republic of Iran: Costing Universal Access to a Comprehensive Package toward further Reduction in the Maternal Deaths in Iran. UNFPA 2018.
- Report of Desk Review. For the Prevention Campaign for Out of School Adolescents & Youth. Submitted by Andrea Irvin 2018.
- Maternal Health Investment Case and One Health Tool Training. Anderson Stanciole, UNFPA. 2018.
- Responding to emerging needs and enhancing the resilience of the most vulnerable, especially children, youth, and women in Iran. Joint Project Document.
- UNDAF Results Matrix (2017 - 2021) for the Islamic Republic of Iran

⁸⁰ Review of AWP^s and Interviews with Reps from IPs and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

integrated SRH/HIV for adolescents and young population; distribution of HPV vaccines; supporting AWBCs, Women Centres and VCT centres; and supporting national PMTCT (prevention of mother to child transmission) programme. UNFPA supported interventions in STI/HIV prevention are successful examples of specific attention to adolescents, youth and most vulnerable populations.

The CO's close partnership with CDC has been instrumental in being able to work with young people and provision of SRH-care services to at-risk populations and HIV high risk populations, using the HIV/AIDS programme as an opportunity. Next to UNAIDS, UNFPA is the only UN agency in Iran that supported education and empowerment of staff of AWBCs, VCT centres and Women Centres to work with high risk populations. VCTs and Women Centres are distributed nationwide, while AWBCs are located in 6 cities as pilots (2 in Tehran, 1 in Karaj, 1 in Kermanshah, 1 in Shiraz, 1 in Ahwaz and 1 in Khorramabad).

➤ **CP6 has made significant progress towards supporting maternal health of Afghanistan refugees in Iran, who are a most vulnerable SRH target group.**

Close to one million Afghan refugees have been registered by the Iranian government, amongst which 180,000 persons are women of reproductive age. In addition, up to two million displaced Afghans remain undocumented and have neither formal legal status nor access to assistance. Up to 800,000 of them are considered to be extremely vulnerable⁸¹. Providing equitable maternal care to them is a challenging task for Iran. A qualitative study supported by UNFPA Iran (2016) on needs of Maternal Health of Afghan Mothers being referred to Shahid Akbarabadi Hospital in Southern Tehran, indicated that Afghan mothers perceive discriminatory behaviour from staff, and experience delays in diagnosis of obstetric complications, despite repeated care-seeking⁸². Additionally, Afghan mothers still give birth at home in communities, mostly with the help of relatives, with no formal education.

In light of the above needs, during the CP6 period, UNFPA has supported various interventions to cover the SRH needs of Afghan refugees in Iran, including: Training of 41 Afghan girls as midwives; Renovation and equipment for Akbarabadi Hospital; RH assessment of Afghans in Mashhad; and Situational Analysis of Maternal Health of Afghans. Another area of UNFPA support was the renovation of an Afghan friendly maternity ward in Tehran in the Akbarabadi Hospital which improved the quality of services to Afghan mothers who are in Iran to promote their RH and to provide safe delivery⁸³. Evidence gathered reflects that using UNFPA support, the Akbarabadi hospital has greatly improved, both in terms of equipment as well as reconstruction, in addition to effective service delivery and respect for Afghan women⁸⁴.

The findings of the CPE showed that UNFPA-Iran in collaboration with UNFPA-Afghanistan in the context of SSTC and financial support of the Government of Italy, supported interventions to improve the maternal health of Afghan mothers in that country. These interventions include: 1) enhancing the capacity of midwifery department of Kabul Medical University based on international standards, 2) conducting consensus-building workshop at the University, that also resulted in the development of a Faculty Strategic Plan, 3) 2-year master training of ten Afghanistan midwives in Iran in order to go back to their country to work⁸⁵.

RELEVANCE:

EQ2R: To what extent has the CO been able to respond to **changes in national needs and priorities**, including those of older people, women and youth, as well as vulnerable populations, or to shifts caused by major policy changes? What was the quality of the response?

Summary of findings: The new population policies were factored into Iran's 6th FYDP, and correspondingly, into CP6 design. The CPE made note that SRH-related outcomes are focusing mostly on maternal health, and reducing STIs including HIV/AIDS. Although all aspects of SRH are not covered, the areas covered are supported in greater depth, and UNFPA addresses as much as possible the needs of vulnerable populations, especially adolescents and at-risk populations, and is successful in balancing between population policies mandates and supporting SRH needs of certain vulnerable population. In the area of PD, the CO was able to identify the needs of GoI and the existing gaps to create a niche to pursue its mandate and programmes. It successfully brought the topics of DD and elderly issues to GoI's top priority.

⁸¹ Final report: Improving Maternal Health for Afghan Refugee. UNFPA, MoHME, BAFIA. 6 Feb 2020

⁸² Final report: Improve maternal health for Afghan refugees in Iran by developing an Afghan-friendly maternity ward at a South Tehran hospital. UNFPA.

⁸³ Review of AWP

⁸⁴ Interviews with Reps from IPs and beneficiaries as part of Key Informant Interviews, Jan-Mar 2021

⁸⁵ Review of Afghan SSTC good practice, UNFPA, 2020, and AWP; Interviews with IP Reps as part of Key Informant Interviews, Jan-Mar 2021

Sexual and Reproductive Health - Relevance:

- **UNFPA has respected the country's considerations and priorities, and developed its SRH programme in line with the shift in population policy, as reflected in CP6 design.**

The pro-natalist policy was factored into Iran's 6th FYDP, and correspondingly, into CP6 design. Therefore, CP6's SRH-related interventions focus on maternal health and reducing STIs including HIV/AIDS. This is also in line with the UNFPA's mandate and frameworks of conventions such as ICPD-PoA (that has been ratified by the Government), call for supporting high-quality integrated SRH-care services for different target groups, and protecting the most vulnerable populations.

- **UNFPA has been successful in balancing between population policies mandates and supporting SRH needs of vulnerable populations.**

A review of CP6 work plans reflects involvement in limited areas of comprehensive . Evidence gathered during the CPE revealed that the areas covered under the programme are supported in great depth, and significantly address the needs of vulnerable populations⁸⁶. Some examples include:

1. Pregnancy-related services, including skilled attendance at delivery and emergency obstetric care as one of the components of the basic package of SRH care services , is a priority area for UNFPA and at the same time are well supported under CP6. UNFPA's strong involvement in supporting MM reduction programmes in Iran has been the result of changes in population policies and limitation of supporting some areas of comprehensive SRH⁸⁷.
2. Prevention and control of STIs including HIV/AIDS as one of the components of the basic package of SRH-care services is a priority area for UNFPA and ICPD-PoA, and is one of the outcomes of UNDAF (2017-2021). It is an area of SRH that the Government has welcomed UNFPA's support for, following the change in population policies and priorities. Evidence gathered and analysed during the CPE⁸⁸ shows that although support for the HIV/AIDS programmes is provided mainly by specialized UN agencies such as UNAIDS and UNICEF, the UNFPA CO has also provided great support in supporting HIV/AIDS control programmes in Iran.

In overall terms, in the context of changing population policy, UNFPA has supported SRH needs of vulnerable populations, especially for adolescents. It has been successful in balancing between population policies mandates and supporting SRH needs of certain vulnerable populations, including at-risk populations. Support for Women Centres, VCT centres and AWBCs are successful examples of UNFPA's performance in supporting the SRH needs of vulnerable populations in the face of changing population policies.

Population and Development - Relevance:

- **The CO was able to identify the needs of GoI and the existing gaps, and created a niche to pursue its mandate and programmes.**

The change in the direction of national population policies stem from a rapid experience of demographic transition in a relatively short period of time, followed by an age structural transition. Below replacement fertility, the first and second DDs, and an increasingly aging population are the main consequences of the new population dynamics. Two of these consequences are reflected in CP6's PD component, through two programme outputs that address two important and emerging issues of: a) DD and b) the rising proportion of the older population in Iran⁸⁹. The activities related to these outputs are based on needs of the country and they are empowering national entities to address newly emerging demographic issues⁹⁰.

Hence in overall terms, the CO was able to design its CP and related activities based on changes in population policies. It identified the needs of GoI and the existing gaps to create a niche to pursue its mandate and programmes⁹¹. Although the main driving force behind change in population policy was the fall of the country's

⁸⁶ Review of AWP, UNFPA annual reports and Interviews with Rep from SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

⁸⁷ Review of Annual Work Plans

⁸⁸ Interview with Rep from UNAIDS and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

⁸⁹ Review of national planning documents

⁹⁰ Interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

⁹¹ Review of documents and interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

TFR to below replacement level (i.e. 2.1 children per woman), however, the CO successfully brought the topics of DD and elderly issues to the top priority of GoI⁹². The PD activities build capacities of national entities and experts to harness the new demographic dynamics and advocate them at higher policy level⁹³. In terms of the needs of vulnerable populations, however, only elderly, women, and youth are specifically targeted in some activities⁹⁴. A holistic and life cycle approach is needed to include different demographic and socio-economic groups (for example disabled persons, young adults) in designing and implementing activities to harness the DD⁹⁵.

The only consequence of demographic and age structural transitions which CP6 does not address is below replacement fertility rate⁹⁶. To address this issue, the CO needs to have comprehensive plans/activities which address both GoI priority issue (below replacement level fertility)⁹⁷ as well as pursue UNFPA's mandate.

➤ **UNFPA's activities in the PD area target the Data-Analysis-Policy (DAP) process, which enhances the use of data and analysis in generating evidence-based policies.**

CP6's first PD output is focusing on DD and population data. The activities in this output could generally be categorized as: i) strengthening the Data-Analysis-Policy (DAP) process; ii) capacity building in the form of training workshops, seminars, conferences, and technical support & assistance; and iii) ensuring protection of older and disabled people and pregnant women in the face of COVID-19 through production and distribution of PPE by FHH, as well as procurement of life saving medical equipment⁹⁸. Although GoI has a wealth of different data collected by multiple entities, they are scattered at different entities without effective linkage with each other⁹⁹. The CO activities on establishing different dashboards (e.g. FHH & elderly) aim to enable policy makers to access different data sources by bringing scattered data in a single platform¹⁰⁰. Even the existing data are not often times analyzed properly for policy making purposes¹⁰¹. The CO activities on analysis aim to utilize existing aggregate and disaggregated data for exploring emerging demographic trends and profiles of the country (e.g. the NTA profile)¹⁰². Finally, the policy activities try to use evidence generated by data and analysis in policy making in the form of different policy briefs, concept notes, and policy documents¹⁰³. All these activities on Data, Analysis, and Policy target some major gaps in the country and the results enhance evidence-based policy making. However, it should be noted that the CO activities cannot respond to all the existing gaps and needs and priority is given to identification and situation analysis of vulnerable populations and their issues.

Capacity building activities mainly include SSTC and advocacy activities that either push for inclusion of the needs vulnerable populations in national policy agenda (e.g. FHH and older populations) or try to increase existing knowledge/expertise on new demographic trends (e.g. DD)¹⁰⁴. The COVID-19 outbreak also provided an opportunity for the CO to create an innovative women and elderly empowering activity, where PPEs are produced by FHHs and lower income families and used by elderly care and health care centers, including people with disabilities¹⁰⁵. It has been found that the SSTC activities are very effective in boosting capacities of national institutions in terms of both inclusion of the needs of vulnerable populations and consideration of newly emerging demographic and population dynamics. COVID-related activities were found to be very timely and effective in responding to the needs of different vulnerable populations, including the elderly, the disabled, pregnant women and their care givers.

The second PD output is focusing on population aging and addressing the needs of older persons. The type of activities in this output can be categorized as: i) strengthening the Data-Analysis-Policy (DAP) process; ii) capacity

⁹² Interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

⁹³ Review of documents and interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

⁹⁴ Review of reports produced as part of CO activities

⁹⁵ Interviews with IP reps and CO staff members as part of Key Informant Interviews, Jan-Mar 2021.

⁹⁶ Review of reports produced as part of CO activities

⁹⁷ Interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

⁹⁸ Review of reports produced as part of CO activities

⁹⁹ Interviews with IP rep and CO staff member as part of Key Informant Interviews, Jan-Mar 2021

¹⁰⁰ Review of reports produced as part of CO activities

¹⁰¹ Interviews with IP rep as part of Key Informant Interviews, Jan-Mar 2021

¹⁰² Review of reports produced as part of CO activities

¹⁰³ Review of reports produced as part of CO activities

¹⁰⁴ Interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁰⁵ Review of reports produced as part of CO activities

building in the form of training workshops, conferences, and technical assistance; iii) piloting age friendly environments; and iv) emergency response during COVID-19 pandemic¹⁰⁶. Strengthening the utilization of data and analysis in evidence-based policy making is the major goal of this output as well. The CO involvement is based in identifying the needs prioritized by GoI and trying to fill the gaps in DAP process. Example of CO involvement in Data include an aging information system which aims to link different, scattered, data sources on the elderly that can be used on both emergency and development programmes¹⁰⁷. On Analysis, an example is a comparative study on women and youth employment and economic development. Concept notes and policy briefs on DD and women and youth resilience are examples of Policy activities in this process. Results of activities on the DAP process enhance evidence-based policy making in Iran by bringing more attention to DAP issues at national level¹⁰⁸.

The capacity building activities aim to strengthen the capacity of national experts, advocate for utilization of new demographic trends (e.g. DD), empower women and youth, and build resilience especially during the COVID-19 pandemic¹⁰⁹. As the elderly population is rising, so is the need for the inclusion of their needs in different arena of social life. The AFE pilot activity is an example of how near future communities should evolve to take into account the needs of the elderly. As the related documentations on AFE are being prepared under CP6, this successful experience needs support for scaling up and being implemented at the national level to include more communities. Provision of emergency response during COVID-19 pandemic included ICT equipment and medical procurement for elderly centers¹¹⁰.

RELEVANCE:

EQ3R: To what extent have **partnerships** been leveraged and maintained with the partner government specifically (e.g. ministries, agencies and other representatives) and with other stakeholders, that have allowed the country office to make use of the comparative strengths of UNFPA, while, at the same time, safeguarding and promoting national ownership of supported interventions, programmes and policies?

Summary of findings: The CPE findings reflect that the UNFPA CO has effectively managed to leverage and maintain sustained partnerships, while also expanding its partnership base beyond IPs to include other partner entities – institutions, civil society, academia, networks, and provincial/local government/public entities. The CO's success in mobilizing significant resources is a testament to its strong partnership-building capabilities and the trust that development partners place on it. UN entities value UNFPA as an important partner in Iran, that harnesses windows of opportunities to advance its mandate of advocating for inclusion of vulnerable populations such as women, youth, girls, elderly etc. in national public policy agenda, while also acting as a convener, enabling the UN entities to come together jointly around issues that are critical to UNFPA's as well as the UN System's mandate. IPs consider UNFPA to be a credible and reliable partner that uses its funds effectively, and view that for UNFPA to also be considered a strategic partner, and for the ownership of their interventions to be strengthened, the size of the UNFPA programme should be enlarged with larger pool of resources.

➤ UNFPA has been endorsed as a credible and reliable partner by national partners, UN entities and development partners.

All key informants and entities¹¹¹ endorsed UNFPA as a credible partner. UN entities consider UNFPA to be a strategic partner in terms of complementarity of mandates, complementarity of capacities and know-how, and modality of operations; and value it as a very important partner in Iran, especially given that its mandate is particularly relevant to help navigate the complicated operating context in Iran. It was highlighted by UN entities interviewed that UNFPA has a strong focus on reproductive health (RH) issues which affect a lot of the vulnerable households that other UN agencies are also trying to reach. Similarly, UNFPA has a strong focus on women's empowerment that aligns with other UN agencies' areas of work. UN entities also consider that UNFPA's business model makes it a relatively cost-effective partner for collaboration. IPs consider UNFPA to be a credible and reliable partner that uses its funds effectively. It harnesses windows of opportunities to advance its mandate of advocating for inclusion of vulnerable populations such as women, youth, girls, elderly etc. in national public policy agenda by using topics that are more relevant to GoI, as entry points. However, an issue raised by most IPs was the size of the UNFPA programme in Iran. As all IPs are Government entities, with related

¹⁰⁶ Review of reports produced as part of CO activities

¹⁰⁷ Review of documents and interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁰⁸ Review of documents and interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁰⁹ Interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹¹⁰ Review of reports produced as part of CO activities

¹¹¹ Views gathered from IPs, other national partners, development partners and UN entities as part of Key Informant Interviews, Jan-Mar 2021

programmes/activities with proportionally larger budgets, they view that for UNFPA to be considered a “strategic” partner, the pool of resources they bring to the programme should be enlarged. IPs acknowledge the pool of technical resources and knowledge that UNFPA brings, and can further bring to the country, and consider UNFPA as an important partner.

➤ **UNFPA has expanded its partnership base by forging new partnerships in addition to strengthening existing ones**

During the 2017-2020 period, UNFPA-Iran expanded and widened its partnership base beyond IPs to include other partner entities¹¹² – institutions, civil society, academia, networks, provincial/local government/public entities etc. - that helped the CO not only widen its field of collaborating agencies and acquire new supporters for the implementation of the ICPD goals and UNFPA-mandated programme areas, but also significantly increased the CO’s visibility and outreach to some of its key target groups. Some examples of the new stakeholder partnerships that evolved during CP6 period include: (a) in the SRH area, partnership with SWO on WFSs; partnership with Office of Social Health in MoHME; partnership with ECHO, UNICEF, Norway and Netherlands; and working with AWBCs; and (b) in the PD area, new partnership emerged with Office of the Health of the Elderly (OHE) of MoHME; SWO of Esfahan province in collaboration with universities and municipality to pilot the AFE activity; partnership with ECHO, UNICEF and UNDP; partnership with HelpAge International, UT, Population Association of Iran, National Population Studies Institute, and with the Vice Presidency of Women and Family Affairs.

The ability of UNFPA to mobilize significant resources is a testament to its strong partnership-building capabilities and the trust that development partners place on it. Against a CPD (2017-2021) target of USD 1 million, the CO has already mobilized between 2017 and 2021 to-date, USD 5.73 million¹¹³, with an additional Euro 2.2 million in the pipeline. Development partners are appreciative of the fact that *“the CO staff is able to bring to the table in negotiations with the Government, an adequate diplomatic skills that enable them to build support for inclusion of some important areas of work into national plans and programme frameworks, using appropriate entry points”*¹¹⁴.

Forging new partnerships as well as strengthening existing ones, has been used as a tool by UNFPA Iran to increase CO efficiency and productivity, while advancing the implementation of ICPD agenda in Iran. Review of documentation and interviews with key informants¹¹⁵ reflects that through involving the Ministry as the main IP, UNFPA ensures that the key actors are on the same page in their understanding of the issues, are able to approach the work in a complementary and synergistic manner, and most importantly, the national ownership of UNFPA interventions is thus established.

➤ **UNFPA approaches partnerships as a key strategy for achieving its programmatic objectives**

It is assessed that UNFPA approaches partnerships as a key strategy for achieving its programmatic objectives. The partnership with the VP of Women Affairs office, for example, helped link concerned UN entities to the VP’s office around women empowerment¹¹⁶. The partnership with SWO greatly helped put into place the WGPSS in emergencies’ context, in the aftermath of the 2019 floods. UNFPA put in commendable effort in engaging MFA as a key partner that helped navigate the UNFPA mandate in Iran in a complex operating environment¹¹⁷. UNFPA’s efforts to bring the issue of DD and elderly population to the top priorities of the Government agenda by making new partnerships with national and international entities, is noteworthy¹¹⁷. It was noted that UNFPA staff’s ability to coordinate the implementation of programmes, their technical expertise, professional skills and in-depth experience in PD and SRH, resulted in clear formulation of tasks for training, research, etc., as well as to form recommendations for advocacy and dialogue with Government partners. This has contributed to strengthening the UNFPA-GoI partnership¹¹⁸.

Sexual and Reproductive Health – Partnerships:

MoHME is UNFPA’s main partner under the SRH component of the programme. More than forty years of

¹¹² Review of AWP, project documents, Key Informant Interviews Jan-Mar 2021

¹¹³ UNFPA Iran Country Programme Document 2017-2021; CO Resource Mobilization data

¹¹⁴ Interview with Donor Rep as part of Key Informant Interviews, Jan-Mar 2021

¹¹⁵ Review of UNFPA business model; AWP; comments from UNFPA staff and IP Reps as part of Key Informant Interviews, Jan-Mar 2021

¹¹⁶ Interviews with UNCT Reps and RCO staff as part of Key Informant Interviews, Jan-Mar 2021

¹¹⁷ Interview with IP Reps as part of Key Informant Interviews, Jan-Mar 2021

¹¹⁸ Interviews with IP Reps as part of Key Informant Interviews, Jan-Mar 2021

partnership with MoHME has been one of the most successful examples of effective collaboration with the leading Government health authority in the country. There is evidence¹¹⁹ that the collection of interventions that UNFPA has implemented to reduce MMR in partnership with Maternal Health Department of MoHME, are very valuable for the country. UNFPA-Iran, in partnership with IUMS and mainly in the context of SSTC, achieved great success in maintaining and promoting SRH of most vulnerable Afghanistan refugees in Iran¹²⁰. During CP6, UNFPA widened its partner base with the establishment of new partnerships with SWO to help creating WFSs for women and girls, especially during crises such as floods and earthquakes¹²¹. There is scope for maximizing the potential of UNFPA for working directly with various universities and NGOs during the upcoming CP7, as it was found that this involvement remained limited during the currency of CP6, even though it had been more during the previous cycle¹²².

Given that HIV/AIDS is an important part of UNFPA's mandate, especially from the perspective of integration of HIV response in SRH, and also of Iran's 6th FYDP, UNFPA's solid partnership with the CDC department of MoHME has improved HIV/AIDS prevention indicators. UNFPA is working with CDC on populations most at risk of HIV. As a vulnerable population in terms of SRH, HIV high-risk populations are targeted through interventions in partnership with UNICEF, UNAIDS and WHO through capacity building and technical inputs of VCT centres, Women Centres, and AWBCs. UNFPA's joint programmes with these agencies enhanced cooperation between the 4 UN agencies for delivery of higher level outcomes, with each agency bringing in complementarity through its respective comparative advantage and KIIs reflected that UNFPA's added value is significant¹²³. In AWBCs, UNFPA jointly with UN partners, works to establish and enhance the programmes for adolescent and young people that are the most vulnerable and out-of-school. Increased HIV testing, adherence to treatment and reductions in transmission, are some of the outcomes of these joint programmes. In terms of donor partners, CPE findings indicated that UNFPA has been successful in partnering for SRH interventions with donors such as ECHO, UBRAF, GHRP, Norway, Netherlands, EU, and Italy. By gaining the trust of donor countries, UNFPA was able to spend donor funding on increasing the access of high-risk populations such as adolescents most at risk of HIV to SRH care services, and also providing access of Afghan refugees in Iran to safe motherhood services¹²⁴.

Where it was applicable and appropriate, UNFPA was able to facilitate advancement of partnerships between Iran and other countries in the SRH area through establishment of formal South-South Triangular Collaboration (SSTC) arrangements with entities that supported country-to-country exchange of knowledge and experience. An example is the agreement with Afghanistan and Syria, that facilitated study visits by key stakeholders from Afghanistan and Syria to Iran. These collaborations have had positive outcomes¹²⁵. In relation to Syria, UNFPA-supported interventions are limited to the training of Syrian obstetricians at the IUMS, and study tours for Syrian delegation to visit the PHC network, but in relation to Afghanistan, a diverse range of interventions have been supported by UNFPA. These include: i) improving maternal health in Afghanistan through collaboration with an Iranian-Afghan academy was another outcome of SSTC; ii) midwifery training for Afghan girls at the master's level in Iran to return to Afghanistan after graduation, iii) building the capacity of midwifery department in Kabul Medical University through developing a midwifery education curriculum.

Population and Development – Partnerships:

Key PD partners for the population data and DD output includes SCI, UT, & MoCLSW's two offices namely the Office of Support and Empowerment (OSE) & the Deputy of Employment (DoE)¹²⁶. SCI is the main Government entity on production and dissemination of official population and development related data. The partnership between UNFPA and SCI had a solid effect on strengthening the national capacity of SCI in producing and disseminating disaggregated, valid and reliable data. Through multiple SSTC and technical assistance activities, the CO has helped SCI in using new census and survey techniques. Currently, SCI is planning for its first registration-based census of 2026 and the role of the UNFPA CO in this transition is noteworthy¹²⁷. Both SCI and UT are involved with analysis of existing data and production of evidence for different topics such as DD profile and

¹¹⁹ Review of UNFPA annual reports and Interviews with Rep from IPs and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹²⁰ Review of Afghan SSTC good practice, UNFPA, 2020, and AWP; Interviews with IP Rep as part of Key Informant Interviews, Jan-Mar 2021

¹²¹ Review of AWP and Interviews with Reps from IPs as part of Key Informant Interviews, Jan-Mar 2021

¹²² Review of AWP and Interviews with Reps from UNFPA CO and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹²³ Interviews with Reps from other partners/UN entities, IPs and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹²⁴ Interviews with Rep from donors, IPs and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹²⁵ Review of Afghan SSTC good practice, UNFPA, 2020, and AWP; Interview with IP Rep as part of Key Informant Interviews, Jan-Mar 2021

¹²⁶ Review of programme documents including AWP.

¹²⁷ Review of programme documents (APRs) and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

National Transfer Accounts (NTA) profile. The partnership between the CO and both SCI and UT strengthens the DAP process and enhances the ability of GoI in evidence-based policy making¹²⁸. Partnership with the two offices of MoCLSW is relatively new and is related to emerging demographic dynamics due to the country's recent/ongoing transitions. To help GoI harness the benefits of the DD, the CO has different programmes with the OSE which strengthens the DAP process¹²⁹. Unlike the SCI and UT programmes which emphasize on data and analysis, the programmes with OSE are tilted towards policy and generating policy briefs and plans of action, and providing technical assistance to review and develop new strategies/action plans to provide social and empowerment services to FHHs. The activities with DoE are also aimed at harnessing the DD capacities by showcasing the existing demographic opportunities at higher policy level and enhancing the national capabilities to harness the DD through evidence-based policies and programmes¹³⁰.

UNFPA's work to harness the DD is reflected in its partnership with MoCLSW & SNCE and they are also keen to expand the work. UNFPA is expanding the programme and positioning itself amongst the UN agencies that can support GoI and SWO to target youth and women. This is significant as it is challenging to bring the women empowerment lens to mainstream programming¹³¹.

Key partners for the output on population ageing and needs of older persons, are SNCE of SWO and OHE of MoHME. Both partners of this output are relatively new to the CO and relate to interventions focusing on age structural transition and rising numbers and proportion of the elderly population in Iran. Similar to programmes with MoCLSW's offices which emphasize on policy and evidence-based policy making, the activities with SNCE are tilted towards policy in the DAP process. However, there are activities related to both data and analysis as well. The main success story of UNFPA's partnership with SNCE is the development of the NED. Related IPs are keen to receive UNFPA's continued support in implementation of this document and other activities targeting the growing elderly population¹³². Enhancing national capacities through SSTC activities, development of plan of actions (e.g. for AFE), conducting surveys and assessing the impact of COVID-19 outbreak on elderly, and COVID-19 emergency response and aid to elderly care centres in limited provinces, are other products of effective partnerships. The CO partnership with OHE is very recent, and includes activities such as training and development of training materials, guidelines for elderly care, and developing a long-term care strategy in collaboration with WHO. Although this newly emerging partnership seems promising, one needs to wait and see if it can deliver the expected outcomes¹³³.

In general, the partnerships with different IPs in the PD area have contributed to an enhanced DAP process. The data- and analysis- related activities have a long history that goes back to previous CPs and hence have more profound effects on building the national capacity. Policy related activities are new as the related IPs and areas requiring these types of programmes are new as well. Therefore, more work and push is needed in this area. As human capital is the backbone of any development plan and policy, the country's DD profile provides an opportunity for the CO to form new partnerships with both national (e.g. Budget & Planning Organization, Civil Registration Organization, Provincial level entities, NGOs) and international (e.g. UNDP, UNICEF, international NGOs) entities and play a key role in the formulation of development strategies/plans in Iran¹³⁴.

4.2 Answers to Evaluation Questions on Effectiveness

As a measure of effectiveness of achievement of programme results under the three CP outputs, an assessment of the CPD output indicators was made during the course of the evaluation exercise¹³⁵. The assessment reflected that in general, the selection of indicators to measure the degree of achievements of the outputs seems rational, but few observations have been made regarding some areas of concern regarding their selection, design and target-setting. With regard to the SRH output, it is impressive that the number of action plans and strategies developed to improve the quality of interventions to end preventable MM exceed the planned target. A total of six action plans for

¹²⁸ Review of programme documents (APRs) and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹²⁹ Review of programme documents and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹³⁰ Review of programme documents (e.g. APRs & reports produced as a result of activities) and Interviews with different IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Feb 2021.

¹³¹ Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹³² Review of programme documents (AWPs, APRs) and Interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

¹³³ Review of programme documents (activity reports, AWPs, APRs) and Interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

¹³⁴ Review of programme documents and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021.

¹³⁵ There are three outcome indicators in the CPD: Percentage of live births attended by skilled health personnel; Increased national budget for SRH; Number of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets; however, the ET was unable to evaluate these indicators due to lack of data. The CO has no reliable baseline and current data for these indicators and the latest reliable DHS survey data is 11 years old (DHA-2010).

Preventing Maternal Mortality, rather than the two targeted, were developed during the CP6 period, because separate action plans have been prepared for each of the six provinces with the highest MMR. The costed SRH package is ready but has not been implemented yet. Incidentally, the three action plans/strategies reported under SRH within families, are all related to HIV/AIDS. In the PD area, more evidence was produced than planned. This reflects that the PD component provides an entry point for the CO to promote new strategies and action plans, due in part to the new demographic dynamics in the country. Hence, the CO has reported having achieved more than the initial target values. As the achieved values for most indicators of PD outputs are higher than the set target values, it demonstrates that more thought needed to have gone at the design phase of the programme while setting the indicators and their target values. It is also observed that monitoring of indicators was not done appropriately as per CP indicators. It should be noted, however, that in spite of low target values for each indicator, the CO has raised the bar high each year to achieve more under each indicator. For two consecutive years (2019 & 2020), new indicators were created under SIS to highlight the new intervention (psycho-social support package and HIV service for youth) that are in line with UNFPA's mandate.

On humanitarian and emergency settings, the two related indicators (i.e. indicator 4 of SRH output and indicator 3 of PD's output 2) are not coherent with the CP. Indicator 4 of SRH output was supposed to measure national level of preparedness for delivering RH services in disasters and emergencies. The data to report on this indicator is not generated by the CO-supported mechanisms. As the CO did not have access to relevant data (due to discontinuation of the MoHME survey related to emergency preparedness), there is no reliable data available for measurement of this indicator since 2017. The third indicator of the 2nd output (i.e. PD area) measures the establishment of a data collection and dissemination mechanism on preparedness and response in emergencies. There is no activity and progress reported on this indicator (*as the establishment of a mechanism as targeted under the indicator was not achieved*) in spite of creation/formulation of FHH dashboard and Aging Information System during the current CP, which could be used in emergency settings. As humanitarian activities are major entry points for the CO, suitable and well-designed 'SMART'¹³⁶ indicators are needed to measure the achievements in this area. This would need to be kept in perspective for CP7 results framework development.

Key findings regarding progress on achievement of annual targets set under these output-level indicators towards achievement of programme results, are reflected in table 4.1.

Table 4.1: Achievement of programme results under CP6 Outputs

| Output | Indicators | Baseline 2017 | Target 2021 | Current | Remarks/Results |
|---|---|---------------|-------------|---------|---|
| Output 1: Increased capacity of national institutions to develop evidence-based policies and action plans for high-quality integrated sexual and reproductive health services for women and men, with focus on at-risk populations, including in disaster and emergency settings | Indicator 1.1 Number of national action plans and strategies developed to improve quality of interventions to end preventable maternal death available by 2021 | 0 | 2 | 6 | Action plan for Preventing Maternal Mortality in 6 provinces (Separate action plan developed for each province) |
| | Indicator 1.2 Availability of costed reproductive health service packages by 2021 | 0 | 1 | 1 | Costed reproductive health package in place |
| | Indicator 1.3 Action plans and strategies to promote sexual and reproductive health within families available by 2021 | 0 | 1 | 3 | 1) Road map for HIV services for youth, 2) PPP (public-private partnership) strategy for women at risk of HIV, 3) Development of strategy for service provision of key populations and women at risk of HIV |
| | Indicator 1.4 Increased national level of preparedness for delivering reproductive health services in disasters and emergencies with a focus on women and most at-risk populations, by 2021 | 29% | 43% | 32% | The latest data available for this indicator is the 2017 survey. |

¹³⁶ SMART: Specific; Measurable; Achievable and Attributable; Relevant and Realistic; Time-bound, Timely, Traceable, and Targeted

| | | | | | |
|---|--|---|---|----|---|
| Output 2: Increased availability of population data and analysis to inform strategies and action plans on the implications and benefits of demographic dividend | Indicator 2.1 Number of <u>evidence-based analytical and thematic reports on demographic dividend</u> and its implications generated by 2021 | 1 | 4 | 12 | 1) NTA report, 2) census analysis on women, 3) Census analysis on youth, 4) NTA and women empowerment dimensions, 5) DD profile of Iran, 6) Analytical report on impact of youth and women economic participation on selected economic indicators, 7) situation analysis of FHH, 8) report on population related indicators of SDGs, 9) Socio-economic impact of covid-19 on women and youth, 10) FHH report, 11) Policy brief, & 12) Mapping study on DD and youth |
| | Indicator 2.2 Number of <u>strategies and action plans</u> addressing the issues of the demographic dividend available by 2021 | 0 | 1 | 2 | 1) DD roadmap, & 2) draft action plan for provision of social services for FHH |
| | Indicator 2.3 Mechanism for <u>data collection and dissemination on preparedness and response</u> in emergencies available by 2021 | 0 | 1 | 0 | No progress reported for this indicator. |
| Output 3: Increased availability of evidence to support national formulation of social and welfare policies, strategies and action plans to address population dynamics with a special focus on population ageing and needs of older persons | Indicator 3.1 Number of <u>evidence-based analytical and thematic reports on population dynamics</u> , including population ageing and related issues generated by 2021 | 1 | 6 | 7 | 1) GAWI report of Iran to show the socioeconomic status of older people prepared and launched, 2) 3 technical reports on population ageing, 3) The pilot report of the National Survey of Older Persons in Farsi is available, & 4) Analysis to monitor changes in the situation of Older Persons in light of Covid-19 to inform response plans and interventions. |
| | Indicator 3.2 Number of <u>sectoral social policies, strategies and action plans</u> that take into account <u>ageing related issues</u> with a focus on specific vulnerabilities available by 2021 | 0 | 2 | 2 | 1) Plan of Action including M&E framework on Ageing Strategy available for implementation (NED), and 2) AFE pilot Plan of Action (POA), including Community Driven Development (CDD), available for implementation. |

EFFECTIVENESS:

EQ4E: To what extent have interventions supported by UNFPA (including through SSTC) contributed to sustainably¹³⁷ improved **access to all elements of integrated sexual and reproductive health services** for women and adolescents including vulnerable populations, and in particular increased access to quality HIV and STI prevention services for young people and at-risk population?

Summary of findings: UNFPA interventions in the field of SRH are focused on maternal health services, HIV-prevention interventions and SRH-care services in emergencies and humanitarian crises. UNFPA has worked in close collaboration with UNAIDS to play a lead role in programming of HIV and STI prevention services at national/sub-national levels. Following changes in the population policies, that created limitations for UNFPA to cover the full spectrum of interventions in SRH, UNFPA has still been able to provide a relatively complete range of SRH-care services to at-risk target groups young people, through supporting STI/HIV preventive programmes, and using HIV prevention interventions via supporting AWBCs, VCT Centers and Women Centers to address their comprehensive SRH needs. It actively contributed to improved access to SRH-care services for vulnerable target population for COVID-19. UNFPA's solid partnership with concerned Government departments has been very valuable in this regard, and the joint efforts have enabled achievement of positive results.

➤ **In line with CP6 design, UNFPA has not supported all elements of comprehensive integrated SRH-care services at national/sub-national levels; it directs technical assistance in limited areas of SRH, based on the**

¹³⁷ The sustainability aspect of this evaluation question is covered under Evaluation Question 8 included under the Sustainability criteria.

request of GoI, and in line with established priorities.

UNFPA is the leading UN SRH agency and in line with the principles of leaving no-one behind, its mandate is to ensure that all women and men, including adolescents and those who are underserved, have access to management and care in SRH-care services and information. Examination of the documents including the final reports of UNFPA interventions, AWP and interviews with relevant stakeholders using triangulation method showed that UNFPA interventions in the field of SRH were limited to maternal health services, HIV-prevention interventions and SRH-care services in emergencies and humanitarian crises. In agreement with GoI, UNFPA has not supported *all* elements of comprehensive integrated SRH-care services at national/sub-national levels. It directs technical assistance based on the request of GoI, and in line with established national priorities.

➤ UNFPA CO created opportunities for and supported interventions that cover SRH of high-risk populations.

UNFPA succeeded in providing a relatively complete range of SRH-care services to at-risk target groups including young people, which would otherwise have had difficulty in accessing these services. UNFPA's solid partnership with concerned government departments has been very valuable in this regard, and joint efforts have enabled achievement of positive results.

UNFPA has worked in close collaboration with UNAIDS to play a lead role in programming of HIV and STI prevention services at national/subnational levels. Supporting procurement and distribution of HPV vaccines, designing STI surveillance and guidelines for adolescence, supporting AWBCs, Women Centres and VCT centres are some examples of the support UNFPA is providing in this regard. According to the results of FGDs with service providers, most of the clients of the three HIV prevention-related centres are vulnerable populations and the interventions supported by UNFPA have increased the access of various at-risk populations¹³⁸. At the time of the initiation of the national PMTCT programme, UNFPA prepared the protocol for implementation and continues to support the programme. Documents revealed that implementation of PMTCT in Iran is one of the strengths of the national HIV control programme¹³⁹. UNFPA is in fact the only agency which provides SRH commodities for high-risk groups. Results obtained from different data sources¹⁴⁰ show that most of the at-risk target populations for SRH are covered by UNFPA Iran programmes via HIV-related interventions, as reflected in the following examples:

- AWBCs were launched for the realization of HIV/AIDS prevention amongst high-risk adolescents via empowering them. The results obtained from the analysis of FGDs showed that the effectiveness of interventions in AWBCs has been appropriate and successful in various areas including raising awareness, improving attitudes and appropriate functioning of adolescents in various topics such as HIV/AIDS prevention, increasing self-confidence, and the ability to say "no"¹⁴¹.
- There are forty Women Centres nationwide that UNFPA has supported, where the services provided cover all aspects of the comprehensive SRH service package. These centres are distributed amongst all provinces and cover at-risk populations including women at high-risk of HIV/AIDS. UNFPA has a leading role to support covering a broad spectrum of SRH-care services in these centres, consisting of capacity building for staff, providing equipment, educational packages for training staff and mobile teams and providing help with HIV and syphilis diagnostic kits. UNFPA's support for Women Centres is no longer to promote and work on vertical separate HIV programming; instead, a more integrated, people-centered SRH approach has been adopted¹⁴². In this approach, services are tailored for different at-risk populations to meet their needs including prevention services¹⁴³. The effects obtained from these centers far exceed the expectations of UNFPA CO. This is the way forward that demonstrates how sustained approaches can be adopted for more impact.
- VCT centers were introduced in Iran in 1995, and have served as an important tool in the prevention of HIV infection ever since. These centers provide a dialog between the counsellor and client to offer information about HIV/AIDS testing, benefits, and risks associated with the disease. The findings of the CPE revealed that

¹³⁸ FGDs with VCT Centers, AWBCs and Women Centres providers and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹³⁹ Kazeroni P, et al. Prevention of mother-to-child HIV transmission program in Iran. BMC Public Health 2021; 21(483).

¹⁴⁰ Review of Several documents, AWP, and Rep from several IPs and beneficiaries as part of Key Informant Interviews, Jan-Mar 2021

¹⁴¹ Report of visits to the AWBCs; Andrea Irvin, international consultant, 2019.

¹⁴² FGDs with Women Centers providers and Interviews with Reps from IPs and SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹⁴³ FGDs with Women Centers providers as part of Key Informant Interviews, Jan-Mar 2021

VCTs act as an effective strategy to facilitate behavioural change for HIV prevention¹⁴⁴. It offers an entry point for early care and support for those infected with HIV, and for PMTCT. VCTs also plays a role in reducing stigma and discrimination. These centers are supported by UNFPA in partnership with UNICEF, UNAIDS and WHO.

UNFPA Iran's efforts to set up sentinel surveillance of STIs and work with MoHME to increase the knowledge base and the data and surveillance of neglected diseases, such as STIs, is a promising and creditable achievement, in a situation where the prevention and control of STIs is not integrated into public sector SRH programmes. The Women Centers are the only health units in Iran where UNFPA can provide almost the full range of SRH-care services to the high-risk populations going beyond HIV prevention and treatment. This gains importance in light of the conditions prevailing in Iran. Despite the sensitivities associated with SRH, the fact that MoHME has made it possible to carry out HIV-related interventions that can help alleviate the stigma of AIDS, which is considered as a disease, can be categorized as a significant achievement of UN agencies in Iran, including UNFPA.

➤ **UNFPA's interventions in the field of STI/HIV prevention amongst different vulnerable populations could be a good model for other Muslim countries.**

In overall terms, UNFPA's interventions in the field of STI/HIV prevention amongst different vulnerable populations including out of school adolescents and men and women at risk of STI/HIV, could be a good model for other Muslim countries, implemented in partnership with the Government and with other stakeholders. The review of the available documents⁸², as well as KIIs¹⁴⁵, suggest that most of these at-risk populations are largely covered in AWBCs, Women Centers, that enabled UNFPA to make use of its comparative strength, and promoted national ownership of supported interventions, programmes and policies. SSTC can be explored as a mechanism for exchanges with Muslim countries.

➤ **The CO has actively contributed to improved access to SRH-care services for vulnerable target populations for COVID-19 response.**

Following the COVID-19 pandemic and under the UN integrated action through the COVID-19 Preparedness and Response Plan (CPRP), to support the efforts of GoI to manage and control the pandemic, UNFPA provided quality SRH-care services to women and girls and population at-risk of HIV/AIDS, providing technical assistance to end preventable MM, and prevention of violence and harmful practices against women and girls in humanitarian context¹⁴⁶. Review of evidence⁸³ and KIIs¹⁴⁷ reflects that UNFPA in partnership with UNDP conducted a rapid needs assessment through CDC and Mental Health departments of MoHME, as well as through SWO examining the scope of their SRH and mental health services, the number of personnel, available resources and, number of beneficiaries/ end-users. By repurposing its funds, UNFPA supported MoHME to provide several COVID-free centers and hospitals. In association with the Maternal Health Department of MoHME, UNFPA was very active in ensuring that there is continuity of RH services during COVID-19 via providing necessary equipment for MICU (Mobile Intensive Care Unit) for 12 centres nationwide¹⁴⁸. In overall terms, the UNFPA CO was/is an active contributor to country level coordination, planning, and monitoring of interventions to provide SRH-care services for vulnerable populations for COVID-19 response¹⁴⁹.

➤ **UNFPA has worked towards establishing the principles of integration of SRH in the national service delivery system.**

Examination of documents¹⁵⁰ and interviews with stakeholders¹⁵¹ show that MoHME has invested heavily in some areas of SRH-care services with the support of UNFPA, and these benefits are provided nationwide. These services include: pregnancy-related services, including safe delivery and emergency obstetric care; treatment of AIDS and diagnosis and treatment of STIs. However, the integration is implemented at the service delivery level. At the

¹⁴⁴ FGDs with VCT Centers providers and Interviews with SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

¹⁴⁵ Interviews with Reps from several beneficiaries as part of Key Informant Interviews, Jan-Mar 2021

¹⁴⁶ Report of United Nations integrated action to support the efforts of the Government of Islamic Republic of Iran to manage and control the COVID-19 pandemic and mitigate its impacts on the most

¹⁴⁷ Several Key Informant Interviews, Jan-Mar 2021

¹⁴⁸ Interviews with Reps from IPs as part of Key Informant Interviews, Jan-Mar 2021

¹⁴⁹ Review of AWP and Interviews with Rep from IPs as part of Key Informant Interviews, Jan-Mar 2021

¹⁵⁰ Islamic Republic of Iran ICPD Review Report, 2018

¹⁵¹ Several Key Informant Interviews, Jan-Mar 2021

macro level of MoHME, integration is lacking, and each department operates separately and independently. In 2018, UNFPA tried to develop a work plan for MoHME to improve coordination and integration of macro-level SRH-care services. UNFPA CO remains keen to pursue the principles of integration and has tried to work towards it, but has not yet succeeded.

NOTE: Regarding sharing of knowledge and experiences through SSTC interventions for STI/HIV interventions, no evidence of such exchanges was noted during the currency of CP6.

EFFECTIVENESS:

EQ5E: To what extent has UNFPA support, including through SSTC, contributed to **improved disaggregation in demographic and socio-economic data** to ensure that evidence-based development and implementation of plans, programmes and policies including SRH policies and services, reflect the needs of a variety of stakeholders, including the elderly and those furthest behind?

Summary of findings: UNFPA has activities with different IPs that contribute to the Data-Analysis-Policy (DAP) process. Almost all of the PD activities in some way are related to one or more aspects of the process. By identifying the existing gaps and based on the GoI needs, UNFPA is a major capacity builder in the DAP process. It acts in a unifying role in joining data from different sources in the form of dashboards. It also helps in analyzing existing data to identify newly emerging dynamics (DD, aging etc) and advocates for these issues and needs of vulnerable populations at policy level. UNFPA thus remains effectively involved in supporting GoI's evidence-based policy making/programming. UNFPA was successful in including DD, aging, and elderly issues in the development agenda of Iran. It also played a significant role in the ratification of the National Elderly Document. The capacity of IPs on preparation of policy briefs and related papers is also seen to have increased. The CO is helping GoI during the imposition of unilateral sanctions, by bringing knowledge/expertise through SSTC mechanism, which serves as a useful option for both knowledge sharing and enhancing policy options, and is recognized by GoI as being positive, important, and two-directional.

Although there are some policies and programmes which target vulnerable populations in Iran, Some welfare policies and specialized national institutions such as SWO, Imam Khomeini Relief Fund, and Barakat Foundation target those who are furthest behind the average population, and are the most deprived. Attention to the needs of vulnerable populations has been growing in Iran's top policy level especially after the imposition of unilateral sanctions and new conditions that emerged following the COVID-19 pandemic¹⁵². For a comprehensive approach for inclusion of vulnerable populations' needs at policy level and evidence-based policy making, one needs to identify the gaps and needs in the DAP process.

There are some contextual challenges and opportunities for targeting the needs of vulnerable populations in the national policy agenda. The first issue relates to definitions and meanings surrounding the issue of vulnerable populations. As a result of differences in the definitions of which groups consist of vulnerable populations, gaps remain and some demographic groups are not taken into account at policy level. There remains, however, a demand from different national institutions for an enhanced and enabling policy environment which targets identified vulnerable populations. The focus on FHHs for example, is a national priority for GoI, and showcasing and demonstrating the impact of successful interventions, especially by international agencies, helps give a push for the needs of vulnerable populations to be made part of public policy priorities. Another main issue relates to access to data, which is scattered amongst different national organizations, with no centralized data depository, hence some extra effort is required to identify vulnerable populations. Another issue is that available data is mostly being used in its raw form, without analysis, which can in some cases lead to misleading policy options. Hence there is a need for improvements in the DAP process and most PD activities of CP6 target these needs and gaps¹⁵³.

GoI has significant amount of data, produced by both census/survey and routine registration systems, to inform policy and SCI publishes disaggregated data for this purpose or makes the needed data available on request. SCI is the focal point for most data activities related to census and surveys, and has been a close partner of UNFPA in successive programme cycles. New dashboards are being created which aim to use different sources to create a centralized data platform for policy makers and related national entities. For instance, FHH and elderly dashboards that are created through UNFPA support to make data available to MoCLSW and SWO. Planning is underway for the next census of Iran (in 2026) to be conducted in the form of registration-based census, where the CO's contribution to this shift was included at the initial planning and preparation stage mainly through SSTC activities. The shift in census procedure requires SCI to have access to most registration systems data and will enable SCI to become the focal point for both census/survey and routine registration data. With regard to SRH-related data, the two main sources are: the periodic population-based surveys and routine registration systems. All three recent DHS

¹⁵² Review of national documents (FYDPs) and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021.

¹⁵³ Interviews with IP Reps as part of Key Informant Interviews, Jan-Mar 2021

{2000, 2010, and 2015 (not being used due to low quality)} were conducted with the support of UNFPA. Using a DHS, very important indicators related to SRH can be extracted. As no population-based survey has been conducted in the last 10 years and the current registration system does not meet all the needs of SRH data, there is a significant gap in this area for evidence-based SRH-related policy-making.

➤ **By focusing on the Data-Analysis-Policy (DAP) process, the CO helps national entities in identifying the vulnerable populations and brings their needs into the national policy agenda by advocating for their wellbeing.**

Given the above context, CP6 focuses on the DAP process as a major goal for its PD component. The aim is to enhance national entities' capacities and expertise on data production and management (e.g. in the form of surveys, dashboards, and new census platforms etc.), analysis of existing data and discovering the emerging dynamics (e.g. DD, NTA, and elderly profile), and use of the products of Data and Analysis in public Policy setting in the form of evidence-based policy making (e.g. policy briefs, plans of action, concept notes etc.). By focusing on the DAP process, the CO helps national entities in identifying the vulnerable populations and brings their needs into the national policy agenda by advocating for their well-being. The CO activities/programmes on FHHs, elderly population, and women and youth empowerment are examples of UNFPA's efforts to help and advocate for vulnerable populations. As an example of identifying vulnerable populations through Data and Analysis, and advocating for their inclusion in Policy, one can mention the elderly population. As the number of elderly is rising due to past demographic dynamics, the CO has supported a Data dashboard on the elderly, Analysis of different topics on aging, and drafting a national policy document on the elderly (i.e. the NED)¹⁵⁴.

Although the CO was able to effectively fill some gaps in the area of identification and promotion of vulnerable populations, given the context and challenges listed above, it should be noted that not all gaps are filled and lack of data on identifying some vulnerable populations and addressing their needs, still exists. For instance, there is no data on the quality of life of disabled people and their needs¹⁵⁵.

UNFPA has activities with different IPs that contribute to the DAP process. Almost all of the PD activities in some way are related to one or more aspects of the process. Results of these activities contribute to improved DAP process in the country. Examples of these results include: i) FHH dashboard made available to MoCLSW, and elderly information system being developed for utilization by SWO (SNCE), are examples of the UNFPA activities on Data to be used for both emergency and development situations; ii) analysis of census results, NTA project reports, sustainable development indicators report, DD reports, & the Global Age Watch Index (GAWI) report are examples of the results of the CO activities on analysis/research aspect of the DAP process; and iii) final reports of plans of action, concept notes, policy briefs, and the NED¹⁵⁶ are results of UNFPA's contribution to policy and advocacy¹⁵⁷.

The CO activities with SCI and UT are mainly focused on data and analysis aspects of the DAP process. Activities with executive-oriented IPs; i.e. MoCLSW, SWO (SNCE), & MoHME are tilted toward policy and advocacy. By identifying the existing gaps and based on the GoI needs, UNFPA is a major capacity builder in the process of Data-Analysis-Policy. It supports the unifying role of SCI in joining data from different sources in the form of dashboards. It also helps in analyzing existing data to identify newly emerging dynamics (DD, aging etc) and advocates for these issues and needs of vulnerable populations at policy level. As mentioned above, the developmental procedure of the NED provides an excellent example of CO involvement in the DAP process.

➤ **UNFPA facilitates multi-sectoral collaboration and effectively supports GoI's evidence-based policy making/programming**

On the DAP process, other than its role on data and analysis elaborated above, UNFPA is seen as an advocate for vulnerable populations. The activities concentrated on FHH and elderly are examples of this role. As mentioned earlier, the CO has an important role in prioritizing the aging issue and the elder population needs in national policy agenda. Situation analysis, concept notes, and policy briefs on FHH are the results of CO advocacy for this vulnerable populations. By finding entry points to bring the needs of vulnerable populations (e.g. HIV, FHH, humanitarian issues, and economic development) to policy and advocating at top policy level for inclusion of these populations, UNFPA is playing and can play a major role in both PD and SRH areas. For instance, the CO finds COVID-19 humanitarian assistance as an entry point to empower FHHs and women of low income families in

¹⁵⁴ Review of national documents, activity reports, and Interviews with IP Reps, academia, and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁵⁵ Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁵⁶ NED is a higher-level policy document and any programme or activity related to elderly should adhere to this policy.

¹⁵⁷ Review of activity reports and programme documents (APRs).

production of PPEs to set an example for creation of similar programs at national level¹⁵⁸. Another important role UNFPA plays is that of a convener. As the CO is bringing multiple players together, e.g. work on aging and elderly, and data issues, it facilitates inter-sectoral collaboration. For instance, different IPs such as SCI, SWO, MoCLSW, and local entities from Esfahan province are involved and often collaborated on different aging issues. Sometimes existing bureaucratic procedures act as an obstacle for sectoral collaboration. When the CO brings multiple entities and players together or the CO mediates between research and policy, these bureaucratic procedures are by-passed¹⁵⁹. Finally, UNFPA is effectively involved in helping GoI's evidence-based policy making/programming. As mentioned earlier through involvement at different aspects of DAP procedure, UNFPA was successful in including DD, aging, and elderly issues in the development agenda of Iran. It also has a significant role in ratification of the NED, which is the highest national policy document on elderly and aging issues. The capacity of IPs on preparation of policy briefs and related papers is seen to have increased thanks to different training workshops, seminars, and conferences through SSTC activities¹⁶⁰.

➤ **UNFPA brings in knowledge/expertise through the SSTC mechanism, and supports GoI in knowledge-sharing and enhancing policy options, thereby playing an effective role in the PD area**

SSTC is a useful platform for both knowledge sharing and enhancing policy options. The CO has been quite successful in bringing international expertise and exposing national experts to new ideas through SSTC. Successful examples include collaboration with SWO (SNCE), which led to ratification of NED and SCI on enhancing the national capacity to plan for the first registration-based census in 2026. UNFPA is also engaged in academic capacity building by supporting both technical assistance and research activities. GoI views SSTC activities as positive, important, and two-directional. As SSTC effectively brings knowledge and new ideas, some IPs prefer these activities more than funds allocated for other programmes. By increasing capacity of national experts on DAP process, the SSTC activities also enhance evidence-based policy making/programming. As an example of SSTC activities on data, one can refer to useful activities of SCI with Statistics Korea at the early stages of planning for registration-based census, and with the National Statistical Authority of the Philippines on population-related indicators, leading for preparation of SDG indicators report. There was also an exchange with Vietnam on community-driven development for older persons which led to piloting the Age-Friendly Environments in city of Esfahan and preparation of related policy briefs and documents for expansion at national level. These activities are beneficial for both UNFPA and IPs as they need minimal funds and also expose GoI to new ideas. Other than activities on elderly, data, long term care, GAWI, and preparation of NED which resulted in some positive changes in the PD area, and from which Iran gained from global experiences and knowledge, Iran can share its knowledge and best practice experience on PHC, UBI, and Rural Health System with other countries.

During the Bali inter-ministerial conference on SSTC in 2018, UNFPA-Iran's IPs benefited from the knowledge and experience of other countries in the area of PD¹⁶¹. UNFPA Iran also facilitated and accelerated the exchange of knowledge and provided grounds for partnership building on the issue of aging. It was the main co-organizer and coordinator, in partnership with HelpAge International and MoCLSW, of the Regional Ageing Conference with focus on Health, Income and Social inclusion, that brought together more than 400 international and national participants from more than 25 countries in the region and beyond. UNFPA brought in high level policy makers from the country, and a key tangible outcome was that as a result of the technical and high level political discussions during the conference, GoI made the decision to develop the NED for the first time in Iran which was officially endorsed and launched in 2020, and UNFPA has been mentioned as the key international partner in this formal document.

GoI is very keen for the SSTC mechanism to be strengthened and feedback from key GoI informants reflected a strong interest for UNFPA to pursue SSTC initiatives, reflecting that there is great capacity to expand cooperation with UNFPA-Iran in this area. To quote a key informant¹⁶²: *“South-South cooperation is a very important aspect of our activities one aspect is that it does not need considerable financial resources, and for a country like Iran which is under severe unilateral sanctions, making transfer of financial resources difficult, South-South cooperation is a paradigm of good cooperation between countries to share our experience and good practices.... For example, our rural health system is a good example in the region, which has been recognized by many organizations. It is taking care of the people in their own areas, sometimes a more advanced manner than in our urban areas, so this is a good example*

¹⁵⁸ Review of activity reports and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021.

¹⁵⁹ Interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

¹⁶⁰ Review of activity reports and programme documents (APRs), and interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

¹⁶¹ Review of UNFPA CO Annual Progress Report

¹⁶² Representative of Government coordinating entity, as part of Key Informant Interviews, Jan-Mar 2021

of how we can extend the medical services, including maternal services to a good number of people and part of the population.”.

EFFECTIVENESS:

EQ6E: To what extent has UNFPA successfully **strengthened women empowerment** in the design and implementation of interventions under the country programme?

Summary of findings: By adjusting itself with GoI policies, the CO was successful in finding opportunities and common ground with GoI to have some level of effective engagement on the needs and necessities of women. UNFPA has activities on all three aspects of the DAP process which target women. Technical assistance, capacity building, and SSTC activities, also contributed to increased institutional capacity of national entities on women empowerment. UNFPA protected women and girls during and after the 2018 earthquake and the 2019 floods, working with SWO on WFS, and PPE production by FHH as COVID-19 response. In overall terms, the CO was able to find opportunities with GoI by building trust and gaining respect to go even beyond its initial plans to empower women and young girls.,

➤ **Addressing women empowerment remains a challenge, resulting from a confluence of factors**

Some challenges for mainstreaming women empowerment in Iran associated with socio-cultural, economic, and demographics of women include: increasing number of never married elders; expected increase in number of elderly women living alone due in part to marriage squeeze experienced by baby-boomer generation and less common practice of re-marriage after becoming widow; low labour force participation of women mainly due to economic problems; insufficient data on indices related to the needs of women; and cultural issues could be mentioned for this challenge. Other challenges relate to availability and accessibility of data. Although most existing data is disaggregated by sex, there are gaps in some social aspects. It should be noted that publishing sex disaggregated data is necessary for an approach towards women empowerment, but to empower women, one needs to go beyond that. For instance, as population of older age is increasing and a disproportionate number of the elderly are women, data on loneliness, mental health, low social engagement, and life satisfaction are missing for elders. Another challenge to mainstream women empowerment is related to the contextual environment. By adjusting itself with the Government’s policies, UNFPA finds opportunities for working on the needs and necessities of women. For instance, interventions targeting FHHs are an opportunity for addressing some of the issues, or interventions on data collection and analysis include activities which reflect some of the gaps. These are examples of successful involvement of the CO, and are areas that are well-recognized by the Government.

In overall terms, the CO went beyond its initial plans to mainstream women empowerment. Even though the related UN Theme Group was not functioning before its revival by UNFPA in 2019, the CO initiated activities on women empowerment, especially through joint programming and partnership with other UN agencies. By building trust and being transparent in forming a partnership with the GoI, the CO was able to initiate women empowerment activities. UNFPA’s activities, especially those through technical assistance, capacity building, and SSTC activities, also contributed to increased institutional capacity of national entities, e.g. MoCLSW, SWO, & MoH, on addressing women needs and necessities.

Sexual and Reproductive Health –and Women empowerment:

➤ **In the given country context, women empowerment-related interventions under CP6 have been carried out on a limited scale, making use of crises as an entry point**

Interventions aimed at protecting women and girls as one of the focus areas in a women empowerment approach, have been one of the priority SRH areas of UNFPA globally. The CPE findings show that due to the context outlined in the preceding paras, the UNFPA CO has not routinely intervened in issues of SRH. UNFPA made use of the crises that have occurred in Iran in the last four years and implemented interventions via protecting women and girls during and after the earthquake and the floods. UNFPA worked with SWO to provide few WFS as detailed in other sections of this report.

It is noted that under CP6, interventions have been carried out on a limited scale, and therefore caution needs to be exercised in judging the effectiveness of these interventions. Also, despite all the activities and programmes undertaken at the programmatic level, it cannot be said that UNFPA was able to contribute to women empowerment at the national level, which would have required activities to go further beyond some limited programmatic interventions.

Population and Development –and women empowerment:

➤ The CO was successful in finding opportunities and common ground with GoI to have some effective engagement on women empowerment.

Regardless of the challenges listed above, the CO was successful in finding opportunities and common ground with GoI to have some effective engagements on the needs and necessities of women. UNFPA has activities on all three aspects of the DAP process which target women. For instance, on data, the FHH dashboard creates a centralized data platform which combines data from different entities that can be used both for development and emergency activities. It provides different demographic, socio-cultural, residential, nutrition and health, employment, income and expenditure, and social support (cash transfers) indices related to households headed by a female. The dashboard is in use by high level managers of MoLCSW. However, the ET members were not allowed access to this dashboard.

The analysis of the related Dividend, which helped in identifying the low female labour force participation rate in Iran and gaps in DD, and FHH related analysis and research, are examples of the women empowerment approach taken in analysis. The role of the CO in creating and finalizing the NED and policy briefs on FHH are examples of UNFPA's involvement in the policy process. The NED as the top national policy document on the elderly, does not directly include a women empowerment approach. However, as majority of elderly population are women, it has an indirect women empowering effect. The policy briefs on FHHs are women empowerment oriented¹⁶³.

On capacity building oriented activities, UNFPA has been involved in training (e.g. SWO staff), technical assistance (e.g. comparative study on identifying & providing support for elderly women), and presenting global experiences (e.g. experience on women economic empowerment, examples of which include the PPE production by FHH and low income families). The results of these activities are empowered staff, experts, and decision makers who are familiar with global practices on how to empower vulnerable populations including women and those furthest behind. In humanitarian settings, other than SRH related activities, the programme provides service and training for women in both emergency situations as well as in normal circumstances (e.g. WFS). The results of activities in humanitarian setting include empowered women, girls, and vulnerable populations. Piloting AFE in Esfahan city, which later developed into action plans for wider application at the national level, is not directly related to women needs, but as high proportion of the elderly are women, this programme can encourage more elderly women to use the public spheres. In overall terms, the CO was able to find opportunities and common ground with GoI by building trust and gaining respect to go even beyond its initial plans to empower women and young girls. For instance, the psycho-social support package is an activity recently started with MoHME's Social Health Department¹⁶⁴, which targets women and girls. This activity which was not initially included in the CPD, started in 2020, and was later repositioned and expanded due to COVID-19 outbreak¹⁶⁵.

➤ The CO needs to continue to scan the environment and find opportunities to strengthen its support for women empowerment

Based on documentation review and discussions with key informants during the field phase, the analysis undertaken reflects that as a strategy to strengthen women empowerment, it is important to continue looking for opportunities and entry points. Aging population and elderly issues, FHH, Protecting women and girls in emergency, women and DD, women's economic empowerment as life skill for employability, and life cycle approach are examples of potential entry points which could be utilized by UNFPA-Iran to strengthen women empowerment. There should be an effort to find new topics/areas/groups on elderly; e.g. elderly women living alone, illiterate elders, and single/divorced FHH; to implement activities which aim to empower women. There should also be some studies and programmes, including through SSTC and knowledge sharing, for equity promotion for elderly women. Tertiary education is an important tool for empowerment-oriented and equity promotion programmes especially given Iran's very favourable statistics on female tertiary education rate ¹⁶⁶. There should also be an advocacy effort for linkage between the demographic dividend and needs and necessities of women at policy level, and a push for availability of services to enhance choice/health of women. Considering the breadth and depth of related issues at hand, mainstreaming women empowerment in UN programming and

¹⁶³ Review of activity reports and programme documents (APRs)

¹⁶⁴ Review of APR 2020

¹⁶⁵ Review of activity reports and programme documents (APRs)

¹⁶⁶ 47 percent of all university students and 57 percent of Ph.D. students are female, as per Islamic Republic of Iran ICPD Review Report, 2018

advocacy efforts, requires capacity building of UN agencies to consolidate voices when presenting such topics to Government. UNFPA's leadership of the UN thematic working group could play an effective role in this regard¹⁶⁷.

EFFECTIVENESS:

EQ7E: To what extent has UNFPA contributed to improved **emergency preparedness and response** in Iran, including through SSTC, in the area of SRH (including maternal health and protection of women and girls), and in the area of P&D (including support to the elderly)?

Summary of findings: UNFPA activities on emergency and humanitarian situations were timely and effective and addressed the needs of vulnerable populations such as women, FHH and the elderly, before and during COVID-19. Majority of the IPs interviewed confirmed that despite prevailing unilateral sanctions in the country, UNFPA responded with quality and in a timely fashion to all emergencies during the last five years (Earthquake 2017, Floods 2019, COVID-19 2020-21). During the currency of CP6, the CO remained an active contributor to country level coordination, planning, and monitoring interventions to provide SRH-care services for vulnerable populations for emergency preparedness, and in responding to the needs of the elderly population in a humanitarian setting. UNFPA's leadership role in the WGPSS and the UNCT working group on generation of data in humanitarian setting can be drawn upon for garnering inter-agency support for this critical area of work.

➤ UNFPA's support in responding to emergency situations, with special attention to addressing the needs of vulnerable populations, was assessed as being timely and effective.

UNFPA activities on emergency and humanitarian situations, in general, were timely and effective and included vulnerable populations such as women, FHH, adolescents and youth, and the elderly, before and during COVID-19. All key informants, whether IPs, other national partners, direct beneficiaries, development partners, UN entities or UNFPA Regional Office (APRO), acknowledged UNFPA's responsive and agile role in this regard. The UNCT recognizes that UNFPA actively contributed to the collective UNCT response to the Kermanshah earthquake and the 2019 floods¹⁶⁸. A chapter related to the needs and inclusion of women was prepared by UNFPA for the PDNA¹⁶⁹ (Post-Disaster Needs Assessment) report following the 2019 floods, and it also participated in UN missions undertaken to the earthquake hit provinces. The CO ensured the availability of support and human resources, especially through solid support provided by APRO during the response phase.

UNFPA effectively repositioned its programme activities and repurposed its funds to support COVID-19 emergency and was very quick to become an integral part of the UN's COVID-19 CPRP and all other joint UN efforts including the Socio-Economic Recovery Plan (SERP)¹⁷⁰. UNFPA was one of the only two agencies that had pre-positioned medical aids to SWO for emergency response. As part of the health response under the CPRP, UNFPA activities focus in CPRP Pillars¹⁷¹ 1, 2, 3, 6 and 8, covering activities such as: community-based communication strategies targeting pregnant women and elderly/older FHHs, supporting analysis of the disease and its secondary impact on women in reproductive age particularly pregnant women and older persons, provision of uninterrupted care services for pregnant women affected by COVID-19, preventing transmission of COVID-19 to healthy pregnant women, and operational support including procurement and logistics.

➤ UNFPA effectively demonstrated its ability to raise resources in emergency contexts

UNFPA demonstrated its ability to raise resources in emergency contexts most recently in 2020 through mobilization of significant resources from EU/ECHO in support of COVID-19 response, and also earlier success in securing CERF¹⁷² (UN's Central Emergency Response Fund) and GHRP (UNFPA's Global Humanitarian Response Plan) funding. The response to evaluation question #9 on the Efficiency criteria, provides details of the resources mobilized. At the time of Kermanshah earthquake (2018), UNFPA's emergency funding of USD 71,000 being made immediately available for procurement and distribution of 3,000 dignity kits was instrumental in enabling UNFPA to show its commitment as well as efficiency in supporting GoI's efforts in emergency response for the earthquake. This collaboration resulted in MoHME requesting UNFPA's support in undertaking a population-based situation analysis on "integrated psycho-social, maternal and reproductive services in emergency

¹⁶⁷ Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

¹⁶⁸ Interviews with IPs, beneficiaries and UNCT Reps as part of Key Informant Interviews, Jan-Feb 2021 and review of CO APRs

¹⁶⁹ Post-Disaster Needs Assessment document

¹⁷⁰ CPRP and SERP documents and UNCT and RCO interviews as part of Key Informant Interviews, Jan-Mar 2021

¹⁷¹ CPRP document

¹⁷² UN Resident/Humanitarian Coordinator Report on the use of CERF funds Islamic Republic of Iran- Rapid Response - Floods 2019

risk management”¹⁷³. UNFPA’s fast-track option of usage of “bridge funding” at the time of the flood emergency and COVID-19 pandemic¹⁷⁴, proved to be an effective means of making emergency funds available for use very quickly while procedural requirements for availability of funding through regular channels proceeded in parallel and came into effect at a later stage.

➤ **UNFPA is seen as a key player in UNCT humanitarian coordination mechanisms, through its leadership of the WGPSS as well as its lead role in the UNCT working group on Data in Humanitarian setting**

As part of the 2019 flood response, UNFPA Iran was successful in establishing the Women and Girls Protection Sub-sector (WGPSS). This is an inter-agency coordination group set up under the UN humanitarian protection sector, to address immediate humanitarian service delivery needs and actions to respond to the special needs of women, girls and boys including the needed long-term support, building on the Government’s existing systems, structures and mechanisms. APRO considers this as an accomplishment in the context of a country like Iran¹⁷⁵ (where such a group has been set up for the first time), as this support is greatly needed for protecting women and girls in crisis situations. The WGPSS is led by UNFPA, coordinating closely with the Protection Sector and the Child Protection Sub-Sector, and other protection related fora (such as the UNHCR-led Protection Working Group, in place to coordinate the refugee response) to ensure synergies and collaboration to promote protection of women and girls across the humanitarian response¹⁷⁶. The WGPSS aims to facilitate a more predictable, accountable and effective protection response to women and girls protection issues in the context of humanitarian action in Iran, while working with all relevant partners who are addressing women and girls protection issues, including risks and vulnerabilities, as well as UN coordination mechanisms.. A task force was formed (initially comprised of UNFPA with UNHCR and UNICEF) to look into the women and girls protection referral pathway mapping, which identified priority areas covering psycho-social support, health, shelter, to be taken up for deeper engagement with GoI for enhancing services in these areas. Members of the WGPSS felt that there was good momentum to start with, but over a period of time, the need has been felt for this sub-sector/platform to be reinvigorated and made more active, and more action- and outcome-oriented. A roadmap for the sub-sector could help develop a better vision and better translate the discussions and decisions into actions that are critically needed. Member entities look up to UNFPA for leveraging on its good communication pathways established with national partners for them to benefit collectively in this important area of work.

UNFPA leads the UNCT working group on Data in Humanitarian setting¹⁷⁷, meant to serve as an inter-sectoral coordination mechanism on data in humanitarian setting, that would build on existing relevant information systems/databases, and support the UNCT, DMT and the Sectors in coordinating and harmonizing information management activities for humanitarian preparedness and response, and then go beyond UNCT and partner with the National Disaster Management Organization (NDMO) and other agencies within GoI to improve the capacity of data for humanitarian planning, offering effective solutions to be able to improve access and usage of data for preparedness and response using innovation. The UNCT will greatly benefit from the work of this group, and is looking up to UNFPA for its leadership role, as the work of this group can make a significant contribution to the “preparedness” aspect in particular, which UN entities can put to effective use in planning and designing of support interventions.

Given UNFPA’s lead role in the above humanitarian coordination mechanisms, and given their inter-agency nature, UNFPA can draw upon this strength in terms of garnering support from UN partners to back these priorities. UNFPA can consider capitalizing more on the inter-agency aspects and its leadership role in these undertakings, that can also help leverage resources and expertise within the system to build the momentum through the WGPSS.

➤ **UNFPA has not been directly involved in the preparation of national disaster preparedness and response plans, but has succeeded in advocating for integration of RH as a part of the Plan**

UNFPA has not been directly involved in the preparation of national disaster preparedness and response plans of GoI. However, it has been involved with MoHME and also with the Iran Red Crescent Society for years in its advocacy to integrate RH as a part of their agenda. MoHME leads the health committee in the National Preparedness and Response Plan. As a result of UNFPA’s efforts of close engagement with MoHME and IRCS in

¹⁷³ IP Rep interview as part of Key Informant Interviews, Jan-Mar 2021, and review of CO Annual Progress Report

¹⁷⁴ UNFPA CO operations staff as part of Key Informant Interviews, Jan-Mar 2021

¹⁷⁵ Comments from APRO staff as part of Key Informant Interviews Jan-Mar 2021

¹⁷⁶ Terms of Reference of the WGPSS

¹⁷⁷ Terms of Reference of the UNCT working group on Data in humanitarian setting

this regard, the Preparedness and Response Plan of MoHME now has a component on RH¹⁷⁸. This can be considered as an indirect contribution of UNFPA through its consistent advocacy efforts with the Health Ministry. Through its membership of the UN Disaster Management Team (DMT), UNFPA has, as part of the DMT, been in discussion with the NDMO¹⁷⁹ on how to support a revision of national disaster planning and response documents. UNFPA is also working to shift its approach to working with SWO to develop a response plan targeting women and girls. The establishment of WFSs and linking them with MoHME's social health office for health response and preparedness, is part of this effort. UNFPA has been coordinating with OCHA on how it can work with IRCS to support it in reviewing and integrating SRH in their plan. This remains under discussion⁸⁷.

NOTE: Regarding sharing of knowledge and experiences through SSTC interventions for strengthening national capacity for emergency preparedness and response, no evidence of such exchanges was noted under during CP6.

Sexual and Reproductive Health - Emergency Preparedness and Response:

➤ Despite prevailing sanctions in the country, UNFPA responded to emergencies in a timely and effective manner, supporting several SRH-related interventions

The CPE reflects that UNFPA has contributed to the country's emergency preparedness by supporting several SRH-related interventions. Majority of the IPs interviewed confirmed that despite prevailing unilateral sanctions in the country, UNFPA responded with quality and in a timely fashion to all emergencies during the last five years (Earthquake in 2017, Floods in 2019, and COVID-19 pandemic)¹⁸⁰. IPs also reported that UNFPA was very quick and agile, and was in fact the first responder to SRH needs of crises victims by providing dignity kits for women at risk of HIV, mobile clinics in Kermanshah earthquake, providing WFS in Golestan and Lorestan during floods, equipping COVID-free centers for Antenatal and Prenatal Care (ANC & PNC) adaptation for COVID content¹⁷².

As part of the response to 2017 Kermanshah earthquake, UNFPA started distributing 3,000 dignity kits, even before the Government sector declared the need, as the first UN agency to help in the crisis¹⁸¹. These kits were distributed amongst pregnant and vulnerable women. The experience gained from previous crises shows that the needs related to SRH increase during crises. For example, the probability of Premature Rupture of Membrane increases in pregnant women during crises. In this area, from documentation review and according to key informant IPs' opinion, support of UNFPA by provision of 5,000 hygiene kits as well as RH kits to cover 120,000 people during 2019 floods was found to be very useful. . Since the start of the COVID-19 pandemic in 2020, one of the vulnerable populations impacted is pregnant women. UNFPA supported MoHME by providing necessary equipment, technical support and providing tele-medicine approach for SRH-care services¹⁸².

➤ Introduction of the concept of Women Friendly Spaces (WFS) served as a good model for provision of support targeting vulnerable women in the aftermath of disasters, and going beyond that, for job creation

Support for post-COVID-19 women and girls protection research and interventions with the help of the Social Health Department of MoHME, and the setting up of WFS pilot interventions are two successful examples¹⁸³. The **innovative approach** taken under the WFS interventions in particular, deserves special mention. UNFPA played a critical role in introducing the concept of WFS in partnership with local organisations and linking up WFS with local response services during emergencies and establishing the model contextualised to Iran¹⁸⁴. As part of the 2019 flood response, UNFPA and SWO agreed on the establishment of WFSs in two cities of Gomishan in Golestan province and Pol-Dokhtar in Lorestan province. This pilot intervention is considered as a big accomplishment and innovation in the context of a country like Iran, where there has never been a similar intervention to empower women before¹⁸⁵. The idea was to have one NGO and one WFS in each province, starting with provinces that were most affected by the floods. to provide support to women right after the disaster, and then go beyond the disaster to provide these women skills training, and support them socio-economically. The CPE findings show that establishment of WFSs not only provided psycho-social support for women and girls, but also provided an enabling environment through provision of recreational activities, awareness sessions as well as skill development for women

¹⁷⁸ Preparedness and Response Plan of MoHME

¹⁷⁹ Interview with CO staff, as part of Key Informant Interviews Jan-Mar 2021

¹⁸⁰ Interviews with Reps from IPs as part of Key Informant Interviews Jan-Mar 2021

¹⁸¹ Interviews with Reps from UNFPA CO and IPs as part of Key Informant Interviews Jan-Mar 2021

¹⁸² Interviews with Rep from IPs as part of Key Informant Interviews Jan-Mar 2021

¹⁸³ Interviews with Rep from direct beneficiaries and IPs as part of Key Informant Interviews Jan-Mar 2021

¹⁸⁴ Interviews with IP Reps as part of Key Informant Interviews Jan-Feb 2021; review of UNFPA reports

¹⁸⁵ Comments from APRO as part of Key Informant Interviews Jan-Mar 2021 and review of APR

and girls, and support them socio-economically through job creation. This was a good entry point to reach community level awareness raising and turn it into a more sustainable social norm change process through advocacy and as an implementation mechanism for delivering SRH–care services, with a focus on vulnerable populations¹⁸⁶.

➤ **The CO remained an active contributor to country level coordination, planning, and monitoring interventions to provide SRH–care services for vulnerable populations for emergency preparedness and response**

The CPE findings indicate that during the currency of CP6, the UNFPA CO remained a key and active contributor to country level coordination, planning, and monitoring interventions to provide SRH–care services for vulnerable populations for emergency preparedness¹⁸⁷. Further cooperation with GoI in this area of support can be through: i) provision of evidence-based roadmap to integrate RH services into emergency preparedness/operational plans, ii) identification of civil society organizations who have the capacity to work with UNFPA in case of emergency for a better service, and iii) provision of guidelines and support for inclusion of SRH and PD needs in national emergency preparedness and response plan.

Population and Development - Emergency Preparedness and Response:

➤ **UNFPA humanitarian activities in the form of service provision in the PD area are fairly recent.**

UNFPA’s humanitarian activities in the form of service provision in the PD area are fairly recent. Emergency Response (ER) was present in PD during pre-COVID-19 in the form of technical support. Of ER activities in the DAP process, one could refer to FHH dashboard which initially created for use in emergencies (i.e. Data), analysis of the socio-economic impact of the COVID-19 outbreak (i.e. Analysis), and advocating for women’s need in emergency at policy level (i.e. Policy). Service provision in the form of PPEs, medical equipment for elderly care centers, and IT systems improvements are COVID-19 era ER activities in the PD area¹⁸⁸.

UNFPA’s ER is viewed as effective by different stakeholders. Although the size of the ER funding is small, the programme is effective and often times, is quick to respond. Interviews with key informants show that the CO’s response to emergencies was timely. This is more obvious with regard to the CO response to COVID-19 pandemic. In order to accelerate the emergency response, the CO opted to purchase PPE for elderly care centers from the local market to avoid the hassles related to importing goods through lengthy custom procedures. Delays in ER sometimes occur as the CO does not have access to the express aid release process of the customs department¹⁸⁹.

➤ **UNFPA seizes the opportunity to help vulnerable populations such as women, youth, and the elderly, when emergency strikes, while integrating Women Empowerment and SRH support into emergency response.**

Though UNFPA is not a specialized emergency aid agency, it seizes the opportunity to help vulnerable populations such as women, youth, disabled and the elderly, when emergency strikes, especially as the contextual restrictions are eased in ER settings. ER provides an opportunity for the CO to pursue its mandated area of work, especially in the SRH area (e.g. by providing dignity kits). The CO seizes the opportunity to mainstream women empowerment as well. The CO’s priority in ER situations is to empower women, as doing so, makes these activities more effective. The CO production of PPEs for elderly care centers by FHH and low income women are examples of such ER activity (see para below). The FHH dashboard which is a useful tool during emergencies to identify this demographic group and advocating for women’s needs in ER is also an example of the CO mainstreaming women empowerment in humanitarian setting¹⁹⁰.

An ***innovative approach*** worth noting which can also be considered as ***best practice*** is the use of ECHO funds to support MoCLSW in the production and dissemination of PPEs to protect vulnerable populations including pregnant women, older persons as well as their health and social care providers during COVID-19. This activity employed FHH and other vulnerable and low income women and families to produce the PPEs. The products were then used/purchased by the CO to protect different vulnerable populations including pregnant women and elderly

¹⁸⁶ Comments from APRO as part of Key Informant Interviews Jan-Mar 2021 and review of APR

¹⁸⁷ Interviews with Rep from IPs and SRH consultants as part of Key Informant Interviews Jan-Mar 2021

¹⁸⁸ Review of activity reports and program documents (e.g. AWP’s & APR’s)

¹⁸⁹ Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

¹⁹⁰ Review of activity reports and program documents (e.g. APR’s) and interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

and their care providers. This activity uses an empowerment approach to strengthen the economic foundation of vulnerable women populations such as FHHs and low income families by not providing cash or any other material help, but instead by providing paid jobs. The empowerment orientation of the activity has been welcomed by MoCLSW officials and they could broaden this approach in other areas.

➤ **The CO responded effectively to the needs of the elderly in COVID-19 response.**

Responding to the needs of the elderly population in a humanitarian setting is as recent as the COVID-19 outbreak. Purchasing PPEs and medical equipment to elderly care centers and COVID-19 free centres for pregnant women, are responses offered by the CO in partnership with SNCE and SWO to help GoI tackle the spread of this disease. As emergency response for the elderly can attract more donor funds, the CO needs to go beyond the capital city into some provinces, to include the most /vulnerable elderly populations throughout the country¹⁹¹.

➤ **Some challenges at CO level impacted timely and effective emergency response.**

There are challenges faced at different levels that affect timeliness and effectiveness of the UNFPA responses in a humanitarian setting: i) the CO did not have enough human resource capacity to respond quickly in emergencies; due to this challenge, for example, the CO faces logistics problems in the form of customs delays and lack of warehouses which limits ER activities (e.g. local purchase and small involvement). ii) the contextual conditions such as sanctions and economic difficulties also affect the timeliness and effectiveness of ER activities. iii) sometimes management procedures at the Government end, may pose delays for operations as well as timely response; there does not seem to be easy access for the CO to make use of the fast-track procedures in place at Government-level (as an example, due to this challenge, the ECHO intervention required extensions); in addition, in some instances, there may be disagreement with the type of response (e.g. dignity kits not welcome by GoI), and limited use of NGOs by aid agencies. iv) lack of proper planning and disconnect between different UN agencies (e.g. different UN entities are working on Afghan refugees) or lack of coordination between UN and IPs (e.g. SERP at implementation phase) are challenges at CO level that affect timely and effective emergency responses¹⁹².

4.3 Answers to Evaluation Question on Sustainability

SUSTAINABILITY:

EQ8S: To what extent has UNFPA been able to support implementing partners and beneficiaries in **developing capacities and establishing mechanisms to ensure ownership** and the durability of effects?

Summary of findings: CPE findings reflect a mixed picture with regard to the CO's development of mechanisms to ensure ownership and durability of effects. The general sense is that because all UNFPA programme interventions and activities are agreed upon between GoI and the CO, and are based on Government needs as identified, hence their national ownership and sustainability is ensured. However, there are variations in the prospects for sustainability depending on whether the intervention is a regular development intervention or humanitarian response, and on the nature of the intervention itself. Irrespectively, sustainability needs to be mainstreamed as an approach while designing interventions, which presently does not seem to be the case, as exit strategies appear to be missing in UNFPA interventions.

➤ **Sustainability of UNFPA interventions is impacted by factors at three levels – (i) the Programme, (ii) the Government and (iii) UNFPA**

It has been assessed through analysis of interviews with different stakeholders that there are factors at three levels that could affect the sustainability of UNFPA programmes and activities in Iran: the Programme, the Government, and UNFPA. As these factors are extracted from interviews, they are specific to the country context, and are considered important in evaluating the sustainability of CO's interventions in Iran.

▪ Programme level factors:

At programme level, sustainability of UNFPA activities could be seen either as a lasting activity or as a long-lasting effect of an activity. Sustainability of activities focusing on service provision, for instance, could be achieved by integrating these services into IPs' routine responsibilities with allocated regular funds, or through promoting the activity at higher policy levels. On the other hand, activities focusing on research, training, infrastructure, or capacity building may be considered sustainable even if these activities do not continue once the funding ends.

¹⁹¹ Review of activity reports and program documents (e.g. APRs)

¹⁹² Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

Although it is considered better to promote these activities at higher administrative levels and tie them to routine programmes of IPs; however, even if that cannot be the case, the set of activities listed nevertheless have lasting effects, as their output could benefit Iran beyond the programme period. Other programme level factors positively affecting the sustainability of UNFPA activities include: i) promotion and integration of programmes/activities at the highest policy level, ii) activities having larger budgets (as these attract more interest and involvement from IPs), iii) empowerment-oriented programmes, and iv) programmes/activities with transparent thinking involving both UNFPA and GoI¹⁹⁶.

It is also important to make note of challenges to sustainability of UNFPA interventions, and some of the risk factors that come into play. For example, emergency activities are most at risk for sustainability, due to their specific nature of being sudden, leaving limited time for advance planning, with timeliness of response and speed of action being of prime importance. As development programmes have more time available for designing, these programmes usually have higher chances for sustainability. Advance planning for emergency context activities is critical for resilience and durability. For sensitive issues, smaller-sized programmes seem more sustainable from a testing (piloting) perspective, because if their effectiveness is demonstrated to Government, they are more likely to become part of GoI programmes, rather than straight away venturing into national-scale programmes/activities. It is assessed that other programme level challenges for sustainability of UNFPA interventions include: i) lack of effective planning for long-term activities; ii) lack of exit strategy in the design of programme interventions; (iii) cases where service provision activities are not integrated into or are not part of the national programme (eg. WFS); and iv) activities in which sustainability is not part of the programme from the very beginning. Activities such as training, research, and knowledge sharing, though not considered sustainable, do have a lasting effect as the skills developed and knowledge imparted help build the recipients' capacity, and UNFPA IPs alluded to this during discussions with the ET¹⁹³.

▪ Government level factors:

The general sense is that because all UNFPA programme interventions and activities are agreed upon between GoI and the CO, and are based on Government needs as identified, hence they are sustainable. For instance, FHH is a policy priority identified in the Government's 6th FYDP, and therefore UNFPA activities on this issue have higher chance of sustainability. For activities/programmes without a national consensus, e.g. innovative programmes, the down-to-top approach is a path to sustainability. It entails bringing in new ideas, piloting the approach, documenting the results achieved, and showcasing the effectiveness to the Government. As an example, one can refer to integrating SRH in emergency response, which the CO started as a pilot and showcased the results to the Government. During the course of 10-15 years, it finally became a routine service for Iran's Red Crescent activities. Other Government level factors positively affecting the sustainability of activities include: i) consensus amongst different layers of the Government, ii) activities in line with IPs' area of work, iii) needs-based activities with thorough planning, especially development programmes, iv) activities with good administrative coordination, and v) activities with responsible designated focal points within IPs¹⁹⁴.

A key challenge for sustainability at GoI level is the limited fiscal space in the face of prevailing unilateral sanctions, and the resulting economic downturn. In addition, sustainability of interventions is negatively impacted by: frequent changes of administrations; lack of regular budget lines in the allocation system of IPs that would enable programme interventions funded by UNFPA to be integrated into GoI's funding system once UNFPA funding ends; limited community access for aid organizations; ; and changes in GoI priorities¹⁹⁵.

▪ UNFPA level factors:

Given the above perspective and potential for sustainability of UNFPA interventions, it is evident that the CO has an important role to play in increasing the prospect of sustainability of its activities and programmes. For instance, efforts to mainstream issues around areas in which IPs have planned activities/programmes, will have a positive effect on sustainability. Also, the amount of knowledge the CO has access to, both nationally as well as internationally, given its global network, provides an opportunity for enhancing sustainability of interventions. Specially at a time when the country is facing the challenge of unilateral sanctions and is significantly engulfed in the COVID-19 pandemic, UNFPA can play a critical role in bringing in relevant knowledge and expertise, both of which are key elements needed for developing sustainable programmes. Global experiences, lessons learnt and best practice exchanges through SSTC mechanism can be very useful in Iran's context. The CO needs to mainstream sustainability as an approach while designing interventions. As an example, for social protection mechanisms,

¹⁹³ Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

¹⁹⁴ Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

¹⁹⁵ Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

especially in the context of emergency response, without specific measures being put in place to boost resilience, establishing durability of effects and sustainability will be challenging. For this purpose, it is important to weigh different options when deciding on the type of involvement and choose the best possible sustainable option, which would need to be discussed with concerned IPs from the very beginning¹⁹⁶.

➤ **The CO has not given sufficient attention to sustainability aspects at the design phase of interventions**

Through discussions with key informants and documentation review, the CPE has assessed that the CO has not given sufficient attention to sustainability aspects at the design phase of interventions, and therefore when planning activities, it appears that there is no systematic conversation and in-depth interaction between the CO and IPs on sustainability. To boost sustainability of interventions, and for the CO to support IPs and beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects, the CO needs to undertake comprehensive monitoring of activities. Another challenge for the CO is attempting to match the interests of the CO in line with UNFPA's global mandate, with those of GoI. The Government is mainly interested in population aging and related activities, while UNFPA's mandate has a heavy focus on SRH, and showcasing the suitability of a life course approach for binding the two interests, remains a challenge. Without shared priorities, activities pushed by the CO but not by GoI, may not last long¹⁹⁷.

➤

➤ **For sustainability of interventions, the CO needs to use different mitigation strategies at the design and implementation phases of their activities**

In order to best make use of opportunities and mitigate the risks and challenges for sustainability, the CO needs to use different strategies at the design and implementation phases of their activities. These strategies form part of the ET's findings, as they are informed from interviews conducted with different stakeholders.

▪ Design level strategies:

- a) Plan ahead with intensively discussing sustainability with IPs, identify barriers, make sustainability a requirement, and provide an exit strategy for continuation of the activity once UNFPA support ends, and GoI assumes full ownership.
- b) Rethink activities that seem unsustainable and make them flexible.
- c) If sustainability cannot be achieved, try activities that could be effective in a single programme cycle and which have a lasting effect.

▪ Implementation phase and programme strategies:

- a) Involve multiple UN agencies and GoI entities.
- b) Analyze the risk factors for sustainability of programmes and mitigate the risks if possible.
- c) Showcase end-user satisfaction of activities that are new to the context to policy makers. It would be an effective risk mitigation measure that shows the effectiveness of new ideas and could boost sustainability and mainstreaming of the activity within Government mechanisms/structures.
- d) .
- e) Conduct constant monitoring and tracking of activity progress and its potential for sustainability
- f) Focus on technical support and assistance
- g) Look for non-governmental stakeholders such as NGOs and associations to convey the ownership of activities for a durable programme¹⁹⁸.

Sexual and Reproductive Health – Sustainability:

➤ **SRH interventions that are in line with national priorities and needs, are more likely to continue after the programme ends; however, those activities that go beyond that realm, pose a challenge in terms of establishing their ownership and durability of effects, and are therefore not deemed to be sustainable.**

UNFPA's support in the field of SRH has focused on pregnancy-related services; HIV-related interventions; and SRH-care services in emergencies and humanitarian crises. In these areas of focus, GoI has benefited from UNFPA's sustained support, and at the same time, GoI has continued to invest in these areas. Pregnancy-related services and activities are one of the areas that UNFPA has consistently supported to reduce MM. GoI has heavily invested in this area as well. The evaluation findings reflect that the MMR programme supported by UNFPA, is in line with GoI's priorities and needs, is timely, and is an example of effective collaboration between UNFPA and

¹⁹⁶ Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

¹⁹⁷ Review of activity reports and programme documents (AWPs) and interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

¹⁹⁸ Interviews with different IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

MoHME. Hence, these activities are more likely to be resilient to future shocks and more likely to continue if UNFPA funding ends¹⁹⁹.

Another area of UNFPA's sustained support for comprehensive SRH is the HIV/AIDS prevention programme. UNFPA's support to STI/HIV prevention programmes via technical capacity building and financial support to VCT centres, Women Centres and AWBCs, has been underway since the last five years. Despite cultural sensitivities associated with HIV and STIs in Iran, MoHME has not only partnered solidly with UNFPA for this programme, but has also invested heavily in the provision of HIV/AIDS prevention and treatment services throughout the country. The UNFPA CO has taken full advantage of this opportunity and, in the form of interventions in support of HIV/AIDS prevention programmes, has been able to extend support to various areas of comprehensive SRH provision to highly vulnerable populations. Evidence gathered reflected that national funds have been allocated to continue UNFPA-supported projects related to integrated SRH-care services, which is also a reflection of political commitment towards promoting comprehensive integrated SRH-care services in the public domain. This is a good example of a sustainable model where the Government is spending money to continue/expand the models introduced/piloted by UNFPA. The programme is now funded by the Government and UNFPA only provides technical support for development of training packages for empowerment of staff. The CPE findings show that HIV prevention is in line with GoI's priorities and needs, and effective coordination between UNFPA and the CDC office of MoHME are factors contributing to sustainable support for HIV/AIDS prevention programmes in Iran.

The crises-related SRH interventions, as previously mentioned, have the least advance planning for sustainability. Although the general idea of providing SRH-care services for women in crises is part of the routine planning of national emergency response entities, e.g. Iranian Red Crescent, however, sensitive programmes and activities may halt after the end of the crisis. Using the situation, following the flood and earthquake crises in Iran, UNFPA was able to take effective interventions in creating WFSs and empowering them. Incidentally, this intervention remains suspended for now, as it did not succeed in establishing national ownership. Sustainable solutions need to be found by integrating this effort into existing interventions (such as Women Centres) that are found to be running in a sustainable manner with national ownership established.

In conclusion, it is assessed that the resilience and sustainability of SRH activities remains challenging. Programmes that are in line with national priorities and needs are more acceptable, and are therefore more likely to continue after the programme ends. However, those activities that go beyond that realm, pose a challenge in terms of establishing their ownership and durability of effects, and are therefore not deemed to be sustainable²⁰⁰.

Population and Development – Sustainability:

▪ **The overall benefits of PD interventions are greater than the challenges their sustainability faces, hence they will either survive once the programme ends, or if they are to be halted, their effects will be long-lasting.**

As the population aging is a major concern for the Government and activities of the CO have brought DD to top policy levels and on the main agenda of the Government, it is assessed that most of the development related activities of the two PD outcomes are in line with GoI priorities and needs, which is a positive factor for sustainability. The emergency related activities, however, by virtue of their nature, are likely to halt once the emergency is over, a case in point being COVID-19 response activities²⁰¹. The activities on the DAP process are in line with the prevailing policy context. However, it is assessed that policy-related activities are more resilient and sustainable as compared with the data and analysis activities. The activities on data need further involvement of GoI in order to keep the dashboards, for instance, running. Or new surveys are needed as time passes by and in the absence of the CO funding being available, GoI commitment remains a key factor for continuation. On research activities, although GoI's commitment is key for continuation, nevertheless, they have longer lasting effects even without continuation. Activities at policy level, especially if at such top level as national documents or laws, enjoy the highest chance of sustainability. Therefore, all in all, it can be said that the DAP process activities have more positive factors that affect their sustainability than negative factors challenging their resilience and sustainability²⁰².

Activities aiming on capacity building of different forms, especially through SSTC, may not continue if there is no CO funding, considering the prevailing economic conditions. However, these activities mainly contribute to capacity building at national and institutional levels, and they will have a long-lasting effect even if they do not

¹⁹⁹ Review of national documents, activity reports, and programme documents and interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

²⁰⁰ Review of activity reports and programme documents (APRs) and interviews with IP reps as part of Key Informant Interviews, Jan-Mar 2021

²⁰¹ Review of national documents, activity reports, and programme documents

²⁰² Interviews with IP reps, UNFPA staff members, and other stakeholders as part of Key Informant Interviews, Jan-Mar 2021

continue after the current programme²⁰³.

The intervention on piloting Age Friendly Environment (AFE)/AFCC activity in Esfahan includes different local government and public stakeholders, and has good potential and prospects to survive in the absence of CO funding. The main goal of the AFCC initiative was the design and development of a pilot project in a selected province (i.e. Esfahan) in partnership with SWO, MoCLSW, the municipality, academia, and the Governor's Office to conduct participatory assessment and create a baseline profile, develop an AFCC strategy, promote a portal for provision of service to elder people, and promote social participation and inclusion of older people. The pilot has already been implemented in Esfahan city and a Plan of Action for AFE is under development²⁰⁴. This project has several positive points to note, and can be considered as an *innovation* and *best practice*. The first point is contribution of different national and provincial entities both at Government and public sector in implementation of the activity. This multi-stakeholder involvement helped successful execution of the pilot intervention, and ownership of the plan by the city officials which helps its sustainability and future expansion through scaling-up. Another important point is the fact that the project is piloted outside of the capital city. Other provinces and cities always welcome being included in these forms of activities. The AFCC activity shows that piloting new ideas in areas other than the capital city can make them more successful as they could gain more support from local officials and stakeholders. As the action plan of this activity is ready for implementation, in order for it to become a national programme adopted by different cities and communities, more push is needed from both sides, i.e. the CO as well as GoI²⁰⁵.

The emergency related activities of PD outputs are of two types. They either provide service in the form of procurement of PPEs and medical equipment, or they are capacity building activities in the form of ITC infrastructure enhancement and piloting of a service provision and production model which empowers vulnerable populations including women and the elderly. The procurement activities usually stop at post crises period as the needs decline and hence they are less sustainable. However, the second type of activities have higher chance of sustainability either in the form of their lasting effect (e.g. ITC infrastructure) or by showcasing their success for future programmes²⁰⁶.

In conclusion, it is assessed that the overall benefits of PD component activities are greater than the challenges their sustainability faces, hence they will either survive once the programme ends, or if they are to be halted, their effects will last for years. Using the mitigation measures listed above, the sustainability of UNFPA activities and programmes could be boosted.

4.4 Answers to Evaluation Question on Efficiency

EFFICIENCY:

EQ9OE: To what extent has UNFPA made use of its human, financial, administrative and technical resources as planned, and used an appropriate combination of tools and approaches to pursue the achievement of the intended outcomes defined in the country programme?

Summary of findings: In overall terms, UNFPA has made good use of its human, financial, administrative and technical resources. Through excellent success in resource mobilization, the CO secured USD 5.7 million worth of non-core resources 2017 to-date under CP6. Given the prevailing country context, while optimizing on the technical expertise within the UNFPA CO and outside, the CO succeeded in finding opportunities for working in core areas of its mandate. UNFPA was seen to be an efficient and reliable partner in responding to emergency situations, with special attention to addressing the needs of the most vulnerable, and is appreciated for timely disbursement of allocated resources. More effective coordination with UN agencies for leveraging on their logistical support and making best use of operational synergies through effective advance planning, would enhance UNFPA's efficiency and help reduce its administrative burden while expediting provision of support.

Sexual and Reproductive Health – Efficiency:

The SRH component's financing as envisaged in the CPD 2017-2021 was USD 2.2 million, with USD 1.7 million expected from core resources and USD 0.5 million was to be mobilized from other resources. SRH financing was

²⁰³ Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

²⁰⁴ Review of documents and Interviews with IP reps and UNFPA staff members as part of Key Informant Interviews, Jan-Mar 2021

²⁰⁵ Review of activity reports and programme documents

²⁰⁶ Review of activity reports and programme documents

thus projected to constitute 38 percent of the CO’s total programme funding. During the course of CP6 implementation, the picture as it stands now over the period 2017-2020, reflects domination of the SRH component (with humanitarian support integrated) over the PD component, largely due to the humanitarian situations in the country that developed over 2019 (floods emergency) and more specifically in 2020 (COVID-19 pandemic).

During the course of CP6 implementation, the picture as it stands now over the period 2017-2020, reflects domination of the SRH component (with humanitarian support integrated) over the PD component, largely due to the humanitarian situations in the country that developed over 2019 (floods emergency) and more specifically in 2020 (COVID-19 pandemic).

Table 4.2: SRH annual disbursement USD 2017-2020

At the end of 2020, the overall funding for the SRH component amounted to USD 2,992,472, equivalent to 61 percent of the overall programme resource allocations. As activities in SRH expanded during the cycle, regular resources allocated in the CPD alone, were not enough to cover activities. Hence the CO mobilized its efforts and managed to mobilize funds from donors such as Norway and Netherlands. Later on, in the context of COVID-19, the CO responded quickly through reprogramming of activities, and succeeded in mobilizing funds from ECHO. External resources allocated/programmed for the SRH component amount to USD 2,159,435, contributed by a number of development partners as detailed in chapter 3, the most prominent being the EU/ECHO fund. External resources for the SRH component that are available for being programmed in 2021 amount to USD 484,104. An additional amount of USD 1,406,345 has been mobilized from the Government of Japan in 2021 for the SRH component. This brings the total external resources available for the SRH component since 2017 to-date, amounting to 4,049,884. The RR contribution for the SRH component during 2017-2020 amounted to USD 833,036, and an additional USD 187,104 is available for programming from RR in 2021. The SRH component over this four-year period, disbursed planned resources at the rate of 90 percent (expenditure of USD 2,679,541 against planned resources of USD 2,992,472 for OP1). The highest disbursement rate was in 2019 at 92 percent and the lowest rate was in 2018 at 83 percent. A disbursement rate of 91 percent was recorded in 2020, which remained a challenging year for programme implementation owing to COVID-19. In terms of utilization of resources, the SRH component constitutes 66 percent of the overall funds expended during 2017-2020.

Humanitarian Response – Efficiency:

As previously mentioned in the response to EQ #7 under the Effectiveness criteria, UNFPA was successful, and even considered a pioneer in using the crises as an opportunity to intervene on protecting women and girls SRH needs hence it is seen as a reliable partner in responding to emergencies, with special attention to addressing the needs of the most vulnerable including the elderly. This was evident in the support provided in the aftermath of the 2019 floods and earthquake in Iran. Many of the direct and indirect SRH beneficiaries stated²⁰⁷ that UNFPA support, especially during emergencies including COVID-19 was timely, even at the time of sanctions being in place.

A modality that was found useful and efficient in the context of humanitarian emergencies²⁰⁸, was the facility that UNFPA HQ offers, known as “bridge funding” for emergency contexts, which the UNFPA humanitarian office in Geneva manages. COs can apply and secure this funding for quick use in emergencies, while appropriate funding processes take their own course following their regular timeline. Strict measures, however, are required to be put in place to spend the funds within an agreed time period, and for them to be used only for the intended purpose. This facility was availed by the CO in response to the 2019 floods and in addressing the COVID-19 emergency, and was found to be very helpful in enabling emergency funds to become available in-country in a short time and disbursed for emergency use.

Population and Development – Efficiency:

The PD component’s financing as envisaged in CPD 2017-2021 was USD 3.05 million, with USD 2.55 million expected from core resources

Table 4.3: PD annual disbursement USD 2017-2020

²⁰⁷ Inputs from direct and indirect beneficiaries as part of Focus Group Discussion.
²⁰⁸ Interview with CO Operations and Programme staff

and USD 0.5 million was to be mobilized from other resources. PD financing was thus projected to constitute 53 percent of the CO's total programme funding. During the course of CP6 implementation, over the period 2017-2020, there is domination of the SRH component (with humanitarian support integrated) given humanitarian situations in the country that developed over 2019 and more specifically in 2020.

At the end of 2020, funding for the PD component amounted to USD 1,912,023, equivalent to 39 percent of the overall programme resource allocations. External resources allocated/programmed for the PD component amount to USD 790,508, contributed by the EU and ECHO in 2020. In addition, external resources mobilized in 2021 for the PD component available for being programmed amount to USD 983,325. The RR contribution for the PD component during 2017-2020 amounted to USD 1,121,515, and an additional USD 302,583 is available for programming from RR in 2021. The PD component (comprising of outputs 2 and 3 of CP6) over this four-year period disbursed planned resources at the rate of 72 percent (expenditure of USD 1,381,459 against planned resources of USD 1,912,023 for OP2+OP3), which is relatively lower as compared to delivery of 90 percent under the SRH component. The highest disbursement rate was in 2017 at 96 percent and the lowest rate was in 2020 at 62 percent. This was likely a factor of resources expended in 2020 (USD 695,729), being more than 7 times in volume to resources expended in 2017 (USD 93,102). In terms of utilization of resources, the PD component constituted 34 percent of the overall funds expended during 2017-2020.

A review of the available documents and KIIs²⁰⁹ show that the PD component makes an efficient use of its limited resources through strategic partnerships with well-positioned IPs. Through involving the Ministry as the main IPs, UNFPA ensures that the key actors are on the same page in their understanding of the issues and are able to approach the work in a complementary and synergistic manner. However, frequent changes and staff turnover at the concerned partner entities makes UNFPA's work more challenging and impacts the efficiency of PD interventions. Another challenge has been the shortage of funds – in the area of PD, there has been a shortage of funds for supporting National Surveys which is the main source of information for generating data and evidence for interventions and planning. In the area of ageing, the CO and IP faced scarcity of funds to support the national survey of older people, and this area is still pending due to shortage of funds.

2020 was a year when the PD component attracted external resources for the first time during this programme cycle, and funding from EU/ECHO came forth to support interventions, supporting ageing, demographic dividend and female heads of households. In this regard, UNFPA worked very closely with its IPs in mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response, and attracted donor resources for this very important area of work. This leveraging of additional resources was greatly welcomed, given the emerging needs of support in these areas, especially in the wake of the COVID-19 pandemic. It also created the opportunity for UNFPA to work in partnership with UN agencies (UNICEF, UNDP, UNAIDS, WHO, UNODC) under joint programming, opening new vistas for further joint programming opportunities with UN partner entities.

With regard to Government funding support for any of UNFPA's PD initiatives, there is no specific example of Government cost-sharing coming through, except for the establishment of AFE where the Government provided additional budget to scale up the project once UNFPA funding ended. The Government also provided funding for the Regional Conference on Ageing, held in 2018 in Tehran.

Nearly every IP interviewed acknowledged UNFPA for its pool of national and international technical expertise. They indicated having benefited from the new ideas generated by UNFPA, which help solve many of their problems. The view was expressed²¹⁰ that UNFPA is best positioned for mid-level activities such as provision of technical assistance, as service provision and logistical support requires large amounts of funding, and macro-level activities such as policy advocacy have significant challenges while operating in the given context in Iran. Therefore, partners consider UNFPA's support through provision of technical assistance to be more cost-effective in the context of Iran.

The main implementation challenges identified during interviews with KIs⁷⁵ in the PD area, that could potentially impact the efficiency of UNFPA activities, include: i) administrative and bureaucratic procedures within GoI which affect activities especially with regard to timeliness; ii) the country's fiscal challenges, mainly due to prevailing unilateral sanctions and the COVID-19 pandemic; (iii) the socio-cultural context that makes identifying vulnerable population challenging; iv) finding a common language for sensitive topics between GoI and the CO, and between research and policy; v) less frequent use of science/evidence in policy making; and vi) frequent changes in IP management and their respective priorities.

²⁰⁹ IP Rep interviews as part of Key Informant Interviews Jan-Mar 2021 validated with annual progress reports of UNFPA interventions

²¹⁰ Interviews with IP Reps as part of Key Informant Interviews Jan-Mar 2021

Organizational Efficiency:

➤ The CO has made efficient use of Financial and Human Resources to support programme outcomes

To achieve planned outcomes, UNFPA has made good use of its human, financial and administrative resources; with its limited human resources and budget, it has been able to work with strategic partners to leverage and deliver, optimizing on the technical expertise within the UNFPA CO and outside, when it was needed. APRO has been of great support in this regard in terms of making their technical capacities available for CO use. The activities implemented towards the achievement of outputs for all programme areas appeared to be reasonable for the amount expended. Most respondents were not able to comment on the criteria of efficiency in detail, but amongst those who did, most felt that UNFPA had managed its funds efficiently. Financial data for the first 4 years of CP6 2017-2020 reflects that an amount of USD 4,904,494 has been allocated to programme interventions, of which 40 percent allocation (USD 1,954,551) comes from Regular Resources (RR) and 60 percent (USD 2,949,943) has been allocated from Other Resources (OR). In terms of the split of resource allocation per programme area, 61 percent of the overall resources are allocated to the SRH component (with integration of humanitarian support), while 39 percent are allocated for the PD component. The split of RR for the four years remains USD 833,036 for SRH (43 percent) and 1,121,515 for PD (57 percent).

In terms of administrative and financial procedures as well as the mix of implementation modalities to allow for a smooth execution of the CP, there were mixed views expressed from partners. Interviewees expressed appreciation for the timely manner in which UNFPA disbursed the allocated resources, and in general, none of the KIIs⁷⁰ and FGDs reflected any reservations regarding the way in which UNFPA handles the disbursement of project funds or the reporting processes. However, some IPs highlighted that bureaucratic procedures such as late signing of AWP and strictness on end of fiscal year expenditures impacted IP effectiveness, posing implementation challenges. In some instances, (eg. GHRP) the CO has faced challenges in full utilization of donor funds, which can raise concerns regarding accountability to donors. This point has also been discussed later in the section on Challenges.

The resources provided by UNFPA have had a leveraging effect which triggered provision of additional resources from other development partners, as detailed in the later part of this section. Flexibility in accommodating programme demands with a small staff has been commendable. During the COVID-19 emergency and GoI's programme support needs, this flexibility came to the core, and the work ethics of CO staff of remained impressive. They managed to deliver quality interventions despite a lean presence, and adapted the programme to the changing environment without hampering the planned programme. A specific case in point being the COVID-19 emergency and the need to repurpose and reposition programme interventions as an immediate response to the pandemic. The UNFPA CO managed and mitigated risks as they foresaw them during the programme cycle, however, any systematic Risks and Assumptions analysis documentation was not available for assessment.

There was no evidence to reflect progress towards delivery of multi-year predictable core funding to IPs. However, none of the IPs identified UNFPA's inability to commit funds for a particular intervention, beyond one year, as an issue. Although there is an option for developing multi-year work plans (and some IPs did express preference for these), however, not being able to commit to multi-year budgets remains a challenge.

➤ The professionalism and goal-oriented approach of UNFPA staff is well-recognized by its partners

Key informants²¹¹ duly recognized the professionalism and goal-oriented approach as well as congenial attitude of the UNFPA staff. UN partners greatly appreciated and acknowledged the positive and result-oriented role of the (outgoing) UNFPA Representative, her personal involvement in all strategic undertakings even at a technical level, and her leadership role when functioning as the acting UN Resident Coordinator on several occasions. UNFPA was strategic in sharing technical approaches and knowledge through national and local coordination mechanisms including bilateral dialogues, in line with requests received from government agencies and implementing partners. This indicates a good partnership strategy and the ability to implement programmes effectively through long-term partnerships with multiple stakeholders, targeted technical training and strategic policy advocacy. Development partners are also appreciative of the CO staff being able to bring to the table in negotiations with the Government, a good diplomatic skills that allow them to build support for inclusion of some important areas of work into national plans and policy frameworks using appropriate mechanisms and entry points.

➤ The CO has achieved excellent success in Resource Mobilization (RM)

The CO has made excellent headway in mobilizing external resources from development partners, largely owing to the humanitarian situations the country was confronted with during the course of CP6. With the most recent cost-

²¹¹ Interviews several stakeholders as part of Key Informant Interviews Jan-Mar 2021

sharing agreement concluded with Japan in February 2021, the total amount of external/other resources mobilized during the current CP cycle amounts to USD 5,732,140, which demonstrates that the CO has already been able to mobilize more than five times the indicative level of resources targeted to be mobilized during the 5-year period of CP6 (USD 1 million), as foreseen at the time of CPD development. Annex-B provides details and breakdowns of resources mobilized from various donor partners during the CP6 period. It is also recognized that while the projected allocations for the programme components at the time of CPD development amounted to USD 5.25 million, split between SRH and PD as USD 2.2 million and USD 3.05 million respectively, the picture that emerges four years down the road looks more promising. Total programme allocations over 2017-2020 as reflected in Table 3.5 amount to USD 4.9 million, and the allocations projected for 2021 (Table 3.8) based on the funds already in hand, amount to USD 1.96 million, bringing the total programme allocations from 2017 to-date as USD 6.86 million, exceeding the CPD projection reflected above. This is despite core resources having been reduced, and therefore credit goes to the excellent resource mobilization the CO succeeded in doing, exceeding the projected CPD allocation.

Given Iran's UMIC status, there is an expectation that the partnership with GoI needs to more strongly reflect domestic investment alongside UN core and other non-core resources for the financing of UN technical assistance. Thus, for UNFPA, given its established and sustained working relationship with GoI, the aim should be for Government cost-sharing (GCS) to become an additional source of RM. An analysis of UNFPA's 2017-2020 delivery of assistance reflects no contribution from GoI for any UNFPA intervention. The 2018 APR reflects that due to the financial situation in the country, the Government contribution of USD 30,000 was not mobilized despite many follow-ups by the CO.

During the ET's engagement with various stakeholders of UNFPA interventions, key national partners raised the issue that the level of UNFPA activities is not proportionate to the actual needs of the country. While there was emphasis on the need to mobilize more international resources for enabling the UNFPA programme to be expanded and scaled up, going beyond technical assistance and consultancies to capacity building and development services, there is an equal case to be made for mobilization of domestic resources. This must be pursued by the CO, especially in view of willingness expressed by key national counterparts to expand the breadth of cooperation with UNFPA. There is good potential to do so under the PD component of the programme, including ageing and elderly related activities and programmes related to data, that are also GoI's areas of focus. UNFPA must therefore aim to strengthen its existing solid partnership with GoI, and be its partner of choice in achieving its development goals by providing demand-driven, high quality policy and capacity development service and effective project implementation. It should be seen to bring in global best practices in addressing development and humanitarian challenges and demonstrate results that attract GoI to finance its own development through UNFPA. Trust and confidence-building is a key step to expanding this partnership. Few UN Agencies in Iran, through solid efforts to strengthen institutional trust with national institutions, have succeeded in making inroads in mobilizing GCS at UN agency level and UNFPA could learn from these partner agencies (e.g. UNICEF, UNIDO, UNDP). Development of the new UNFPA CP will provide the opportunity for UNFPA to enter into these strategic negotiations with GoI. The key challenge is the current financial standing of GoI in light of the economic downturn due to imposition of unilateral sanctions.

▪ **The CO is credited for having made significant progress in the area of Communications, and is well-recognized in the region for this achievement – considered as *'best practice'***

The CO has made significant breakthrough over the past 3 years in the area of communications, having progressed substantially in terms of their quality of communication products, messaging, the stories, and the videos that portray visual story-telling. Looking from a regional lens, the Iran CO is now seen to *"lead the region in many ways in terms of excellence in communications"*. To quote a key informant²¹²: *"Six years ago there was hardly anything coming out of Iran and one basically wrote off the Iran CO, being an entity that could or would communicate in any substantial way. There were occasional stories or occasional nuggets of information that one could share, but it really wasn't anything substantial considering that the CO came from being zero in the area of communications, it is well along the way towards moving to a score of 100, probably currently batting at about 80, which is very creditable considering the context, but also the fact that there hasn't really been a full-time communications focal point"*.

The CO' has been able to a make use of real people's voices and life stories to convey messages. This has been a powerful communication tool. From a stage where they were not visible, to now having Instagram and Twitter accounts, the journey towards strengthened communications is said to have been a great learning experience for the CO in understanding its mandate and being able to deliver key messages that are relevant and simple.

²¹² Key informant from APRO, as part of Key Informant Interviews, Jan-Mar 2021, validated by review of key communication material

The key to the success has been mobilization of the partnership with GoI in this important area of work, to undertake joint communications. As an example, MoHME requested UNFPA to work jointly with them and with SWO on the occasion of the National Health Week in terms of doing joint communication through messaging to showcase the role women were playing in healthcare of children and the elderly during the pandemic. A video was created showing a healthcare professional (an ICU nurse) and how her family supported her and enabled her to perform her frontline healthcare duties for COVID-19. This video has been a hit and in addition to being rolled out at country level, it has been retweeted and shared by the UNFPA Executive Director with other embassies. The spin-off effect has been greater viewership, larger number of followers, and increased visibility of UNFPA.

Some of the CO's key communication activities that are worth highlighting, include: Raised public awareness on women's reproductive health and choice, and women empowerment through social media campaigns; communication products centered around the theme of midwives and safe birth and pregnancy; raised awareness among public, government, UN agencies, and donors on ICPD25 and UNFPA50, and mainstreamed ICPD principles in all its communication activities through social media for the wider public; supported GoI's efforts to raise awareness on older persons' needs and on the importance of inter-sectoral services during the celebration of the International Day of Older Persons, through producing video clips; conducted social media campaigns on various occasions that caused an increase of 25 percent in the number of followers of UNFPA on Instagram only during the second half of 2020.

In terms of experience-sharing with other COs in the region, UNFPA-Iran has played a prominent role in sharing its expertise on population ageing, on demographic shifts, and on development data collection, with other COs, and is quite known in the region for these technical exchanges. With support from regional colleagues, there may be room for working on joint communication products with other COs of the region on themes of common interest, especially with those COs that are operating in similar sensitive contexts.

➤ **The CO needs to do more to take advantage of existing opportunities of synergies**

The Joint UN Team on HIV/AIDS (JUNTA) is a robust mechanism in place that UNFPA has leveraged to establish useful synergies with other UN entities working in the HIV area of work. However, in the absence of concrete examples coming through from the key informant interviews and documentation review, it is assessed that there is room for improvement in UNFPA-Iran making use of programmatic and operational synergies.

This is particularly relevant in the context of the two EU-funded joint programmes underway where discussions with partner UN agencies for establishing synergies at the work planning stage can be very helpful and contribute to more efficient use of available resources and bring in economies of scale in terms of operational activities, dovetailing on each other's strengths and field presence. Monitoring visits, in particular, should be planned by UNFPA jointly with the participating UN agencies, to assess progress towards achievement of planned results, and timely corrective action taken. These should be undertaken with inclusion of IPs and local partners to reinforce institutional cooperation and the sense of national and local ownership towards the project's objectives. Another area which UNFPA can leverage and lead on, and establish synergies with other UN agencies like UNAIDS is the maternal health component of the health plan, building on its expertise and good experience in addressing MM. More effective coordination with partner UN agencies for leveraging on their logistical support and making best use of operational synergies through effective advanced planning would reduce UNFPA's administrative burden and further expedite provision of support where it was most needed. Operational synergies can be further strengthened through the OMT platform as detailed under UN Coordination.

▪ **The CO Planning, Monitoring and Reporting Systems are efficient, but could benefit from a more structured approach and more robust results reporting**

In terms of planning systems and platforms in place in UNFPA corporately, the Strategic Information System (SIS), is the platform where all COs at the beginning of the year discuss and put their annual plans in the system together with indicators and milestones. There is also a section on operational effectiveness and efficiency (OEE), where COs place areas of management-related outputs and milestones related to finance, human resources, procurement etc. Discussions with key CO staff reflected as part of annual work planning, based on CPD indicators, quarterly milestones/targets are set at output level, and the CO's annual work plans (AWPs) are entered into the SIS platform, for APRO's review/comments/validation before being finalized. Based on constructive feedback received from APRO on the annual report of 2019, the quality of AWP for 2020 and 2021 have progressively improved, as also acknowledged by APRO, with smarter ways of defining the indicators

incorporated, and increased emphasis on keeping the language more results-based and less process-based²¹³. For activity-level quarterly reporting against each AWP, the CO relies on the headquarters reporting tool - GPS (Global Programming System). This information forms the basis of the output-level quarterly reporting of results undertaken by the CO on the SIS. However, it is seen that reporting under the GPS and SIS platforms is at different levels, (GPS at activity level and SIS at output level) and the gap between the two levels needs to be resolved to facilitate ease of processing the information.

During the course of 2020, in order to strengthen monitoring, the CO deserves credit for having developed important internal tools and mechanisms which enhanced tracking and oversight of programme budgets, resources, and progress of activities against planned targets. One is an integrated tool developed for planning purposes, that facilitates resource monitoring by providing an overview of the resources available to UNFPA Iran and their allocation to various IP AWPs. The changes in the resources and their allocation can thus be monitored, giving *real time* information on the programmed/unprogrammed funds, and keeping track of the budget from the perspective of over- or under-budgeting. The second is a tool that links the outputs to AWP activities, budget and expenditures, such that tracking of progress on each activity can be done in conjunction with the associated financial activity. Another feature has been introduced by the CO to bring improvements in the monitoring tools. In the GPS, what is missing is that there are AWPs for IPs and then there is one overall work plan containing activities being implemented by UNFPA. Since the CO is working more on a direct payment model, a number of the activities which UNFPA is implementing are in effect linked to IP AWPs, and relate to activities UNFPA is implementing on behalf of the IPs, eg. international consultancies, study tours, COVID-19 related procurement, etc. Since these activities form part of the IP AWPs, it cannot be tracked in the report generated from the GPS as to which are the activities in the UNFPA work plan that are being implemented by UNFPA on behalf of the IPs, making monitoring much easier at the work plan level and at the fund level. Annual spot checks help monitor the controls in place. The home-grown measures the CO has recently introduced to strengthen monitoring mechanisms and overcome some of the gaps that existed in corporate planning and reporting systems, can be availed by other UNFPA COs.

It is evident from the document review and interviews conducted with concerned entities that the progress at the level of project activities and outputs has been regularly monitored and reported, and corrective measures attended to. Monitoring data have been considered during planning processes. However, all interventions are designed around AWPs and no programme documents have been developed as such (as it is not a corporate requirement), which would include risks and assumptions / mitigation plans. It was noted that the AWPs have not been developed to measure behavioural changes and attitudes, and no indicators have been set to measure behavioural change in beneficiaries. Hence this information is not gathered and reflected in reporting. There is also the absence of a theory of change at outcome/output level for the three CP6 outcomes/outputs. As mentioned earlier, an assessment of the CP indicators reflects that while the selection of indicators to measure the degree of achievements of the outputs seems rational, there are some issues in terms of selection and design of indicators, and target-setting. For the development of CP7 results framework, this area will require more attention.

Given that the funding/resource pool is getting larger and the programme has expanded (the delivery of USD 1,827,912 in 2020 was the highest annual delivery in the 4 years of CP6 implementation), with good prospects for further expansion, it is recommended for the CO to consider a more structured approach to monitoring and reporting, supplementing the AWP-level GPS/SIS reporting arrangements already in place. It may be useful to conduct internal programme progress reviews on a quarterly basis in conjunction with the GPS/SIS reporting timelines, in which in addition to progress towards annual targets and outcome/output level results being discussed, programme component complementarities are also discussed and coordinated. Periodic monitoring missions would be important to undertake, with Back-to-Office monitoring visit reports documented, capturing more detailed reporting on results and target achievement with action plans established as follow-up. For field-based interventions, all parties engaged in joint activities can participate jointly in monitoring to review progress in a systematic and rigorous way. Showcasing and demonstrating the impact of successful interventions through effective reporting will contribute to strengthening partnerships and mobilizing more resources for meeting the needs of vulnerable populations.

- **The CO has focused well on Staff Development and Learning – there is, however, room to further enlarge the scope of learning**

Review of relevant documentation and follow-up discussions reflected a keen interest taken by the CO towards staff development. A two-pronged approach is adopted whereby a learning tracker is used to systematically plan and track learning opportunities for staff. These are mostly around structured UN courses, some of them being mandatory, and some other optional courses. In addition, regular learning sessions are organized through an annual

²¹³ Assessment based on comparison of APRs for successive years 2017-2020

learning plan developed and implemented each year to enhance the capacity of staff. The CO also benefits from APRO's annual learning proposal where the CO can propose individual and team learnings, and this support should be fully availed, along with the free-of-charge online trainings offered to UNFPA staff. The CO is encouraged to pursue staff learning and development more consistently, while enlarging the scope of learning to topics and skills such as strategic thinking, innovative approaches, resource mobilization skills, negotiation skills, or other areas from which the staff can contribute to the CO's effective functioning in addition to harnessing their own skills in these areas of work.

Facilitating factors for CP6, and Challenges faced:

- ❖ Re-imposition and tightening of economic sanctions in 2018 impacted the hard currency situation in Iran, and one of the key concerns for CP6 implementation in 2018 and part of 2019 remained cash availability in the country²¹⁴. This was one of the main challenges faced by the CO in early 2019 when support to floods response was critical, and receipt of procured goods and payments to international partners were delayed. Though the banking transactions and international funds transfer situation improved late-2019 onwards and the CO has kept cash reserves for a year, nevertheless, unpredictability remains, as the international funds transfer comes with certain conditionalities²¹⁵. In addition, exchange rate fluctuations remain an issue and require constant monitoring of implications on budget allocations, with substantive revisions required.
- ❖ Prevailing sanctions have also posed challenges for procurement actions. There is lack of availability of the equipment in the market, and there is limited competition, as suppliers in most cases are increasing prices significantly due to inflation and increasing prices in the market. When the CO is requested by the Government to procure items on its behalf (eg. ICT equipment), most of the suppliers cannot provide guarantees because they do not have representatives of those brands in Iran. International procurement also faces challenges as some suppliers do not agree to ship equipment to Iran due to their regulations in light of sanctions. The CO is looking for a solution to resolve issues related to international procurement. The Government has advised UNFPA to procure all equipment locally to the extent possible. This issue would continue to remain a challenge, as due to the quality standard requirements, local procurement may not always be an acceptable option for UNFPA²¹⁶.
- ❖ Though not fully envisaged at the time of CP6 development, the situation on the ground changed during the course of CP6 cycle, and in light of the humanitarian response needed for disaster-related emergency events and COVID-19 impact, service delivery needed to be resorted to. This change in national context required the mode of engagement to be adjusted from what it was at the time of CPD formulation, and the evaluation needed to keep in perspective the shift in focus of the CO and IPs to service delivery, as a mix of programme intervention strategies was observed.
- ❖ In view of the COVID-19 emergency and its prevalence throughout the year, 2020 proved to be a particularly challenging year from an operational perspective. A number of programme activities supporting AWP, shifted more towards the last two quarters of the year, and as a result, the direct payments that UNFPA-Iran makes on behalf of IPs accumulated more towards the end of the year. The quantum of work increased as the number of partners increased, with more programme resources coming on board. More AWP were developed, and the resources associated with entities such as CDC increased significantly in volume. The CO thus ended up handling more direct payments than what it had been handling in previous years, with the same limited staff capacity. In addition, new donors such as EU/ECHO/DEVCO came on board and have their own specific reporting requirements that needed to be handled. The resource pool that needed to be delivered during the financial year, expanded significantly. These factors have perpetuated the need for the CO to consider strengthening CO capacity. The full report of the CO HR realignment exercise that is under implementation was not available for ET review; however, it is expected that this issue will be partly addressed as part of this process and that its implementation will be completed soonest²¹⁷.
- ❖ Not having dedicated capacity in the office to adapt to the growing portfolio, global/regional resources and good practices to the Iran context, and establish meaningful partnerships with local entities/partners, has been a major challenge for the CO²¹⁸. For UNFPA's support to the work of the humanitarian, it is crucial for there to be a dedicated Humanitarian technical focal point for UNFPA to move things forward. On the humanitarian

²¹⁴ Key Informant Interviews with CO staff, validated by RCO staff, Jan-Mar 2021

²¹⁵ Review of internal UN communication and views as shared informally by select UN key informants

²¹⁶ Details provided by UNFPA CO Operations staff

²¹⁷ The new UNFPA-Iran organigramme that was a product of the HR Realignment exercise as shared by the CO is attached as Annex-E. It reflects the introduction of a new post of Programme Analyst (RH/Humanitarian) which would be a welcome addition to the team.

²¹⁸ Discussion with APRO staff, corroborated by discussions with CO staff

front, in order for UNFPA to be able to successfully build national level preparedness, it needs to build preparedness within the CO itself and within its team. The CO has had excellent success in resource mobilization; however, in comparison with the resources mobilized, there has been limited CO staff to actually deliver on the commitments on a timely basis. In future resource mobilization efforts, the CO may consider prioritizing project-based funding for such human resources.

4.5 Answer to Evaluation Question on Coordination

COORDINATION:

EQ10C: To what extent has the UNFPA country office contributed to the **functioning and consolidation of UNCT coordination mechanisms**? To what extent does the UNDAF fully reflect the interests, priorities and mandate of UNFPA in the country.

Summary of findings: UNFPA CO contributed positively to the functioning of the UNCT, through coordinated approaches and its active contribution in working groups, thematic groups and joint initiatives that contributed to better coordination of the UNCT including humanitarian coordination. Perceived by UNCT members as an influential player, UNFPA has been a key advocate of integrating issues related to women and girls, and at-risk populations in the agenda of UN programmes in Iran in a coordinated manner, and always advocated for applying the perspective of women empowerment, whether in the context of the UNDAF, COVID-19 response plans, or other humanitarian/ emergency contexts. It is recognized that UNFPA’s institutional strategy for supporting coordination and commitment for UN Reform was translated well at the country level. Its leadership of the M&E group strengthened UNDAF pillar work across the board, and its contribution to the work of the Operations Management Team is strongly acknowledged. UNFPA’s leadership of UNCT humanitarian coordination mechanisms i.e. the WGPSS and the Working Group on Data in Humanitarian setting, make it a key player within the UNCT for humanitarian support. Through participation in various task forces, UNFPA ensured that its interests, priorities, and mandate are duly reflected in the UNDAF.

The UNCT in Iran consists of the following Resident and non-Resident Agencies:

Table 4.4: The United Nations System in Iran

| Resident Development Agencies | Resident Humanitarian Agencies |
|--|--|
| <ol style="list-style-type: none"> 1. APDIM: Asia-Pacific Centre for the Development of Disaster Information Management 2. FAO: Food and Agriculture Organization 3. UNAIDS: United Nations Programme on HIV/AIDS 4. UNDP: United Nations Development Programme 5. UNESCO: United Nations Educational, Scientific and Cultural Organization 6. UNFPA: United Nations Population Fund 7. UN-Habitat: United Nations Human Settlements Programme 8. UNICEF: United Nations Children’s Fund 9. UNIDO: United Nations Industrial Development Organisation 10. UNODC: United Nations Office on Drugs and Crime 11. WHO: World Health Organization <p><i>Also present in Iran are the UN Department for Safety and Security (UNDSS), the UN Assistance Mission in Afghanistan (UNAMA) and the UN Assistance Mission in Iraq (UNAMI).</i></p> | <ol style="list-style-type: none"> 1. UNHCR: United Nations High Commissioner for Refugees 2. WFP: World Food Programme 3. IOM: International Organization for Migration |
| | Non-Resident Agencies |
| | <ol style="list-style-type: none"> 1. WTO: World Tourism Organization 2. ITC: International Trade Centre 3. IAEA: International Atomic Energy Agency 4. ILO: International Labour Organization 5. UNOSSC: UN Office for South-South Cooperation 6. UNEP: UN Environment Programme 7. OHCHR: Office of the United Nations High Commissioner for Human Rights 8. UN Women 9. ITU: International Telecommunication Union 10. UNDRR: United Nations Office for Disaster Risk Reduction 11. UNOPS: United Nations Office for Project Services |

UN agencies’ work and programmes at the country level are guided by the UNDAF, which is the strategic programme document that describes the collective response of the UN System to national development priorities. In determining UNFPA’s role and representation, the UNDAF 2017-2021 took into account the organization’s comparative advantages such as mandate and mission, experience and established contacts in Iran, availability of technical resources and recognized expertise as well as political neutrality and integration to the UN country system. The UNDAF reflects UNFPA positioning in areas such as SRH, maternal health, prevention of HIV and other STIs as well as UNFPA contribution to the following, with a special focus on vulnerable populations: (a) supporting data gathering, research and analysis on maternal morbidity and improving MM monitoring; (b) development and costing of RH services package; (c) engaging in policy dialogue, support research and evidence generation to strengthen RH/maternal health; (d) strengthening the midwifery workforce to encourage physiologic

delivery; (e) providing evidence of vulnerable and at-risk populations' access to maternal and RH; (f) sensitizing and supporting policy/ decision-makers, academics and practitioners on issues related to harnessing the DD, population dynamics and their implications for development; and (g) supporting production and dissemination of evidence/data for development planning with respect to the DD and population dynamics including urbanization, migration and aging.

It is thereby assessed that at the time when the UN-Iran UNDAF 2017-2021 was designed and approved, it reflected the interests, priorities and mandate of UNFPA to a significant extent. UNFPA participated in the various taskforces that were set up for the development of the UNDAF, and ensured that its agenda was duly reflected in the UNDAF outcomes. Due to prevailing national policies, some important elements of UNFPA's mandate, i.e FP, , sexual health and women needs are not reflected in the UNDAF . As the UN M&E Group Chair, UNFPA was involved in the mid-term review (MTR) of the UNDAF and efforts to incorporate women needs and necessities in the UNDAF were made once again, but the MTR process faced challenges and was eventually shelved²¹⁹. Table 4.5 demonstrates that in the UNDAF Results Framework, UNFPA's mandate and proposed activities have been included under four UNDAF outcomes.

²¹⁹ Information shared by UNFPA CO, further validated by the RC Office

Table 4.5: UNFPA’s representation in the UNDAF 2017-2021 Results Framework

| UNDAF PILLARS/ OUTCOME AREAS | UNFPA IN UNDAF RESULTS FRAMEWORK |
|--|--|
| HEALTH PILLAR | |
| <p>Outcome 2.1: Advancing Universal Health Coverage</p> <p>The health sector in Iran formulates, implements and monitors their policies and programmes more effectively, in line with promoting universal health coverage goals.</p> | <p>UNFPA will (in partnership with MoHME and NOCR) assist to:</p> <ul style="list-style-type: none"> ▪ Support the development and costing of reproductive health services package to include in the Health Transformation Plans. ▪ Support improvements to reporting of cause of deaths of Women in Reproductive Age (15-49) in order to contribute to the elimination of causes of preventable maternal mortalities. ▪ Support efforts to enhance skills of costing and budgeting for RH. ▪ Support inclusion of RH and maternal health in UHC policies and programmes. |
| <p>Outcome 2.3: Prevention and Control of HIV/AIDS and Other Communicable Diseases</p> <p>The health sector in Iran formulates, implements and monitors policies and programmes on HIV/AIDS and other communicable diseases more effectively.</p> | <p>UNFPA will provide support to the implementation of the 4th National Strategic Plan of HIV by continuing its support to HIV and STI prevention services for vulnerable populations, especially women, adolescent and youth through advocacy, exchange of experiences, technical and other support, as needed.</p> |
| <p>Outcome 2.4: Promoting health throughout the course of life</p> <p>The health sector in Iran formulates, implements and monitors its health promotion and well-being policies and programmes more effectively.</p> | <p>UNFPA will (in partnership with MoHME) assist to:</p> <ul style="list-style-type: none"> ▪ Engage in policy dialogue, support research and evidence generation that will strengthen RH/maternal health components in Health Transformation Plans, in UHC and other national health policies and activities. ▪ Advocate for and introduce health economies and financing. ▪ Development of a comprehensive programme to reduce maternal mortality and morbidity through strengthening the midwifery workforce to encourage physiologic delivery and reduce C-section rate and improve maternal death surveillance and response. ▪ Support data gathering, research and analysis on maternal morbidity. |
| RESILIENT ECONOMY PILLAR | |
| <p>Outcome 3.6: Population and Development</p> <p>Relevant GoI agencies formulate, implement and monitor population and development policies and programmes more effectively.</p> | <p>UNFPA will (in partnership with SCI, MoCLSW, NOCR, UT, and other relevant stakeholders) assist to:</p> <ul style="list-style-type: none"> ● Sensitize and support policy / decision-makers as well as academics and practitioners on the issues related to harnessing the demographic dividend, population dynamics and their implications for development ● Support inclusion of demographic dividend and population dynamics into national policies and development plans. ● Support production and dissemination of evidence/data for development planning with respect to demographic dividend and population dynamics including urbanization, migration and aging. ● Support evidence-based policies and programmes to secure socio-economic welfare and promote active participation of the elderly in society. ● Support national efforts to improve data collection and analysis ● Engage with and strengthen the Civil Registration of Vital Statistics. |

One of the key objectives of the UNDAF 2017-2021 is to promote the implementation of new approaches to coordination mechanisms, improving joint programming, coordinated monitoring, evaluation and reporting amongst UN agencies, through establishment of working and thematic groups. Seen as an influential player in UNCT coordination, UNFPA held key responsible positions in many of these groups. UNFPA representatives take part in all these groups, either directly or indirectly, as a lead agency or as a member. Annex-C provides a listing of UNFPA’s participation in UNCT coordination structures and working groups.

➤ **UNFPA’s active and effective participation in UNCT coordination mechanisms is well-recognized, specially through the work of the M&E working group that has greatly supported the UNDAF Pillars**

UN entities acknowledged that UNFPA has been a vital player in strengthening UN coordination mechanisms and is one of the most active agencies on the ground in this regard. It effectively supported the consolidation of UNCT coordination efforts through its leadership of the M&E Working Group., its support to the Disaster Management Team (DMT), its work on humanitarian data, its active participation in UN joint programmes, and in supporting the UN Resident Coordinator (UNRC) at a time when the UN Reform mechanism was setting in and the UNRC needed maximum support. It was highlighted by key informants that UNFPA has an institutional strategy for supporting coordination and was the only agency in Iran that presented the strategy relating to how the organization at the country level would support UN Reform, bringing the assets of the organization to the disposal of the UNRC and supporting RCO’s coordination function. UNFPA’s strong institutional commitment for reform, and its

commitment to work towards the achievement of UNCT collective results, was thus seen to have been translated at the country level²²⁰.

UNFPA's ability to link multiple strategic partners with UN agencies to increase the effectiveness of the development contribution to the country has been highly valued. All UN agencies responding to the interviews reiterated UNFPA's positive contribution in bringing its technical expertise in areas of its mandate that enhanced the work of other agencies, along with its contribution in strengthening advocacy in several areas that proved useful for other UN agencies operating in a similar space.

As a result of its leadership of the M&E working group, UNFPA's support to the UNDAF pillar groups was duly acknowledged by key informants from the UN System. It was highlighted that the UNDAF Pillar groups had variable functionality, and many of the issues that could not be addressed in the constituent groups were addressed through the M&E group. UNFPA's M&E expertise benefited the UNDAF pillars, and systematically supported them by providing good advice in building and strengthening their M&E frameworks. Under the aegis of the M&E group, UNFPA took the initiative to convene a Results-based Management (RBM) workshop in January 2019 with the reputable UNSCC (UN Staff College), which was cost-shared by all UN agencies, and focused on bringing together the UN System for one week of training on RBM and UN Reform. A large segment of the training was also directed for building RBM capacity of all IPs and key national partners of UN entities in Iran.

Interviews with UN representatives in Iran and with the RC Office staff reflected their respect for UNFPA's contribution to UN coordination in Iran. They noted that UNFPA-Iran had:

- (a) helped coordinate the CCA and UNSDCF process through their leadership of the M&E group and brought the UNDAF pillars and outcome groups on board and together with the UNRC, helped strategize how to get the process going, which was UNFPA's critical contribution towards bringing the UNCT on board for this important strategic undertaking – this reflected UNFPA's institutional approach to coordination;
- (b) provided leadership on women and youth, that was effective in facilitating the UNCT's engagement with government counterparts in a systematic and holistic way on these subjects. UNFPA was instrumental in initiating discussion on women empowerment with GoI and attempting to transcend and promote UN collaborations with GoI on women's empowerment, which are subjects that continue to require careful handling;
- (c) demonstrated their commitment to inter-agency work - actively and substantively engaged in UNDAF pillar meetings, contributed to decisions taken, including on joint work planning, and were one of the few agencies that invested time and attention to identifying measures required to address the needs of the elderly in the country, the DD, etc, and brought added value to many of the discussions, including on the COVID-19 social-economic recovery joint programme submission for the Multi-Partner Trust Fund (MPTF), working together with partner agencies;
- (d) successfully positioned itself as the 'go-to' agency dealing with data and demographic issues; produced an analysis of the population-based global development goals which was extremely helpful for the UNRC in terms of how to advance the UNCT discussion around the development goals;
- (e) functions as one the most proactive and responsive agency when in terms of contributing to the strategy or providing inputs, the social protection programme being a case in point. UNFPA inputs made the proposal stronger, more credible, and more efficient for this inter-agency initiative to reach out to potential donors.
- (f) was a key contributor in initiating and building the relationship with EU which led to two joint programmes being funded by EU, focusing on supporting the efforts of GoI to manage and control the COVID-19 pandemic and mitigate its impact and that of unilateral sanctions on the most vulnerable populations; to quote a key informant: *"for the UN in Iran, 2020 was a breakthrough year in terms of joint programming and UNFPA has been active in achieving this result, being one of the most active members of the small UNCT task force constituted for this purpose"*²²¹.
- (g) demonstrated a strategic approach by using coordination mechanisms to build strong partnerships; UNFPA endeavoured to link up other UN partner agencies with IPs who those agencies are not directly working with, or would not necessarily have access to; they played this role of convener and facilitated discussions with IPs. So overall, they have been a very good team player within the UNCT.
- (h) most of the time the country representative was available for meetings, which was very helpful in terms of decision-making; to quote a key informant: *"the fact that there is not necessarily a hierarchy, is greatly appreciated having the UNFPA representative as part of programmatic or technical level meetings has*

²²⁰ Interview with former UNRC as part of Key Informant Interviews, Jan-Mar 2021

²²¹ RCO Representative as part of Key Informant Interviews: Jan-Mar 2021

been a very pleasant experience”²²².

The statements above were corroborated by views expressed by multiple UN agency representatives, that reflects UNFPA-Iran’s respect and credibility within the UNCT. The UNFPA representative has often functioned as one of the alternate interim RCs for several years and this key contribution has also been well-recognized by the UN System in Iran.

➤ **UNFPA has actively participated in the planning and implementation of Joint Programmes, and there is potential for further expansion in this regard**

During CP6, UNFPA has been engaged in few joint programmes with partner UN entities. To list a few:

1. Joint programme with UNICEF and UNAIDS on Youth and HIV (funded by Netherlands) - ongoing;
2. Joint programme with UNICEF on HIV prevention (funded by Norway and Netherlands) - ongoing;
3. Joint programme on with UNAIDS on STI/HIV (UBRAF funded) – ongoing;
4. Joint programme with UNICEF, UNDP, UNAIDS, Relief International on COVID-19 response (funded by EU/ECHO) – ongoing;
5. Joint programme with UNDP, UNICEF, WHO, UNODC, on emerging needs of the most vulnerable populations (funded by EU/DEVCO) – ongoing.

UNFPA is also participating in the global joint programme JUNTA (Joint UN Team on AIDS) on STI services providing capacity building and technical support. Another example of coordination is UNFPA’s leadership on women and youth, wherein through using its existing network under the JUNTA programme, it effectively brought on board the UNCT for engaging with Government counterparts in a systematic and holistic way to advance youth programming⁷⁷. As reflected in other parts of this report, there is room to do more joint planning and programming with UN entities, given their willingness to actively partner with UNFPA. This would be very much in support of the UN Reform agenda. Development partners such as EU are also keen to support multi-UN agency joint initiatives, which provide a great opportunity for UNFPA in partnership with UN System agencies to effectively mobilize significant additional resources for the benefit of the vulnerable populations of Iran.

➤ **UNFPA plays a leading role in UNCT humanitarian coordination structures; partners (*UN entities and international NGOs operating in the same space*) look up to its leadership in promoting protection of women and girls across the humanitarian response, and in bringing data in humanitarian settings to effective use for planning and programming in emergency contexts.**

There is no Humanitarian Country Team functional in Iran. Following the COVID-19 Pandemic, a Crisis Management Team (CMT) was constituted of which UNFPA is a member at the country representative level. It is also a member of the DMT and has been actively participating in DMT meetings at the head of agency level, and also in its subsidiary DMT Task Force which functions more at the technical level.

In addition to its active participation in DMT undertakings, UNFPA is seen as a leading player in supporting UNCT humanitarian coordination structures in Iran, by virtue of its leadership of two UNCT humanitarian coordination mechanisms: WGPSS and UNCT Working Group on Data in Humanitarian setting. As reflected in EQ#7 under the Effectiveness criteria, under the Humanitarian Protection Sector²²³ led by UNHCR, a WGPSS (led by UNFPA) was created to address immediate humanitarian service delivery needs and actions to respond to the special needs of women, girls and boys. In addition, a UNCT Working Group on Data in Humanitarian setting was created under the UN M&E Working Group, meant to serve as an inter-sectoral coordination mechanism on data in humanitarian setting. The UNCT will greatly benefit from the work of this group and is looking up to UNFPA for its leadership role. Given the inter-sectoral nature of the work and the need to engage very closely with Government partners for their ownership and buy-in for the need for this coordinated approach, UNRC leadership in this area of work will greatly facilitate UNFPA’s efforts in bringing data in humanitarian settings to effective use for planning and programming in emergency contexts.

➤ **UNFPA’s efficient support to the OMT is duly acknowledged and well-recognized**

Annex-C captures UNFPA’s participation as lead/member in various OMT taskforces since 2017, which include the OMT Task Forces on Unintended Impact of Sanctions on Operations (lead agency), Procurement (member), Human Resources (member), and Travel (member). Key informants identified UNFPA’s role in the OMT as having

²²² UN partner agency Representative as part of Key Informant Interviews: Jan-Mar 2021

²²³ Sector refers to a discrete technical area of humanitarian action. The implementation of the Cluster approach seeks to formalize the accountabilities and responsibilities of a lead agency for a technical sector.

been “excellent” and “exemplary”. To quote a KI²²⁴. “UNFPA brings very strong capacity to the OMT in terms of experience, technical know-how and seasoned approach to operations.....They have been a most collaborative, cooperative and proactive member of the OMT, especially in 2020..... They took the lead in helping refine the OMT AWP in terms of its design, assigning responsibilities, encouraging colleagues to participate in OMT meetings, etc., and went the extra mile in terms of their willingness to put time and effort to this inter-agency activity They have also led some of the discussions, for example, on the challenges faced in the area of procurement related to sanctions and UNFPA was leading that task force to review the unintended impact of sanctions on UNCT operations and they did a very good job. They were the only agency that put forward the planned output. The OMT benefits from UNFPA’s contribution, substantive inputs, sound technical advice and seasoned experience, which is very much appreciated.”

As of 2021, UNFPA is part of most of the BOS work streams and the OMT will remain heavily engaged in this joint collaboration. This platform of coordinating operational support with UN agencies will provide UNFPA the opportunity to establish more operational synergies with partner agencies and make efficiency gains not only for itself but also for the UN System. Hence UNFPA’s active engagement with the OMT in all its undertakings (the BOS being developed will be implemented under the OMT umbrella) will, in addition to enabling UNFPA keep up with its reputation of being “exemplary” in supporting OMT work, will also greatly benefit UNFPA in making use of harmonized approaches for joint procurement, logistical support, LTAs, etc. specially for use in emergency contexts, and in supporting the joint EU projects through these joint approaches.

➤ UNFPA provided timely and effective contribution to UN Coordination during COVID-19 response

In light of the pandemic and associated response needs, UNFPA has been an active UNCT member in providing coordinated UN support to COVID-19 response. Initially as an immediate response to the pandemic, UN agencies on the ground undertook the exercise to repurpose their programme activities and associated funding towards supporting the most impacted by the pandemic, in addition to making efforts to mobilize additional resources. The UN System and international NGOs in Iran planned and coordinated a comprehensive multi-sectoral response under the COVID-19 Country Preparedness and Response Plan (CPRP), and UNFPA actively supported this effort²²⁵. UNFPA repurposed and reprogrammed its budgets and activities to support socio-economic response to the pandemic, and many of the activities originally planned in the CPD now have COVID-19 response mainstreamed into them. Few examples include: ensuring continuity of services during COVID-19 and emergency through procurement of essential equipment (eg. ICT, PPE and COVID-related medical equipment for the elderly) and commodities; conducting socio-economic analysis on the impact of COVID-19 on FHH households and on the elderly; provision of quality SRH-care services to women and girls and at-risk populations; enhancing the quality of life of the elderly; providing technical assistance to end preventable maternal health, and harmful practices against women and girls, including in humanitarian situations.

Key informants from the UN System reflected on the active engagement and constructive coordination role played by UNFPA at the time of CPRP development⁸⁰. This coordination support continued during the preparation of the SERP and in the joint programme under EU/ECHO funds, focusing on COVID-19 Response, with UNICEF, UNFPA and UNAIDS as participating organizations. Close coordination was maintained with WHO that was the lead UNCT entity supporting the Ministry of Health in COVID-19 response including for the procurement of health commodities under the aegis of the UN Pro-Health group that had earlier been established under WHO leadership.

Interviews²²⁶ with UN representatives from the above entities and from the RC Office highlighted the following areas of appreciation for UNFPA’s role in COVID-19 response:

- *“The first main issue in such an emergency situation is related to providing support for organizing procurement of essential commodities – in the context of Iran, this has been particularly challenging due to the sanctions and due to the scale of the emergency. As a UNCT, in addition to coordinating technical areas where certain UN agencies have much experience, there is also the situation where there is suddenly a lot of additional money and resources mobilized, requiring programmes to be scaled up immensely within a short window of time, under a lot of pressure for delivering results. In such a situation, acting jointly and in a coordinated manner is key. It was extremely heartening to see UNFPA being amongst the UN agencies that managed to achieve that for the health sector response for COVID-19. The area of procurement of health commodities was handled through regular meetings and effective coordination to meet the needs of ministries.*

²²⁴ Quote from OMT Chair, as part of Key Informant Interviews: Jan-Mar 2021

²²⁵ As reflected by the RC Office and validated by UN agency Reps interviewed as part of Key Informant Interviews, Jan Feb 2021, as well as triangulated with CPRP and SERP documents

²²⁶ Quotes from UN Agency Reps as part of Key Informants Interviews, Jan-Mar 2021 – these statements were validated by RCO Rep as well.

UNFPA remained a key pillar of providing this support, and its inputs were very constructive and contributed to improving our way of working”.

- “Across all joint efforts of UN agencies, including the CPRP and SERP for COVID-19 response, UNFPA’s mandate was well-positioned as an integral part of these undertakings. UNFPA approached coordination for COVID-19 response strategically, and not in an adhoc manner or opportunistically. It was the lead UN agency that pre-positioned at field level, and made use of emergency response to advance support to women and girls, which was a first for the UN, given the challenges in addressing this issue”.

CHAPTER 5: CONCLUSION

5.1 Strategic level

5.1.1 Relevance

Conclusion 1: CP6 is well-aligned with priorities set by relevant national and international policy frameworks. UNFPA’s comparative advantage in addressing prevalent issues in Iran corresponding to its mandate, make it a very relevant player. The strategy for the development of CP7 will need to be broadened from the perspective of programme design, undertaking more effective targeting of vulnerable populations and their needs, and leveraging on existing partnerships.

Origin: Evaluation questions 1,2,3

Evaluation criteria: Relevance

Associated recommendations: 2 ,8,11

UNFPA has supported GoI’s efforts to harness windows of opportunities to advance its mandate of advocating for inclusion of vulnerable populations such as women, girls, youth, and the elderly in its programming and in national public policy agenda by pursuing programme interventions in areas that are more relevant to GoI. In line with CP6 design, the CO has focused in the fields of maternal health of Iranian and Afghan women, HIV/STI interventions and addressing SRH needs of vulnerable populations in emergency contexts. The CP’s approach of using advocacy, policy dialogue and evidence-generation for policy-making, remains a valid programming strategy for the PD component, reflecting the shift from service delivery to more upstream policy work, applicable in a UMIC context. In conjunction, the CO was able to balance the need to resort to service delivery in light of emerging humanitarian situations the country continued to be confronted with during the currency of CP6. The CO successfully brought the topics of DD and elderly issues to the top priority of GoI. The PD activities built capacities of national entities and experts to harness the new demographic dynamics and advocate them at higher policy level. The CO’s emergency support to the COVID-19 pandemic that has emerged as a key national need and priority was found to be relevant and very timely.

UNFPA strategically approached partnerships and has established a relationship of trust with its stakeholders. Its relevance as a credible and reliable partner with IPs, with UN entities and with development partners has firmly been established. UNFPA should continue to scan the environment and find opportunities to address the varied needs of vulnerable populations, with more effective targeting and assessment of their needs, especially in the more targeted areas of SRH. A holistic and life-cycle approach is needed to include different demographic and socio-economic groups in designing and implementing activities to harness the DD.

5.1.2 Effectiveness

Conclusion 2: The UNFPA programme has been effective in progressing towards achieving intended results, and has been successful in balancing between population policies mandates and supporting the needs of vulnerable populations. This support could be further enhanced if it had the opportunity to engage with a wider group of at-risk population.

Origin: Evaluation questions 2,4,5,6,7

Evaluation criteria: Relevance, Effectiveness

Associated recommendations: 6,7,11

Following changes in population policies since 2014, UNFPA its best to support SRH needs of vulnerable population, and has been successful in balancing between population policies mandates and supporting the needs of certain vulnerable populations including women, adolescents, the elderly and Afghan refugees in Iran. Interventions focusing on maternal health of Iranian and Afghan women, and HIV/STI interventions have been effective.

UNFPA activities on emergency and humanitarian situations were timely and effective and included such vulnerable populations as women, FHH and the elderly. UNFPA was successful, and even considered as a pioneer in using the crises

as an entry point to intervene on protecting women and girls SRH needs. Activities on, FHH, SRH, WFS, and DD (by identifying low LFPR for women) aimed at empowering women. Similarly, it used HIV interventions as an opportunity to cover at-risk populations' SRH needs. With regard to women empowerment, UNFPA was able to effectively find opportunities to, through building a trusted partnership with GoI, to go even beyond its initial plans on to empower women and young girls. There remains the need to continue scanning the environment to find opportunities to strengthen support for women empowerment.

UNFPA effectively helped prioritize evidence-based policy making and advocates for inclusion of the needs of vulnerable populations in the national policy agenda and acts as a focal point/mediator for data-analysis-policy issues and inter-sectoral collaboration. More advocacy (e.g. push for a mechanism to give a voice to vulnerable populations), knowledge sharing activities (bringing expertise with both first-hand knowledge and experience through SSTC mechanism), and a holistic approach for population issues, will enhance UNFPA's effectiveness.

5.1.3 Sustainability

Conclusion 3: UNFPA interventions have good potential of being sustainable as they are in line with GoI's priorities and needs. However, for ensuring sustainability of interventions for wider replication and adaptation, and for their impact to continue when UNFPA support is withdrawn, sustainability needs to be integrated as an approach in programme design.

Origin: Evaluation questions 4,8 Evaluation criteria: Effectiveness, Sustainability Associated recommendation: 2,5

UNFPA interventions have good potential of being sustainable as they are in line with GoI's priorities and needs. They bring knowledge, expertise, training and research, they are timely, have a policy focus, and demonstrate empowerment-oriented activities. Some of the successful pilot interventions have showcased end-user satisfaction (*examples of successful piloting of programmes that remained sustainable include age-friendly environments and provision of dignity kits in humanitarian context*). A combination of factors, including changes in leadership of national/local administration bringing in new thinking, absence of related budget lines in the IP's fund allocation system, the subject at hand being sensitive in the national context, or a change in GoI's priorities which may not render the subject to be important anymore (*examples of successful pilots that were halted due to being sensitive in the national context, include the WFSs and AWBCs*), were found to impact the sustainability of UNFPA interventions. A factor that could have benefited from the CO's timely attention and action includes the presence of an exit strategy in the design of the interventions, informed by a systematic conversation on sustainability upfront with national partners. Sustainability of interventions could also benefit from higher level of community involvement at the local level.

Sustainability needs to be integrated as an approach while designing interventions, so that sustainability of interventions for wider replication and adaptation can be ensured, once UNFPA support is withdrawn.

5.1.4 Efficiency

Conclusion 4: UNFPA has made efficient use of its human, financial, administrative and technical resources. With limited human resources and budget at hand, it has strategically been able to work with partners to leverage and deliver. More synergised approaches with UN entities, and robust monitoring and results reporting, and strengthened CO capacity, could further enhance efficiency.

Origin: Evaluation questions 7,9 Evaluation criteria: Efficiency, Effectiveness Associated recommendations: 1,2,3

UNFPA interventions can be considered cost-efficient, especially given the business model of 100 per cent national execution. No funds from project interventions are allocated for project staff salary costs, and all funding directly goes into the implementation of work plan activities.

The CO demonstrated excellent success in mobilizing non-core resources from development partners. This donor support is a significant strength of the CO, and should be drawn upon to strengthen staff capacity (eg. humanitarian/women empowerment), that will not only help build the internal capacity of existing UNFPA CO staff in these critical areas of work, but will also be a resource for key IPs. With the expansion of the programme with recent EU and Japan funding and more in the pipeline, strengthened staff capacity in key areas of work, including operations, will help the CO deliver on its commitments in a more timely manner. Efforts will need to be scaled-up for mobilizing Government cost-sharing. The CO has demonstrated excellent progress over recent years in terms of quality of communication products. Building on these excellent activities, efforts to effectively capture lessons learnt and highlight key achievements along with projecting promising initiatives, can positively complement resource mobilization efforts.

As the programme is expanding, and there are good prospects for a larger volume CP7 being developed, the CO may consider designing fewer and larger-scale interventions, that can bring in economies of scale. Larger number of small-scale projects can cause additional administrative burden and may diffuse and dilute the potential impact and effect that can be attained from a larger activity. More effective coordination with partner UN entities for leveraging on their logistical support and making best use of operational synergies, would enhance UNFPA's efficiency and help reduce its administrative burden while expediting provision of support where most needed, especially in emergency contexts. This

will need to be coupled with a robust monitoring and results-reporting system.

5.1.5 Coordination

Conclusion 5: UNFPA is an active member of, and contributor to, the existing UNCT coordination mechanisms, including humanitarian structures. By virtue of its mandate and technical expertise being particularly relevant to the UNCT to help navigate complex issues, UNFPA can use this added value it brings to the UNCT to its advantage, and strengthen its development footprint.

Origin: Evaluation questions 3, 10 Evaluation criteria: Relevance, Coordination Associated recommendation: 2

UNFPA CO is well-recognized for its positive contribution to the functioning of the UNCT, and for its institutional commitment for UN Reform through its contribution towards the achievement of UNCT collective results. It has been a key advocate of putting on the agenda of UN programmes in Iran in a coordinated manner, issues related to women and girls, and at-risk populations, and always advocated on the women empowerment perspective whether in the context of the UNDAF, COVID-19 response plans, or other humanitarian/emergency contexts. UN agencies have benefited from UNFPA's positive contribution in bringing in technical expertise in areas related to its mandate, that enhanced the work of other agencies, along with its contribution in strengthening advocacy in several areas leveraging on its good communication pathways established with national partners, that proved useful for other UN agencies operating in a similar space. Its leadership of two UNCT humanitarian coordination mechanisms i.e. the WGPSS and the Working Group on Data in Humanitarian setting, make it a key player within the UNCT for humanitarian support.

The next UNSDCF under preparation provides a strategic opportunity for UNFPA to strengthen its development footprint and to gather partner UN agencies around its mandate and priorities, which would benefit from more quality inter-agency collaboration. UN entities such as UNICEF and UNDP are keen to build upon and expand their partnership with UNFPA, given the complementarity of mandates, capacities and know-how, and modality of operations; and value it as an important partner in Iran, having a mandate that is particularly relevant to help navigate complex issues. This provides a great opportunity for UNFPA to strengthen these partnerships through more joint programming, establishing programmatic and operational synergies, and mobilizing more resources.

5.2 Programmatic level

Conclusion 6: Although SRH interventions within the framework of CP6 were not specifically designed based on needs assessment, UNFPA successfully provided quality SRH-care services in areas such as maternal health and HIV prevention to adolescents and youth, women and girls and at-risk populations.

Origin: Evaluation question:1,2 Evaluation criteria: Relevance Associated recommendations: 8,11

UNFPA CO has supported needs assessment studies related to MM and RH status of Afghan refugees in Iran, but in overall terms, the design of most of the interventions in the field of SRH in Iran, is not based on any independent assessment of the varied SRH needs of vulnerable populations prior to programming. This is due to the fact that while responding to requests received from the Government, UNFPA relies on the needs identified by MoHME, with the understanding that GoI's requests are based on results of needs assessment studies the Ministry has carried out. The selection of target groups for interventions was nevertheless consistent with the needs of vulnerable target population of SRH including older and young persons, women and Afghanistan refugees in Iran. Looking ahead, better prioritization of the most vulnerable and high-risk populations is needed, to further identify and assess their specific needs, explore the bottlenecks to developing targeted interventions and defining new approaches and strategies for reaching these populations. This will help in accelerating results for those left behind. Inclusion of vulnerable population with disabilities in the programme will be an important consideration.

Conclusion 7: UNFPA has been supporting successful GoI efforts to reduce maternal mortality and morbidity by implementing projects that are vital for the country. This support must continue and be further strengthened through application of more sophisticated approaches addressing near-miss mortality and maternal morbidities.

Origin: Evaluation question: 1 Evaluation criteria: Relevance Associated recommendation: 4

UNFPA, over the years, has aimed at promoting maternal health in Iran, and results of the joint work of MoHME and UNFPA, through a sustained partnership established over decades, have translated into significantly reducing MM in Iran. UNFPA has provided continuous support to maternal health interventions throughout the currency of CP6. MM produces a huge burden on the society, including impacting the next generation. Therefore, CP6's support to the area of maternal health is not only relevant, but also very valuable for the country. Given the current situation in the country and the deprivation of at-risk populations of access to contraceptive methods and concerns of increasing MMR in the coming

years, not only should UNFPA's current support continue, but new approaches need to be taken, such as including near-miss maternal mortality and maternal morbidities, which would require the application of more sophisticated and challenging interventions to address the issue.

Conclusion 8: The CO was successful in finding entry points and common grounds with GoI to have effective engagement on the needs and necessities of women including through implementation of women empowerment interventions via protecting women and girls during emergencies. It also contributed to increased institutional capacity of national entities on the topic. Moving towards CP7 design, further engagement and negotiations with GoI are needed to enhance focus in this area of work.

Origin: Evaluation questions 6, 7

Evaluation criteria: Effectiveness

Associated recommendation: 7

The CO was successful in finding opportunities and common ground with GoI to have some level of effective engagement on women empowerment. UNFPA has women empowerment activities on all three aspects of the Data-Analysis-Policy process which target women. Technical assistance, capacity building, and SSTC activities, also contributed to increased institutional capacity of national entities on women empowerment. UNFPA also made good use of crises and implemented interventions via protecting women and girls during emergencies. Despite the activities and programmes undertaken, which go beyond the CO's initial plan, UNFPA support in this area remained on a limited scale and makes it challenging to exercise judgement on the effectiveness of these interventions. For the next round of the CPD, further engagement and negotiations with GoI are needed to enhance focus in this area of work, in line with GoI's commitment to the ICPD-PoA.

Conclusion 9: CP6 is focusing on the Data-Analysis-Policy process as a major goal for its PD component, and has successfully enhanced national capacities to identify vulnerable populations and include their needs in the national policy agenda by advocating for their well-being. However, there are still gaps in data on identifying some vulnerable populations, and more effort is needed to respond to the needs of those left behind.

Origin: Evaluation questions 5, 9

Evaluation criteria: Effectiveness

Associated recommendation: 8

CP6 is focusing on the Data-Analysis-Policy (DAP) process as a major goal for its PD component. In this process, the aim is to enhance national entities' capacities and expertise on data production and management, analysis of existing data and discovering the emerging dynamics, and use of the products of data and analysis in public policy setting in the form of evidence-based policy making. By focusing on the DAP process the CO helps national entities identify vulnerable population and includes their needs in national policy agenda by advocating for their well-being. The CO activities/programmes on FHHs, elderly population, and women and youth empowerment are examples of UNFPA's efforts to help and advocate for vulnerable population. Although the CO was able to effectively fill some gaps, however, lack of data on identifying some vulnerable population still exists and more effort is needed to identify and respond to the needs of those left behind.

Conclusion 10: UNFPA activities on emergency and humanitarian situations, in general, were timely and effective. Given the scale of the emergencies and associated needs, strengthened CO capacity and mobilization of more resources can help address the needs of vulnerable populations more effectively, providing more coverage of services to meet the needs of different vulnerable populations.

Origin: Evaluation questions 7, 9

Evaluation criteria: Effectiveness, Efficiency

Associated recommendation: 2,3,6

UNFPA is recognized as an effective partner in responding to emergency situations, with special attention to addressing the needs of the most vulnerable, included such vulnerable populations as women and girls, FHH and the elderly. The CO remained a key and active contributor to country level coordination, planning, and monitoring interventions to provide SRH-care services for vulnerable populations for emergency preparedness. During the currency of CP6, several humanitarian emergencies surfaced, including the 2018 Kermanshah earthquake, the 2019 floods and most recently the COVID-19 pandemic. UNFPA implemented interventions to protect women and girls during these humanitarian emergencies. UNFPA demonstrated its ability to raise resources in emergency contexts most recently in 2020 through mobilization of significant resources from EU/ECHO in support of COVID-19 response, and also earlier success in securing CERF and GHRP funding. Given the scale of the emergencies and associated needs, mobilization of more resources can help address the needs of vulnerable populations more effectively.

Conclusion 11: As part of its HIV prevention programmes, UNFPA has been able to support a relatively wide range of comprehensive SRH-care services through Women Centres, VCT centres and AWBCs covering a wide range of at-risk groups.

Origin: Evaluation question: 1,2,4

Evaluation criteria: Relevance, Effectiveness

Associated recommendation: 9

UNFPA's interventions in the field of HIV prevention via support for AWBCs, Women Centres, and VCT Centres are an exemplary case of the dual effectiveness of an intervention - while preventing HIV in high-risk populations, it also uses this opportunity to provide SRH-care services to target groups and *at-risk* populations. The AWBCs were a novel experiment for the realization of HIV/AIDS prevention for most vulnerable and out-of-school adolescents and

empowering them. Through Women's Centres distributed nation-wide, UNFPA has a leading role to support covering a broad spectrum of SRH–care services in these centres. The VCT centres are country-level distributed centres to provide HIV prevention as well as SRH–care services to different high-risk populations such as men, women, adolescents and other minorities. UNFPA's interventions in the field of STD/HIV prevention amongst different vulnerable populations could be a good model for other Muslim countries in partnership with the Government and with other stakeholders, that have allowed the CO to make use of the comparative strengths of UNFPA and promoting national ownership of supported interventions, programmes and policies. SSTC can be explored as a mechanism for these exchanges.

Conclusion 12: The SSTC mechanism for sharing of global experiences, lessons learnt, and best practices has been very useful in Iran's context, especially when the country is facing the challenges imposed due to unilateral sanctions. However, a more well-defined and coherent programme of SSTC activities will be beneficial.

Origin: Evaluation questions 1,4,5 Evaluation criteria: Relevance, Effectiveness Associated recommendation: 10

SSTC is a useful mechanism for sharing of knowledge and good practices, as well as enhancing policy options. The 6th FYDP has development cooperation constituting part of Iran's relations with the Global South, which is now more meaningful at a time when challenges, including those emanating from unilateral sanctions, are negatively impacting Iran's economy. GoI views SSTC activities as positive, important, and two-directional. SSTC provides the opportunity to showcase and promote Iran's capacities and potentials in several areas. Similarly, Iran can gain from global experiences of other regional players in priority areas of interest. At the same time, the SSTC mechanism provides a bridge to the international community, facilitated by the UN with a focus on leaving no one behind.

A mapping of the plans for SSTC for 2019-2021 by the UNCT demonstrates that out of all UN agencies in Iran, UNFPA had the highest number of planned activities on SSTC. This platform has proved to be of use in transfer and exchange of knowledge in both SRH and PD areas, and some IPs prefer these activities more than funds allocated for other programmes, as they expose GoI to new ideas. MFA is also fully supportive of UNFPA enhancing SSTC activities. Activities on elderly, data, long term care, GAWI, and preparation of NED, from which Iran gained from global experiences and knowledge, Iran can share its knowledge and best practice experience with other countries, on PHC, UBI, and Rural Health System for example. Development of pregnancy associated services curriculum for Afghan Universities, knowledge sharing on IVF training with obstetricians from Syria, and experience sharing with the delegation from Pakistan on pre-marriage counselling are solid examples of SSTC activities that these countries have benefited from, based on Iran's experience. Even though SSTC activities are effective and useful, there remain some challenges, and the CO would be in a better position to promote more of SSTC exchanges if a focal point would be designated at the IP level. From the IPs' perspective, they expect a more well-defined mechanism and a coherent programme for SSTC activities, bringing in expertise with new ideas and high-calibre experience, which will be beneficial for the country.

CHAPTER 6: RECOMMENDATIONS

The following recommendations, at strategic and programmatic level, are based on the evaluation findings and conclusions discussed above and feedback received from key stakeholders. Ten key recommendations that have a very high or high priority have been selected for inclusion herein. In terms of looking ahead, the ET has also developed an additional recommendation (#11) for the next round of the CP, for the CO's consideration.

6.1 Strategic Level (*in order of priority*)

Recommendation 1: Institutionalize more systematic mechanisms for planning, monitoring and reporting of results at both programme and project levels through a more structured approach, such that the achievement of results is better recognized, as well as outreach to the most vulnerable populations, can be overseen.

Priority: Very High

*Target level: UNFPA Country Office
UNFPA APRO*

Based on conclusion: 4

Operational Implications:

The CO has developed a sound planning, monitoring and reporting system, in line with the UNFPA corporate reporting systems. In order to ensure not only a high performance, but also in terms of the overall effectiveness and long-term impact of interventions, the CO M&E and reporting system should be enhanced while taking the following measures:

- ✓ include clearly defined M&E activities, the frequency of data collection, project level indicators and the means of verification;
- ✓ ensure more involvement of IPs for determining their needs and seeking their views on corresponding proposed activities while developing monitoring frameworks;
- ✓ develop reporting templates to also include communication initiatives, using more pre- and post-tests, shifting focus from the completion of interventions and activities to that of a results chain approach;
- ✓ showcase and demonstrate the impact of successful interventions to help give a push for the needs of the vulnerable to be made part of public policy priorities;
- ✓ build on the excellent progress demonstrated over recent years in terms of quality of communication products, to effectively capture lessons learnt, highlight key achievements along with projecting promising initiatives, highlight end-user satisfaction, thereby positively complementing resource mobilization efforts;
- ✓ use communication products for enhancing community outreach and task the communications team to strategize how to better share information with target groups in hard-to-reach areas;
- ✓ plan and support project and programme level evaluations/reviews jointly with the Government, which will contribute to the relevance, effectiveness and sustainability of CP interventions;
- ✓ in addition to the high-level programme Steering Committee that is already in place as the decision-body overseeing CP implementation, the CO may consider constituting an unbiased technical experts panel that meets periodically to monitor and evaluate activities from design to implementation phases on technical grounds.

Showcasing and demonstrating the impact of successful interventions through effective reporting will contribute to strengthening partnerships and mobilizing more resources for meeting the needs of vulnerable populations. The support of APRO in sharing best practices from other COs with robust results monitoring and reporting systems, following a results chain approach, would help strengthen CO capacity in this area.

Recommendation 2: Capitalize on the strong partnership base developed as a result of the CO's strategic approach to partnerships, to apply more synergistic approaches in the design and implementation of programmes, coordinating with other development partners and UN entities with similar broad objectives aiming at the same target populations.

Priority: Very High

Target level: UNFPA Country Office

Based on conclusions: 1,3,4,5,10

Operational Implications:

The relevance of UNFPA as a credible and reliable partner being established by its key partners, is a testament to how UNFPA strategically approached partnerships and has established a relationship of trust with its key stakeholders. Given that demographic dynamics and age structural transition are the backbone of future development programming in Iran, this provides an opportunity for the CO to form new and strengthened partnerships with both national and international entities and play a key role in the formulation of development strategies/plans in Iran. The UN system can greatly benefit from UNFPA's leadership role in this regard. UNFPA should make use of this as an opportunity for:

- ✓ strengthening these partnerships through more joint approaches, joint planning and joint programming;
- ✓ further establishing UNFPA as a thought-leader within the UNCT by bringing UNFPA's technical expertise to bear in areas of its mandate (eg. demographics, social protection) that can support UN programming;
- ✓ developing fewer number, larger-scale inter-agency programmes/interventions, that can bring in economies of scale
- ✓ in joint programmes:
 - mapping out the specific expertise that each Agency contributes to the results chain;
 - formulating clear indicators that are agreed upon upfront based on the mandate and expertise of the Agency

- with clearly defined roles and responsibilities with explicit sustainability strategies (exit strategies) in the work plan;
- o using joint programming to mobilize more resources, that would help provide more coverage of services to meet the needs of different vulnerable populations, thereby furthering the implementation of UNFPA's mandate, expanding its development footprint, and supporting Iran in meeting its commitment to the ICPD-PoA.
- ✓ establishing programmatic and operational synergies with partner entities (UN and other entities working in the same space as UNFPA)

Recommendation 3: Strengthen CO human resource capacity for implementation of an expanded programme, with humanitarian support incorporated.

Priority: High

Target level: UNFPA Country Office

Based on conclusion: 4,10

Operational Implications:

2020 proved to be a particularly challenging year for the CO from an operational perspective. In view of the COVID-19 emergency and its prevalence throughout the year, the quantum of work increased as the number of partners increased, with significant resources mobilized and the resource pool that needed to be delivered, expanded significantly. These factors perpetuate the need for the CO to consider strengthening CO capacity in both programme as well as operations areas. Effective programme implementation and utilization of donor funds are areas needing more attention. Given the CO's excellent success in resource mobilization, accountability to donors is critical, especially in the context of humanitarian funding that needs to be spent in a limited timeframe. In the strategy for the development of CP7, if humanitarian support (integrated into SRH outcomes) is intended to play a prominent role, then the CO should give sufficient consideration to²²⁷:

- ✓ reflecting humanitarian support in the CO's human resource structure (with SRH and women empowerment expertise integrated), that would support not only the UNFPA programme, but also the work of the WGPSS that UNFPA is leading;
- ✓ have dedicated M&E and reporting capacity, that would not only strengthen UNFPA's monitoring and reporting system, but also strengthen IP capacities in this area, and also the work of the UNCT M&E working group which the UNCT heavily relies upon as a valuable resource;
- ✓ enhancing operations capacity to deliver an expanded programme effectively, especially in humanitarian contexts, with special focus in the area of procurement
- ✓ prioritizing project-based funding for such human resources in future resource mobilization efforts

6.2 Programmatic Level (in order of priority)

Recommendation 4: Strengthen the quality of SRH-care services to achieve greater results in preventing maternal mortality, building on Iran's well-developed health delivery network and services.

Priority: Very High

Target level: UNFPA Country Office

Based on conclusions: 7

Operational Implications:

UNFPA, at least since 1996, has aimed at promoting maternal health, that has helped Iran reach a low MMR level. This support has been vital, and for the country to keep pace with the success it has had in reducing MM, UNFPA's continued support to this area remains critical, building on Iran's well-developed health delivery network and service. UNFPA therefore needs to:

- ✓ build on the support already provided in previous and current programme cycles;
- ✓ strengthen the quality of SRH-care services (with more effective integration) to achieve greater results;
- ✓ work with MoHME on exploring more sophisticated, challenging, and carefully thought-through interventions to address the issue;
- ✓ pay attention to issues such as near-miss maternal mortality and maternal morbidities;
- ✓ work with MoHME on measures to also examine late MM and non-pregnancy-related MM indicators, through upgrading of the current national Maternal Mortality Surveillance System (MMSS) of Iran that is designed based on the 9th International Classification of Diseases (ICD-9), to ICD-10 or ICD-11.

Recommendation 5: Integrate sustainability as an approach while designing interventions, and carry this through to the implementation phase; explore integration of successfully tested less sustainable interventions,

²²⁷ The post-realignment Organigram as shared with the ET reflects the introduction of a new position of Programme Analyst (RH/Humanitarian) which would contribute to strengthening CO capacity.

into other more sustainable interventions already underway.*Priority: Very High**Target level: UNFPA Country Office**Based on conclusion: 3***Operational Implications:**

For the adoption of more effective strategies to ensure the sustainability of interventions, it is recommended for UNFPA to look into sustainability aspects right from the design phase and carry this through to the implementation phase.

Design level strategies would include:

- ✓ planning ahead with discussing sustainability with IPs;
- ✓ identifying barriers, making sustainability a requirement, and providing an exit strategy for the time when GoI assumes ownership
- ✓ rethinking activities that seem unsustainable and making them flexible.

Implementation level strategies would include:

- ✓ involving multiple UN agencies and GoI entities for interventions that warrant such multi-partner engagement;
- ✓ analyzing the risk factors for sustainability of programmes and putting in mitigating measures;
- ✓ showcasing end-user satisfaction of new activities to policy makers;
- ✓ more push from the CO to show the real impact of activities focusing on issues related to women empowerment;
- ✓ enhancing M&E;
- ✓ focusing on technical assistance.

Given the impact and relevance of interventions d (AWBC and WFS), discussions are needed with GoI for integration of these tried and tested successful approaches into other more sustainable interventions already underway.

Recommendation 6: Strengthen emergency preparedness and response through programmatic and operational measures to enhance effectiveness and efficiency, including the integration of SRH in all emergency response interventions.*Priority: High**Target level: UNFPA Country Office**Based on conclusions: 2,10***Operational Implications:**

Given the frequency and scale of natural disasters in the country during the CP6 cycle, further compounded by the COVID-19 pandemic, humanitarian response has increasingly become a critical area of intervention for the UNFPA programme. The effectiveness and efficiency of emergency response could be strengthened through some programmatic and operational measures including:

- ✓ engaging with GoI on tailoring emergency preparedness and response services based on Government needs and in line with the cultural context (*eg. tailored dignity kits based on GoI request*), along with reaching an understanding with Government on exercising flexibility during emergency situations;
- ✓ provision of evidence-based roadmap to integrate RH services into emergency preparedness/operational plans;
- ✓ identification of civil society organizations who have the capacity to work with UNFPA in case of emergency for a better service;
- ✓ provision of guidelines and support for inclusion of SRH and PD needs in national emergency preparedness and response plan.
- ✓ playing a unifying role in promoting inter-agency and inter-sectoral collaboration, with the ultimate goal of transferring ownership to GoI (*this will be helpful, given the inter-sectoral nature of emergencies, where multiple agencies collectively play a role*);
- ✓ focusing on improved and enhanced logistical measures (*through increased operational synergies with partner entities*);
- ✓ enhancing resource mobilization for emergency response, specially by showcasing empowerment-oriented activities;
- ✓
- ✓ integrating SRH in all emergency response interventions will help reach SRH target groups in a timely and effective manner - programming under CP7 will provide the opportunity to focus on this integration, which the national partners are keen to promote. This may perpetuate concerned entities to also consider integration of SRH-care services in their first response routine activities.

Recommendation 7: To enhance the CO's role on and for the next CP, consider developing responsive and sensitive outputs for PD and SRH areas, for both developmental as well as humanitarian contexts.*Priority: High**Target level: UNFPA Country Office**Based on conclusions: 2,8***Operational Implications:**

The CO was successful in finding opportunities and common ground with GoI to have some level of effective engagement on women empowerment, including activities on all three aspects of the Data-Analysis-Policy process targeting women; technical assistance, capacity building, and SSTC activities contributing to increased institutional

capacity of national entities including women's empowerment and FHH;. The CO should consider enhancing its role on women's empowerment through:

- ✓ designing inter-sectoral, multi-IP activities;
- ✓ designing interventions for undertaking data collection/dissemination;
- ✓ demonstrating models, piloting and showcasing their effectiveness;
- ✓ supporting MoHME in integrating activities targeting women in PHC;
- ✓ :
 - providing technical assistance for assessment of current programmes for protection of women and girls;
 - developing a psycho-social package for women and girls as COVID-19 response.
- ✓ finding new topics/areas/groups on elderly (*e.g. elderly women living alone, illiterate elders, and single/divorced FHH*) to implement activities which aim to empower women.

Recommendation 8: Strengthen the Data-Analysis-Policy process by identifying the existing gaps and enhancing data collection and analysis procedures for identifying all vulnerable populations of different demographics, and advocating for inclusion of the needs of newly identified vulnerable populations in the policy process.

Priority: High

Target level: UNFPA Country Office

Based on conclusions: 1,6,9

Operational Implications:

CP6 is focusing on the Data-Analysis-Policy (DAP) process as a major goal for its PD component, which aims to enhance national entities' capacities and expertise on data production, analysis of existing data, and use of the products of data and analysis in public policy settings. Although the CO was able to effectively fill some gaps, however, lack of data on identifying some vulnerable populations still exists and more effort is needed to identify and respond to their needs. Exploring the bottlenecks to developing targeted interventions and defining new approaches for reaching these populations will help in accelerating results for those left behind, and will provide the basis for the development of better-targeted interventions that specifically result in good health outcomes for the most vulnerable Iranian population. In addition to already identified vulnerable populations, these would need to include additional vulnerable population such as the disabled, migrants, rural elderly, single women of middle or higher age, unemployed youth, slum dwellers, FHH of higher age groups, adolescents, divorced/widowed, and women of post-reproductive age. Hence, the DAP process needs to be strengthened through:

- ✓ identifying the existing gaps and needs in the DAP process;
- ✓ enhancing data collection and analysis procedures for identifying all vulnerable population of different demographics;
- ✓ advocating for inclusion of the needs of newly identified vulnerable population in the policy process

Recommendation 9: Take advantage of policy level work undertaken in the area of HIV by UNAIDS, and use their partnership as an opportunity to work with adolescents and other vulnerable target populations' SRH needs to the fullest extent.

Priority: High

Target level: UNFPA Country Office

Based on conclusions: 11

Operational Implications:

In the area of HIV, UNAIDS has been a key player supporting GoI in policy level work. UNFPA should take advantage of their partnership with UNAIDS and use this as an opportunity to:

- ✓ support SRH needs of adolescents and those of other vulnerable target populations to the fullest extent;
- ✓ enhance and intensify attention being paid to the design and implementation of relevant policies and strategies, as well as training and other capacity building services;

Recommendation 10: Develop a well-defined and coherent programme of SSTC activities in partnership with MFA, bringing in expertise with new ideas and high calibre experience.

Priority: High

*Target level: UNFPA Country Office
MFA, GoI*

Based on conclusions: 12

Operational Implications:

The CO has had significant success in undertaking SSTC activities and exchanges, which have served as a good platform for transfer and exchange of knowledge in both SRH and PD areas. These have enabled Iran to gain from global experiences, and at the same time, Iran has shared its knowledge and best practices with other countries. GoI views SSTC activities as positive, important, and two-directional, and the CO should capitalize on the support of national entities for this approach, and cast the net wider for SSTC initiatives in Iran. The following action points are proposed:

- ✓ Building on its past and present SSTC initiatives, develop a well-defined mechanism and a coherent programme for SSTC activities in partnership with MFA, bringing in expertise with new ideas and high-calibre experience.

- ✓ Propose to MFA for the designation of a GoI focal point for SSTC.
- ✓ The UN RCO has undertaken an analysis of global best practices of relevance to Iran, and is developing applicable models that will be utilized and examined for Iran through scenario-building and cost-benefit analysis, in order to develop an optimal integrated framework and a national policy model for the country, given its existing national and international challenges. Social protection is the overarching theme, with the aim of reducing the socio-economic impacts of COVID-19 on vulnerable populations through a SSTC approach. Development of these models will open up new opportunities for UNFPA SSTC interventions. UNFPA should remain closely engaged in this undertaking, and avail the joint programming approach with partner UN entities. Vulnerable populations such as FHH, the elderly, and disabled persons amongst others, can be the focus of UNFPA's work under these initiatives emanating under the UN Technical Assistance Package (TAP) framework.

Recommendation 11: For the development of CP7, use age-structural transition and emerging demographic dynamics as the driving force for change, while considering a holistic, life-cycle approach in PD, SRH and women empowerment programming, including the humanitarian dimension.

Priority: High

Target level: UNFPA Country Office

Based on conclusions: 1,2,6

Operational Implications:

For the development of CP7, the age-structural transition and emerging demographic dynamics can be used as the driving force for change around which the country's socio-economic development will evolve. This would include different demographic and socio-economic groups in designing and implementing activities to harness the DD. To address existing and emerging issues, the CO should consider applying a holistic and life-cycle approach in programming to include all aspects of human life. This would apply to SRH, PD and programming on women empowerment including the humanitarian dimension. Integrating SRH in all emergency response interventions will help reach SRH target groups in a timely and effective manner. Inclusion of vulnerable populations with disabilities in the programme will also be an important consideration, by either mainstreaming disability issues into the current intervention, or implementing a disability-specific programme.

The strategy for the development of CP7 will need to be broadened from the perspective of programme design, undertaking more effective targeting of vulnerable populations and their needs, and leveraging on existing partnerships. With the comprehensive Common Country Analysis (CCA) exercise in its final stages in preparation for the new UN Iran Sustainable Development Cooperation Framework (UNSDCF) 2023-2028, the UNFPA CO can draw on the CCA as a starting point and supplement that analysis with a more in-depth needs assessment of its potential target populations, including the disabled and other at-risk populations.

Considering the prevailing population policies in Iran, discussions around the new CP development with MFA should factor in the need for possible new approaches (and possibly new IPs) to address GoI's population concerns. This would include discussion around addressing GoI's concern around below replacement TFR and also bringing to the fore the discussion around the need for comprehensive SRH programming covering all dimensions, and the negative health impacts of not providing such integrated support.