



# Independent evaluation of the capacity of UNFPA in humanitarian action 2019–2025

Case Study

Egypt



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# Contents

<b>Acronyms and Initialisms</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Methodology</b>	<b>6</b>
<b>Background</b>	<b>7</b>
Egypt Country Context	7
UNFPA Egypt Country Office	9
<b>Findings</b>	<b>10</b>
EQ1. (Relevance/Appropriateness)	10
EQ2 (Effectiveness/Coverage)	13
EQ3 (Effectiveness/Coverage)	15
EQ4 (Effectiveness/Coverage)	19
EQ5 (Effectiveness)	20
EQ6 (Efficiency)	21
EQ7 (Coherence)	25
EQ8 (Connectedness)	27
<b>Conclusions</b>	<b>29</b>
<b>Suggestions for Recommendation</b>	<b>31</b>
<b>Annexes</b>	<b>32</b>
Annex I: List of Key Informants	32
Annex II: List of References	33
Annex III: Evaluation Tools	34
Annex IV: Evaluation Matrix	35
Annex V: Egypt Country Visit Schedule	36
Annex VI: Reconstructed Theory of Change	40

## Acronyms and Initialisms

3RP	Regional refugee and resilience plan	M&E	Monitoring and evaluation
AICS	Italian Agency for Development Cooper:	MHM	Menstrual hygiene management
ASRO	Arab States Regional Office	MoH&P	Ministry of Health and Population
BEmO		MoYS	Ministry of Youth and Sport
C	Basic emergency obstetric care	NCE	No-cost extension
CEmO		NWC	National Women's Council
C	Comprehensive emergency obstetric car	ODA	Overseas development assistance
CERF	Central Emergency Relief Fund	OU DA	Operational Unit for Development Assistance
CMR	Clinical management of rape	PDM	Post-distribution monitoring
CPD	Country Programme Document	PEP	Post-exposure prophylaxis
CSO	Civil Society Organization	RCM	Refugee Coordination Model
CVA	Cash and voucher assistance	RH	Reproductive health
DHIS2	District health information software	RO	Regional Office
DHS	Demographic Health Survey	SCMU	Supply Chain Management Unit
EGP	Egyptian Pounds	SDC	Swiss Development Cooperation
ERP	Emergency response procedure	SRH	Sexual and reproductive health
FGD	Focus group discussion	SWC	Safe Women Clinic
FTP	Fast track procedure	SWG	Sub-working group
GBV	Gender-based violence	UNFPA	United Nations Population Fund
GBVIM	Gender-based violence information	UNHCR	United Nations High Commissioner for Refugees
S	management system	UNRWA	United Nations Relief and Works Agency
GHC	Global Health Cluster	UNSDC	United Nations Sustainable Development
GoE	Government of Egypt	F	Cooperation Framework
HRD	Humanitarian Response Division	WGSS	Women and Girls' Safe Space
HWG	Health Working Group	WRA	Women of reproductive age
IASC	Inter-Agency Standing Committee		
KOICA	Korea International Cooperation Age		
LNOB	Leaving no one behind		
LTA	Long-term agreement		

# Introduction

The purpose of this evaluation is to:

- Assess and report on how the UNFPA capacity to prepare for and respond to emergencies has evolved based on the lessons learned and recommendations from the 2019 evaluation of the UNFPA capacity in humanitarian action (accountability).
- Draw lessons for UNFPA's present and future humanitarian action in view of the implementation of the next UNFPA strategic plan (learning).

The objectives of the evaluation are to:

- a. Assess the relevance of UNFPA's humanitarian programming and, in particular, its ability to adapt to emerging changes in both the scale and nature of emergency responses worldwide and the related needs of different categories of affected people;
- b. Assess the extent to which UNFPA's internal systems, processes, policies and procedures (in particular human and financial resources) allow for efficient and timely humanitarian action at all levels of the organization (global, regional, and national). progress on institutionalization and standardization of processes related to its SRHR and GBV inter-agency mandates, as well as UNFPA's approach on preparedness and pre-positioning of humanitarian supplies;
- c. Assess the effectiveness as well as the coverage of UNFPA's humanitarian interventions, in terms of preparedness, anticipatory action, response to and recovery from humanitarian crises across different thematic areas (GBViE, SRHRiE, young people in emergencies, and data for humanitarian assistance etc.) and locations;
- d. Analyze the extent to which humanitarian principles, humanitarian minimum standards, human rights, gender equality, disability inclusion, climate action, and social and environmental standards are integrated in UNFPA's humanitarian programming;
- e. Analyze UNFPA's ability to strengthen the "resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts" in line with the humanitarian-development-peace (HDP) nexus approach;
- f. Propose recommendations for UNFPA's present and future humanitarian action.

The scope of the evaluation has the following dimensions:

- o Geographically: All countries, regions, and globally, with a focus on all countries considered as "priority countries" by UNFPA since 2019.
- o Thematically: All UNFPA strategies and programmes implemented in humanitarian settings.
- o Temporally: From 2019 to the end of the data collection phase in 2024/2025.

The primary intended users of the evaluation are:

- (i) UNFPA senior management;
- (ii) The UNFPA Humanitarian Response Division;
- (iii) Other UNFPA business units at headquarters;
- (iv) UNFPA regional and country offices.

The results of the evaluation should also be of interest to a wider group of stakeholders, such as UNFPA Executive Board members and other United Nations organizations.

The purpose of this country briefing note is to complement the evaluation report with a standalone country-specific document (annexed to the evaluation report) that presents initial findings within the framework of the evaluation questions for Egypt.

# Methodology

Evidence for this country note (both qualitative and quantitative) has been collected through a range of methodologies, including:

- Key informant interviews (see Annex I for list of key informants)
- Desk review of documentation (see Annex II for list of documentation reviewed)
- Group interviews with providers of services supported by UNFPA through its implementing partners
- Community-based focus-group discussions (FGDs) (see Annex III for FGD methodology).

The country field visit was conducted in accordance with the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluations*, the UNEG *Ethical Guidelines for Evaluations*, the UNFPA *Country Programme Evaluation Handbook*, and the WHO *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*, and with adherence to the following principles:

- *Consultation* with, and participation by, key stakeholders
- *Methodological rigor* to ensure that the most appropriate sources of evidence for answering the evaluation questions are used in a technically appropriate manner
- *Technical expertise and expert knowledge* to ensure that the assignment benefits from knowledge and experience in the fields of gender-based violence (GBV) and sexual and reproductive health and rights (SRHR)
- *Independence* to ensure that the findings stand solely on an impartial and objective analysis of the evidence.

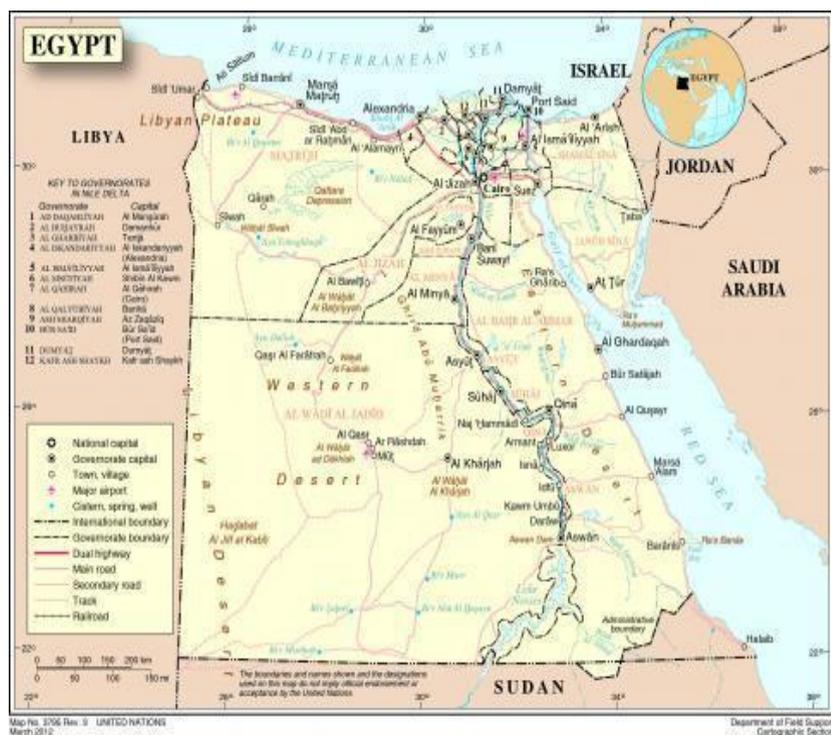
The Egypt country field mission was conducted from the 9<sup>th</sup> to the 13<sup>th</sup> of March 2024. The mission was conducted by one member of the evaluation team. The evaluator conducted interviews with 36 key informants and conducted three FGD discussions with a total of 15 participants. For a full list of key informants, see Annex I. The schedule of interviews and visits is presented in Annex V.

# Background

## Egypt Country Context

The Arab Republic of Egypt is a lower middle-income country in the Gaza strip and Israel, the Gulf of Aquaba and the Red Sea, Sudan, Libya, and the Mediterranean Sea. Egypt has a 2022 Human Development Index (HDI) score of 0.726, putting it in the ‘high’ HDI tier.<sup>1</sup> Egypt had a 2023 GDP per capita of US \$3512,<sup>2</sup>

Figure 1 Map of Egypt



The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Table 1 Key Indicators<sup>3</sup>

Indicator	Egypt	Regional mean
Population -2024	114.5 million	-
Population aged 10-24, %	28%	28%
Total fertility rate	2.8	3
Life expectancy (M/F)	70M / 75F	70M / 75F
Maternal mortality ratio (deaths per 100,000 live births)	17	145
CPR, all women	45	34
mCPR, all women	43	29
Child marriage by 18	16%	17%
FM among girls 15-19	87%	54%

<sup>1</sup> Source: <https://worldpopulationreview.com/country-rankings/hdi-by-country>

<sup>2</sup> Source: <https://www.worldbank.org/en/country/egypt/overview>

<sup>3</sup> Source: <https://www.unfpa.org/data/world-population-dashboard>

Within the gender inequality index GII, which is a composite measure of gender inequality using three dimensions (reproductive health, empowerment, and the labour market) Egypt has consistently increased its performance, moving from the bottom-ranking half of countries to the top half ranking of countries in 2016.

This improvement has been in place since the Arab Spring of December 2010<sup>4</sup>. In Egypt it led to the resignation of Egyptian President Hosni Mubarak in February 2011 and the lifting of the state of emergency which had been in place since 1957. In June 2012 Hosni Mubarak was sentenced to life imprisonment and Egypt elected Mohammed Morsi as President who was then deposed in June 2013 paving the way for the

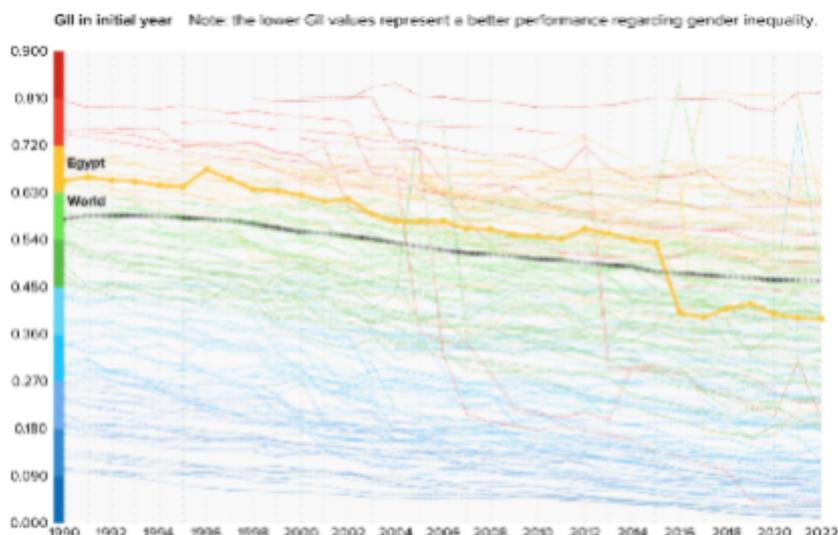


Figure 2: Egypt gender inequality index (GII)

current President, Abdel Fattah el-Sisi who became President in June 2014. This has led to a level of political stabilisation and since July 2014 the Government of Egypt (has been implementing a “bold and transformational reforms program, aimed at spurring the economy, enhancing the country’s business environment and staging a balanced and inclusive growth.”<sup>5</sup> Egypt’s Vision 2030 launched in 2016, has followed the sustainable development principle as a general framework for improving the quality of lives and welfare for all Egyptian nationals living in Egypt with three main dimensions focusing on economic, social and environmental aspects.<sup>6</sup>

The outbreak of fighting between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) in Sudan on 15 April 2023 led to a humanitarian crisis inside Sudan and displacement of refugees to neighboring countries, notably Egypt, already hosting refugees and asylum-seekers from other countries. As of February 2025, Egypt was hosting more than 926.412 registered refugees and asylum-seekers.<sup>7</sup>

Table 2 Registered refugees in Egypt as of February 2025<sup>8</sup>

Country of Origin	Number
Sudan	656,189
Syrian Arab Republic	142,122
Various	128.101

Refugees and asylum seekers in Egypt heavily rely on humanitarian assistance. They often reside in overcrowded neighborhoods, where the host community struggles with substandard living conditions and high unemployment rates. Over 32 per cent of Egyptians were already living below the national poverty line before the onset of the Sudan crisis. The skyrocketing inflation, which reached 38 per cent in 2023, severely affected all population groups. According to UNHCR, this percentage is even higher among refugees (84%). Access to basic services, such as health care and education, is extremely challenging for refugees and asylum seekers.<sup>9</sup>

<sup>4</sup> Source: <https://news.un.org/en/story/2011/03/369902-ban-pledges-full-un-help-tunisia-transition-democracy>

<sup>5</sup> World Bank <https://www.worldbank.org/en/country/egypt/overview>

<sup>6</sup> 3RP. Regional Refugee and Resilience Plan, Egypt Chapter, 2017-2018. 2017.

<sup>7</sup> <https://data.unhcr.org/en/country/egy>

<sup>8</sup> Ibid.

<sup>9</sup> [https://civil-protection-humanitarian-aid.ec.europa.eu/where/middle-east-and-northern-africa/egypt\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/where/middle-east-and-northern-africa/egypt_en)

# UNFPA Egypt Country Office

UNFPA has been working in Egypt since 1972 and is currently on its 11<sup>th</sup> Country Programme (2023-2027), which aligns with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023-2027. The Country Programme aims to create an enabling policy and social environment where girls and young women’s agency is harnessed to ensure they make informed and healthy reproductive health decisions. The Country Programme Document (CPD) is designed to align with Egypt’s Vision 2030 and National Population Strategy. Humanitarian response is mainstreamed throughout different activities which are framed around four key outputs as highlighted in the table below.

The following table sets out the specific outcome and output areas covered by the two relevant CPDs.

*Table 3 UNFPA Egypt CPDs*

10 <sup>th</sup> CPD 2018-2022	11 <sup>th</sup> CPD 2023-2027
Outcome 1 Sexual and reproductive health	Output 1: By 2027, youth, in particular girls', agency and human capital are strengthened to enable them to make informed choices and realize their full potential.
Output 1: Strengthened capacities of line ministries and civil society at governorates and national levels for the provision of high-quality, integrated and rights-based and reproductive health and family planning services, including for youth and in humanitarian settings.	
Output 2: Increased demand for informed and voluntary family planning products and services for women and men of reproductive age.	
Outcome 2 Adolescents and youth	Output 2: By 2027, capabilities and capacities of actors and institutions are strengthened to promote gender equality and expand a zero-tolerance environment towards all forms of gender-based violence against women and girls
Output 1: Strengthened capacity of relevant governmental institutions and youth- led civil society for development and implementation of multidimensional youth strategies that facilitate access to reproductive health knowledge, information, skills and services for the most vulnerable and marginalized young people.	
Outcome 3 Gender equality and empowerment	Output 3: By 2027, the capacities of national systems, including local institutions, are strengthened to provide quality, comprehensive and inclusive reproductive health-care services and information, as well as services addressing gender-based violence against women and girls and harmful practices
Output 1: Enhanced capacity of the Government and civil society to prevent and respond to gender-based violence, with particular attention to harmful practices affecting women and girls, including those affected by emergencies.	
	Output 4: Institutions, including local institutions, are strengthened through better interministerial coordination, improved monitoring and evaluation systems, digital transformation, enhanced statistical capacities allowing for evidence-based policymaking and implementation, and through implementation of SDG-driven financing mechanisms

# Findings

EQ1. (Relevance/Appropriateness) To what extent do UNFPA's humanitarian strategy and programmes correspond to the identified needs of affected populations, including the needs of the marginalized and vulnerable groups, while remaining aligned with the UNFPA mandate?

## FINDINGS

1. The current UNFPA Egypt Country Programme Document has no specific reference to the word 'humanitarian' but as a refugee-hosting country references this reality instead, and it is this which is mainstreamed into the overall programme. This aligns well with the Egyptian government articulation of the situation, avoiding applying the term 'humanitarian'.
2. The UNFPA Egypt refugee response programme has been ongoing since 2012 in response to the Syrian crisis, with the most visible response being through WGSS but increasingly clear activities in the SRHR arena as well.

**Finding 1. The current UNFPA Egypt Country Programme Document has no specific reference to the word 'humanitarian', but as a refugee-hosting country references this reality instead, and it is this which is mainstreamed into the overall programme. This aligns well with the Egyptian government articulation of the situation, avoiding applying the term 'humanitarian'.**

The UNFPA CPD for 2018-2022 aims to assist the country in achieving the aspirational goals of the Egypt Vision 2030 and specifically references, amongst other population groups considered most in need, "people affected by emergencies".<sup>10</sup> This CPD does not articulate humanitarian assistance explicitly, but rather in terms of delivering assistance in the "context of resilience and broader sustainable development commitments."<sup>11</sup> However, the 2023-2027 CPD has no reference to the word "humanitarian".<sup>12</sup> It references support to refugees as a particular population group, and this is deliberate and aligns well with the Government of Egypt (GoE) articulation and definitions of the situation, whereby there is a clear steer to define the context of Egypt as a refugee-hosting context, not as a humanitarian context which has negative connotations for the Government, being viewed as a descriptor linked to failed or fragile states.<sup>13, 14</sup>

This issue of 'humanitarian' as a descriptor has a number of associated aspects to it. The Arab States Regional Office (ASRO) recognizes that across the region, including Egypt, the Covid-19 pandemic had a clear impact on how different stakeholders (staff, partners and government) all viewed both humanitarian response and preparedness and anticipatory action for that response. There has been increased interest in ensuring that preparedness is an integral and foundational aspect of everything that is done, and this did, to some extent, prove useful when Egypt experienced the humanitarian refugee influx from the Sudan crisis in 2023. However, in general stakeholders also report that the UNFPA Egypt Country Office (UNFPA Egypt) was not as prepared as it could have been.<sup>15</sup> It was also noted that there is currently ongoing confusion across the terms of disaster risk reduction, preparedness, and anticipatory action, as well as other concepts such as shock-responsive programming.

<sup>10</sup> UNFPA. Country Programme Document for Egypt 2018-2022. 2017.

<sup>11</sup> Ibid.

<sup>12</sup> UNFPA. Country Programme Document for Egypt 2023-2027. 2022.

<sup>13</sup> Multiple KIIs.

<sup>14</sup> This is a useful point of learning for UNFPA both within Egypt and within other contexts, in terms of understanding how Governments view the term "humanitarian" and recognizing how terminology can be viewed by those to which it is applied.

<sup>15</sup> UNFPA KIIs.

The word ‘humanitarian’ is found in all other documents (strategies and proposals) of UNFPA Egypt for programming purposes, and these documents also confirm how the UNFPA humanitarian response is aligned with the needs of marginalized and vulnerable groups. In terms of the specific response in Egypt, this relates to a refugee response, with refugee women and girls being considered marginalized and vulnerable. This is explained in various documents, such as the UNFPA Egypt Annual Operating Report 2024: “Amid the economic crisis in Egypt, refugee women and girls, especially those from female-headed households, are facing greater challenges to meet basic needs due to rising costs of living, including but not limited to food, fuel, and housing. Lack of access to basic services and economic opportunities puts them at increased risk of GBV as they often compromise their safety and dignity over resources to sustain their families.”<sup>16</sup>

**Finding 2. The UNFPA Egypt refugee response programme has been ongoing since 2012 in response to the Syrian crisis, with the most visible response being through WGSS but with some limited but key activities in the SRHR arena as well.**

GBV response work is visible as part of the protection sector with clear references to the GBV sub-working group (SWG) in different UN system-wide documentation, and multiple needs assessments have been conducted. SRHR work, not having its own SWG, is present, but less visible and with fewer needs assessments on which to base activities. The most visible UNFPA response is to the ongoing and complex crisis in Sudan which has resulted in large numbers of refugees to Egypt, although refugee response work initially started with the influx of Syrian refugees in 2012). This has been the establishment and ongoing support to Women and Girls Safe Spaces (WGSS). These safe spaces provide integrated multi-sectoral SRH and GBV services, aligned with UNFPA guidance on safe spaces. This includes maternal care, SRHR information and family planning services, and comprehensive GBV services including case management, referral to other services, counselling, awareness-raising activities and economic empowerment activities, with cash used as part of GBV case management.<sup>17</sup>

Since the Sudan crisis started and Sudanese refugees and asylum-seekers arrived, UNFPA has expanded the WGSS model. While SRH services are provided, WGSS are known more for protection-related activities. Overall, GBV response services have much more visibility as the niche mandate area and humanitarian response of UNFPA in Egypt. GBV services are essential: as of March 2025 women and girls continue to represent a majority of the total refugee and asylum-seeker population registered with UNHCR in Egypt<sup>18</sup> and all forms of GBV, including intimate partner violence and sexual exploitation and abuse, have significantly increased after the outbreak of civil war in Sudan, disproportionately affecting women and girls.<sup>19</sup> WGSS are located specifically in the governorates with the most refugees, these being: Greater Cairo, Alexandria, Aswan, Damietta, Qalyubia, and Sharkia.

Egypt is a complex context, managed under the Refugee Coordination Model (RCM)<sup>20</sup> rather than IASC but with multiple overlapping refugee response plans for different refugee population groups (for example the Egypt chapter of the 3RP for the Whole of Syria response and the Egypt chapter of the Sudan regional refugee response plan, as well as an ongoing UNSDCF (2023-2027).

This has continued to be challenging for the whole response, with different funding streams provided for different refugee populations for some time, which leads to fragmented efforts framed under

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<sup>16</sup> UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>17</sup> Multiple KIIs, site visits, and UNFPA and partners. Women and Girls Safe Spaces (WGSS). UNFPA Humanitarian Programme. Briefing Note. *no date*.

<sup>18</sup> As of March 31<sup>st</sup>, 2025, women and girls represented 53% of all registered refugees and asylum-seekers in Egypt. <https://data.unhcr.org/en/country/egy>

<sup>19</sup> UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>20</sup>

<https://emergency.unhcr.org/coordination-and-communication/refugee-coordination-model/refugee-coordination-model-rm>

different strategies. There have been clear recent efforts to have a better ‘one refugee’ approach,<sup>21</sup> but challenges still remain with access. For example, UNHCR does not currently operate in Aswan where a large number of recent Sudanese refugees reside, meaning these populations are unable to get registered under the temporary protection process UNHCR operates in Egypt. Until 2023, there was a uniquely complex situation in Egypt of a dual protection space, with registered asylum seekers and refugees alongside approximately six million foreign nationals among whom there are persons in need of international protection, as well as a dual financing framework for Syrian and non-Syrian refugees. UNHCR tried to maintain a one refugee approach regardless of this, to greater or lesser success.<sup>22</sup> The situation was further complicated by the Sudan crisis in 2023, and another regional response plan for this crisis, of which Egypt is one chapter. Further complexities surround Palestinian refugees (some of whom are registered under the United Nations Relief and Works Agency (UNRWA) instead of UNHCR, although UNRWA do not operate in Egypt, and Palestinian medical evacuees and their carers who are another population group amounting to more than 5 million but who remain categorized outside of the UNHCR registration system.

All of this is a situation outside of the control of UNFPA, but one which impacts the ability of UNFPA to reach the most vulnerable and marginalized. UNFPA continue to provide services to all refugees and asylum-seekers despite status, although with certain changes occurring and increased Government intent to provide services to registered refugees only, this will be more challenging.

In all of this, the UNFPA SRHR response, and SRHR as a key sector, remains less visible than the GBV work. There have been various GBV needs assessments conducted by UNFPA and partners, including efforts to directly solicit feedback from affected populations, such as Focus Group Discussions conducted at the beginning of the Sudanese crisis with Sudanese refugees and asylum-seekers, and an online survey through the Sudanese refugee community WhatsApp group to collect information. WGSS continuously consult with clients and feedback is provided to UNFPA on a regular basis. There are suggestion boxes within WGSS, and various online polls conducted through different modalities such as Goggle survey and the use of WhatsApp Groups. UNFPA has carried out post-distribution monitoring (PDM) for dignity kit distribution and for cash. A telephone hotline is in place.<sup>23</sup>

For SRHR, a minimum initial services package (MISP) risk assessment was conducted in 2024. This report outlined several critical gaps in the provision of SRHR services within the refugee crisis in Egypt. Main gaps identified included “fragmented coordination among sectors, lack of integration of GBV against women and girls’ services, shortage of medical teams, unequal distribution of services, limited access to essential SRH services, inadequate policies and strategies, insufficient stockpiles of supplies, knowledge gaps among service providers, and limited accessibility for persons with disabilities.”<sup>24</sup> The fact that these gaps still remain, after UNFPA first started responding to a complex and significant refugee crisis in Egypt from 2012 onwards, highlight the comparatively more limited attention provided to SRHR in the humanitarian context than to GBV.<sup>25</sup> This is reflected in the visibility of both, respectively, in inter-agency response documents such as successive versions of the 3RP and the Sudan crisis regional response plan.<sup>26</sup>

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<sup>21</sup> UNFPA and other UN agency KIIs.

<sup>22</sup> UNHCR. UNHCR Country Strategy Evaluation: Egypt. Executive Summary. June 2021. <https://www.unhcr.org/sites/default/files/2023-03/openCompAttachment.pdf>

<sup>23</sup> UNFPA and IP KIIs, site visit observations, and CERF. CERF allocation report on the use of funds and achieved results. 2023.

<sup>24</sup> UNFPA. Egypt MISP Readiness Assessment. 2024.

<sup>25</sup> The identification of fragmented coordination as an ongoing challenge is a strong justification for establishing an HR SWG in Egypt.

<sup>26</sup> UN. 3RP. Egypt Country Chapter 2024 and UNFPA. Regional Response to the Sudan Crisis: Egypt. March 2024. 2024.

EQ2 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to an improved access to and increased use of quality sexual and reproductive health services for affected populations, including the most vulnerable and marginalized groups?

### FINDINGS

- UNFPA Egypt has integrated SRH awareness raising and referral services into WGSS activities as well as supporting the GoE with different SRHR supplies and some other SRHR activities. There is limited evidence of longer-term outcomes on family planning trends (i.e. an increasing uptake within Sudanese refugee communities for example).

**Finding 3. UNFPA Egypt has integrated SRH awareness raising and referral services into WGSS activities as well as supporting the GoE with different SRHR supplies and some other SRHR activities. There is limited evidence of longer-term outcomes on family planning trends (i.e. an increasing uptake within Sudanese refugee communities for example).**

Table 4, below, presents the numbers of individuals reached by various SRHR services (this includes awareness-raising services) as part of the UNFPA Egypt humanitarian (refugee) response.<sup>27</sup> These numbers include both refugee and host communities and include women, girls, boys and men. Importantly, however, the numbers highlight the challenge in having meaningful service numbers provided. The numbers show a huge discrepancy between 2022 and other years: 2022 being the year that UNFPA reported supporting 420 health facilities, with data for SRHR reach extrapolated from that.

*Table 4 UNFPA Egypt SRHR services, people reached through humanitarian programme*

Year	Number
2024	5205
2023	17,523
2022	258,348
2021	1,321
2020	1,721
2019	9,611

Overall, Egypt SRH humanitarian response can be categorized across three different key interventions:

- WGSS activities
- Supplies and MISP training
- Other initiatives, such as BeGirl menstrual hygiene management (MHM) support

For the WGSS activities: With different funding modalities, including Central Emergency Relief Fund (CERF) support over successive years, UNFPA provided integrated GBV-SRH services through 13 WGSS. The SRHR component of this included:

- basic SRH counselling (there are specific SRHR counselling rooms in 5 of the WGSS)
- emergency referrals to hospitals and clinics.
- awareness-raising activities covering topics such as menstruation, menopause, family planning, pregnancy, breast cancer, bodily autonomy, and informed decision-making.<sup>28</sup>

For the provision of supplies and MISP assessment and training: In 2022 UNFPA procured inter-agency reproductive health (IARH) kits. These were provided to the Ministry of Health and Population (MoH&P) as the key government partner for reproductive health, who then managed the

<sup>27</sup> 2024 data is from KIIs and document review including UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025. 2019-2023 data is from UNFPA dashboard: <https://www.unfpa.org/data/emergencies/egypt-humanitarian-emergency>

<sup>28</sup> CERF. CERF allocation report on the use of funds and achieved results. 2023 and UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

distribution based on the needs of different hospitals. The IARH kits included Basic Emergency Obstetric Care (BEmOC) kits, Comprehensive Emergency Obstetric Care (CEmOC) kits, and post-rape kits.<sup>29</sup> IARH kits to hospitals, and post-rape kits. Critically, UNFPA is the sole provider of post-rape kits in Egypt.<sup>30</sup>

UNFPA used the MISP calculator<sup>31</sup> to estimate the number of women of reproductive age (WRA) within the refugee and asylum-seeker population group to be approximately 99,000 when the first large influx of Sudanese refugees arrived, and UNFPA use this for advocacy and planning purposes, although there is a stark difference between this number and the numbers of women and girls supported year on year (see table above).<sup>32</sup>

In addition to the MISP readiness assessment referenced in the previous section, UNFPA has also undertaken MISP training across government and other partner providers.

Other activities: In addition, UNFPA has a partnership with BeGirl doing ToT on MHM for WGSS staff with sessions reaching 2,951 girls, who also received the BeGirl menstrual products which include menstrual panties and towels, and cycle-tracking devices, designed as wearable necklaces. 1,000 boys were also reached with education sessions that aimed to break the stigma and taboo surrounding menstruation, and boys also received the cycle-tracking devices, which they can bring back to their female family members.<sup>33</sup>

Figure 3 BeGirl menstrual products



Despite all these good efforts, there is very limited evidence of longer-term impact. Of course, the support to the MoH&P through the provision of IARH kits; SRHR activities through the WGSS, the MISP training, and awareness-raising sessions all contribute to immediate and medium-term outputs. However, there is no significant evidence of how this contributes to longer-term outcomes, and neither did this evaluation find any clear or coordinated efforts to understand changes to RH-seeking behaviours within the refugee population, or opportunities that may exist to accelerate positive changes. Compared to a number of studies, assessments and surveys conducted within the GBV work, and with the support of other GBV actors through the GBV SWG,<sup>34</sup> the evidence database for SRHR trend analysis is weak.

<sup>29</sup> UNFPA KIIs.

<sup>30</sup> UNFPA and IP KIIs.

<sup>31</sup> <https://iawg.net/resources/misp-calculator>

<sup>32</sup> UNFPA KIIs.

<sup>33</sup> UNFPA KIIs and UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>34</sup> See the next section for more information.

EQ3 (Effectiveness/Coverage) To what extent do UNFPA humanitarian interventions contribute to preventing, mitigating and responding to gender-based violence and harmful practices for affected populations, including the most vulnerable and marginalized groups?

#### FINDINGS

4. UNFPA-supported WGSS across Egypt are well-established and provide impactful multi-sectoral services in line with global UNFPA WGSS guidelines, although issues with the documented status of those receiving services remain.
5. There is some emerging evidence of how or if GBV interventions are providing longer-term outcomes for women and girls.

**Finding 4. UNFPA-supported WGSS across Egypt are well-established and provide impactful multi-sectoral services in line with global UNFPA WGSS guidelines, although issues with the documented status of those receiving services remain.**

Table 5, below provides an overview of individuals reached with GBV interventions and activities (prevention and response) through the UNFPA Egypt humanitarian programming.<sup>35</sup>

*Table 5 UNFPA Egypt GBV services, people reached through humanitarian programme*

Year	Number
2024	42,641
2023	23,682
2022	9,878
2021	5,432
2020	23,023
2019	21,533

**Women and Girls Safe Spaces:** This global UNFPA concept was developed to provide an entry point for women and girls, including those at risk of GBV and survivors, to safely access information, services, multi-sectoral referrals, protection, support and resources. The UNFPA Whole of Syria (WoS) Response Hub, based in Amman, Jordan, launched guidance for establishing and managing WGSS in 2015.<sup>36</sup> UNFPA Egypt has comprehensively followed this guidance in the establishment of, currently, 13 WGSS located across six different governorates in Egypt, hosting the highest concentration of refugees from different countries. A critical point for the Egypt response is that two out of the 13 WGSS are run by a local NGO partner, Etijah, and the other 11 are run by the Ministry of Youth and Sport (MoYS). In successive monitoring exercises undertaken under the direction of the GBV sub-working group (see section on EQ5 findings), participants have found that safe spaces are safe and easily accessible, with service providers in the safe spaces being approachable and non-judgemental. As self-reported by women and girls in safe spaces, improved psychosocial wellbeing being the most achieved outcome, with economic empowerment was the least achieved outcome. Some challenges with regard to transportation fees, particularly to MoYS-run WGSS, and also inconvenience of MoYS physical spaces in extreme weather (with a lot of outside space) and restrictions on certain age groups being reported specifically for the MoYS-run centres.<sup>37</sup>

One issue that has arisen with regard to WGSS is accessibility, particularly for women and girls with physical disabilities. UNFPA has worked to ensure accessibility where possible; for example, the Etijh-run WGSS visited within this evaluation has steps to the reception area and rooms used for

<sup>35</sup> 2024 data is from KIIs and document review including UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025. 2019-2023 data is from UNFPA dashboard: <https://www.unfpa.org/data/emergencies/egypt-humanitarian-emergency>

<sup>36</sup> 1 UNFPA. UNFPA Baseline Evaluation for Safe Spaces Report. 2022. frameworks: Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings and UNFPA. Women and Girls Safe Spaces: A guidance note based on lessons learned from the Syria crisis. 2015.

<sup>37</sup> UNFPA. UNFPA Baseline Evaluation for Safe Spaces Report. 2022.

counselling and group activities on the 3<sup>rd</sup> floor: however, it also has an outside courtyard area, covered from the elements and secure, before the steps to reception, and this is an area used for activities with women and girls with mobility disabilities.<sup>38</sup> Further, UNFPA and partners provide sign language where necessary, and have clear messaging throughout refugee and asylum-seeking communities that services and specialized support are available for women and girls with disabilities.<sup>39</sup> However, UNFPA Egypt is aware that gaps still remain, and seek to continually improve accessibility by partnering with organizations specifically working with people with disabilities.<sup>40</sup>

**Strengthening GBV response in health facilities:** In addition to the WGSS, UNFPA has also supported the establishment of 15 Safe Women Clinics (SWC) in public and private university hospitals across the country, in coordination with 18 additional SWC operated directly by the Ministry of Health and Population (MoHP). The SWC provides services to all women who have experienced any form of violence, accommodating walk-ins to the hospitals and clinics. The services include immediate comprehensive medical care and psychological first aid as well as internal hospital referral, counselling, filing for GBV case management, as well as inter-sectoral referral to legal and social services required by each case.<sup>41</sup> UNFPA provides the clinics with post-rape (PEP) kits to ensure access to emergency medical care for women exposed to rape and severe sexual assault (critically, UNFPA is the sole provider of PEP kits in Egypt), as well as providing medical equipment and furniture, ensuring a safe, confidential, comfortable and supportive environment for survivors. In addition, UNFPA have provided training on comprehensive GBV case management and clinical management of rape (CMR) together with the National Council of Women (NCW), with a total to date (2024 data) of 491 medical service providers trained.<sup>42</sup>

**Cash and voucher assistance (CVA):** UNFPA Egypt has a cash component to the humanitarian / refugee response GBV programme. UNFPA partners with both UNHCR and WFP through UN-UN agreements to implement different cash assistance interventions for GBV survivors and women at risk of GBV. With UNHCR, UNFPA has been supporting the Safety Package which provides registered refugee and asylum-seeker at risk of GBV, or survivors, with approximately Egypt Pounds (EGP) 8,400 (approximately USD 170)<sup>43</sup> with 1,492 women and girls benefitting from this in 2024, with UNFPA contributing to 615 women.<sup>44</sup> In addition, UNFPA has continued to provide cash to survivors within the GBV case management in partnership with WFP and in the first quarter of 2024 this reached 1,067 individuals in total, being 1058 women and girls and nine men. This assistance is available to survivors regardless of documentation or registration status and so complements the UNHCR assistance programme.

The process for collecting cash through the WFP scheme is faster, using Fawry cards<sup>45</sup> enabling beneficiaries to receive support more efficiently. This assistance can be recurrent, up to three times based on individual case assessments. Each individual received, on average, 4,000-5000 EGP (approximately USD 80-100).<sup>46</sup>

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<sup>38</sup> Evaluation site visit.

<sup>39</sup> UNFPA and partner KIIs, site visit, FGD with WGSS clients, and CERF. CERF allocation report on the use of funds and achieved results. 2023. CERF 23-RR-FPA-024.

<sup>40</sup> UNFPA KIIs and CERF. CERF allocation report on the use of funds and achieved results. 2023. CERF 23-RR-FPA-024.

<sup>41</sup> UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>42</sup> UNFPA and NWC KIIs and UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>43</sup> Due to USAID funding cuts, this Safety Package cash assistance programme has been suspended as of March 2025 – source, UNHCR.

<sup>44</sup> Updated information (provided by UNFPA KII) for: UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>45</sup>

<https://www.fawry.com/2023/06/04/fawry-signs-agreement-with-wfp-for-cutting-edge-multi-purpose-cash-assistance-platform-in-egypt/> and WFP and UNFPA. WPF-UNFPA cash assistance programme report: provision of cash assistance to women and girls under the GBV humanitarian programme. 2024.

<sup>46</sup> WFP and UNFPA. WPF-UNFPA cash assistance programme report: provision of cash assistance to women and girls under the GBV humanitarian programme. 2024.

In May 2024 UNFPA conducted a post distribution monitoring (PDM) of the GBV case management cash assistance programme, using UNFPA standard cash PDM tools. This PDM found that cash assistance significantly contributes to escaping and mitigating GBV risks while also improving survivors' mental well-being.

**Dignity kits:** In addition to cash, UNFPA has distributed dignity kits across the years, where funding has been available. Table 6, below, provides the overall numbers of dignity kits distributed by UNFPA Egypt.<sup>47</sup>

*Table 6 UNFPA Egypt procurement and distribution of dignity kits*

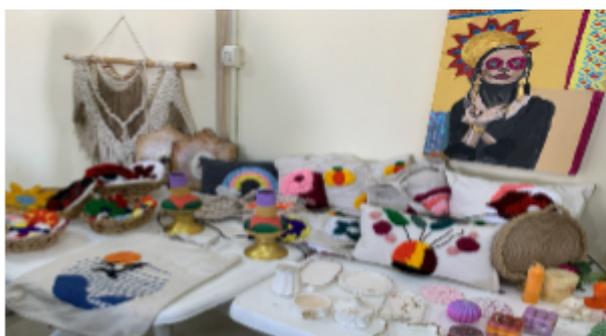
Year	Number
2024	7,500
2023	20,000
2022	0
2021	0
2020	26,000
2019	0

Based on PDM feedback collected from beneficiaries who received the kits in 2023, the 2024 dignity kits were amended, and included items such as nail clippers, deodorant, hand sanitizer and socks, while excluding unused items like the whistles provided in previous kits.<sup>48</sup> Further, UNFPA Egypt struggled with procurement for these kits: international procurement as initially demanded by UNFPA regulations had long timelines; local procurement not from the UNFPA catalogue was a “challenging procurement process”.<sup>49</sup> There is continued demand for dignity kits, and UNFPA has been unable to meet the demands of partners and women and girls themselves.<sup>50</sup>

**Finding 5. There is some emerging evidence of how or if GBV interventions are providing longer-term outcomes for women and girls.**

In different ways, the UNFPA GBV programme has sought to both understand and amplify and cement longer-term outcomes for refugee and asylum-seeking women and girls. Firstly, in addition to the activities provided above, WGSS provide vocational training. In 2024 2,593 women received vocational training support, and a number of women produced different crafts both as a wellbeing activity and a potential future income stream.<sup>51</sup>

While there is currently no systematic follow-up with the sustainability of these crafts as income-generating, in 2024, UNFPA has initiated a discussion with an international NGO called PPI (People, Power, Inclusion)<sup>52</sup> to strengthen the economic empowerment of refugee women. PPI has expertise and career counselling centres that focus on enhancing the employability and entrepreneurship of people who have a trained skill. UNFPA is



*Figure 4: Selection of refugee-made crafts and art in MoYS-run WGSS in Giza, Greater Cairo*

<sup>47</sup> 2024 data from: UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

Previous year data from <https://www.unfpa.org/data/emergencies/egypt-humanitarian-emergency>

<sup>48</sup> 2024 data from: UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>49</sup> UNFPA KII.

<sup>50</sup> UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (Jan to Sept 2024). 2025.

<sup>51</sup> Ibid.

<sup>52</sup> <https://www.ppi-groupesos.org/en/>

seeking to collaborate closely with PPI to support the refugee women who received vocational skills training from the WGSS to proceed further until they actually generate income and are able to sustain themselves.<sup>53</sup>

In terms of trend analysis, UNFPA and NCW together have monitored the increase of women (both refugee and Egyptian) seeking services within the SWC within university hospitals, which has increased from 181 women in 2021 to 2,385 women in 2024.<sup>54</sup> Neither UNFPA or NCW view this increase as a sign that violence against women is increasing, but rather as a sign that more women are aware of available services and coming forward to receive those services. This is supported by the most recent demographic health survey (DHS) which, although from 2021, showed prevalence of GBV was not increasing in Egypt generally.<sup>55</sup>

One significant other topic of interest with regard to GBV and harmful practices is female genital mutilation (FGM), and the effect that displacement will have on Sudanese populations displaced into Egypt – both Sudan and Egypt being high FGM-prevalence countries, but with differing practices. There is no data on this available at the moment and no actors specifically looking at it, which is an important gap and provides a clear opportunity for UNFPA moving forward.

A last but critical point with regard to longer-term impact of the UNFPA GBV humanitarian interventions is related to the choice of partner. The fact that 11 of the 13 WGSS in Egypt are run through MoYS has both positive and negative implications, with positive aspects around issues of sustainability and working across the nexus, supporting systems-strengthening within the country, while issues arise from the current challenge of undocumented asylum-seekers (those who have been unable, or are unwilling or fearful to get temporary protection through UNHCR).

While UNFPA documentation clearly states that “UNFPA’s Humanitarian Programme is open for all persons at risk and survivors of GBV regardless of their nationality and registration status”<sup>56</sup> this is becoming, and will continue to be, more and more challenging for the Ministry-run WGSS, where Government protocol is shifting more and more towards a stricter control over documentation for refugees and asylum-seekers to access services. However, this has to be balanced with the fact that humanitarian funds will not last forever and have already been drastically cut, and the refugee needs remain high: working through the MoYS and supporting systems-strengthening does indeed provide for longer-term outcomes for documented refugees and asylum-seekers (systems strengthening and working across the nexus is discussed below under EQ8). The Government of Egypt also view this very much in terms of social cohesion, a key consideration for this stakeholder.<sup>57</sup>

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<sup>53</sup> UNFPA KIIs and UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>54</sup> Source: PowerPoint presentation by NWC during evaluation visit.

<sup>55</sup> NWC KIIs.

<sup>56</sup> UNFPA and partners. Women and Girls Safe Spaces (WGSS). UNFPA Humanitarian Programme. Briefing Note. *no date*.

<sup>57</sup> UNFPA and Government KIIs.

EQ4 (Effectiveness/Coverage) To what extent do UNFPA interventions contribute to the use and dissemination of reliable and disaggregated programme and population data for evidence-based humanitarian responses?

#### FINDINGS

6. UNFPA Egypt has a unified M&E system for collecting data across all programmes and projects (development and humanitarian) utilizing a proprietary software as an RO initiative to provide the level of disaggregation required for programming purposes and which is not provided for by the Quantum system.
7. For GBV information management system (GBVIMS), there is ongoing and coordinated work within the GBV information management task force on how collected data can be safely and confidentially shared for broader analysis of trends, although the visibility and utilization of trends data for advocacy and resource mobilization is still an area for potential expansion.
8. There is no UNFPA population data support for the refugee response.

**Finding 6. UNFPA Egypt has a unified M&E system for collecting data across all programmes and projects (development and humanitarian) utilizing a proprietary software<sup>58</sup> as an RO initiative to provide the level of disaggregation required for programming purposes and which is not provided for by the Quantum system.**

UNFPA Egypt have a relatively well-established data collection system, with good tools for collecting both service and individual data from WGSS activities, capturing different aspects and factors. This is completed mainly without issue at the WGSS level. Other data points are provided across SRHR and GBV services (such as from SWC) and UNFPA Egypt use a unified M&E system for results, developed by ASRO using a trackstudio<sup>59</sup> platform.<sup>60</sup> Trackstudio is not specific to humanitarian results, and UNFPA Egypt use it to capture all programmatic results. As an RO initiative, developed because Quantum Plus does not capture the disaggregation required at country level to monitor programmes at the macro level, Egypt was a pilot country and found the granularity provided by the trackstudio platform useful.

**Finding 7. For GBV information management system (GBVIMS), there is ongoing and coordinated work within the GBV information management task force on how collected data can be safely and confidentially shared for broader analysis of trends, although the visibility and utilization of trends data for advocacy and resource mobilization is still an area for potential expansion.**

One key aspect of data for UNFPA Egypt is the GBV information management issue. Together with UNHCR, UNFPA chairs the GBV information management task force, based on an identified need to improve the understanding of confidentiality issues and increase the use of standardized tools for capturing and managing GBV information. The Egypt GBV SWG did request support from the global GBVIMS team, but this request has not been fulfilled and given the current funding challenges no global support is expected by the GBV SWG.<sup>61</sup> However, SWG members are enthusiastic about the task force and keen to learn about the global standards and put these into practice. There is now a standardized case intake form that is used across all SWG members.

**Finding 8. There is no UNFPA population data support for the refugee response.**

UNFPA Egypt plays no specific role in terms of population data for the humanitarian crisis; given that Egypt is characterized entirely by a refugee crisis, this role falls to UNHCR.

<sup>58</sup> ASRO have used Track Studio as the software platform for the unified M&E system.

<sup>59</sup> <http://www.trackstudio.com/products-features.html>

<sup>60</sup> One key point to note is that different Regional Offices have developed different platforms, all understanding that quantum is not sufficient for country level data needs, and the ASRO trackstudio M&E database is not necessarily aligned to the DHIS 2 tool that other regions, for example, EECARO are using – source, global KIIs. ASRO and UNFPA Egypt staff have no knowledge of any ongoing discussion around interoperability between regions.

<sup>61</sup> UNFPA and other UN agency and partner KIIs and GBV SWG meeting minutes.

**EQ5 (Effectiveness) To what extent has UNFPA adequately performed its leadership role on SRHiE and GBViE and Youth, Peace and Security?**

**FINDINGS**

9. There is not a SRHR SWG in Egypt despite the push globally for there to be (noting Egypt is an RCM context not an IASC cluster context) and this perhaps contributes to why SRHR does not have the same level of visibility in the response as GBV.
10. UNFPA co-chair the GBV SWG together with UNHCR in a structure that appears to work well, with collaborative and coordinated co-chairing responsibilities between the two lead agencies allowing for a vibrant and engaged working group with strong planning, useful and impactful discussions, and clear purpose and added value. This should be seen as good practice.

**Finding 9. There is not a SRHR SWG in Egypt despite the push globally for there to be (noting Egypt is an RCM context not an IASC cluster context) and this perhaps contributes to why SRHR does not have the same level of visibility in the response as GBV.**

As referenced in various sections above, SRHR does not have its own SWG in the same way that GBV does, and this is likely part of why SRHR has less visibility overall in the response than GBV does.<sup>62</sup> Under IASC architecture, the global WHO-led health cluster now has a standing Sexual and Reproductive Health Task Team with objectives, among others, of systematizing coordination of SRHR in emergencies: “The Global Health Cluster (GHC) SRH Task Team serves as a formal entity within the GHC to ensure SRH priorities are systematically addressed in all phases of humanitarian response and that SRH coordination is consistently included in cluster coordination at both the global and country levels.”<sup>63</sup> The ToR for the Task Team references the 2019 UNFPA humanitarian capacity and its finding that where SRH working groups had been established, they added value to humanitarian responses.<sup>64</sup> Based on this, the ToR has an objective to ensure that health cluster coordinators “actively and consistently seek and support the early establishment of an SRH working group as part of the health cluster at country level, under the leadership of UNFPA”.<sup>65</sup>

While the Egypt response is not managed under an IASC architecture framework, but rather the refugee coordination model, the essence of the health cluster SRH Task Team terms of reference holds true. However, no SRH SWG has been established to date. This has had a clearly negative impact, with the MISP readiness assessment (referenced under EQ1) highlighting fragmented coordination as one of the key barriers.

Within the UNFPA SRH response, UNFPA has been working through state structures but ongoing and increasing issues with undocumented persons remain a challenge which is unlikely to be resolved soon, and increasing coordination with all SRH actors would be a useful shift.

UNFPA do attend the health working group (HWG) and advocate for RH-GBV integration; referral pathways, and midwifery interventions as per MISP standards. However, without a specific SWG there are more blurred lines between boundaries across different UN agencies.<sup>66</sup>

As well as the overarching health working group in Egypt, within the refugee coordination model framework, there is an emergency health WG for Gaza, within which UNFPA has played a key role. There is an emergency response dashboard related specifically to medical evacuees, and visibility of real-time data, with, as of March 2025, 6,268 medical evacuees and 8,817 companions from Gaza in

<sup>62</sup> There are likely other contributing factors to this, including the internal structure of the humanitarian programme within UNFPA, discussed below under the section on EQ6.

<sup>63</sup> <https://healthcluster.who.int/publications/m/item/terms-of-reference-sexual-and-reproductive-health-task-team>

<sup>64</sup> Global Health Cluster. Sexual and Reproductive Health Task team. Terms of Reference. 2023. Referencing: UNFPA. Evaluation of the UNFPA capacity in humanitarian action 2012-2019. 2019.

<sup>65</sup> Global Health Cluster. Sexual and Reproductive Health Task team. Terms of Reference. 2023.

<sup>66</sup> UNFPA KIIs.

Egypt.<sup>67</sup> However, there remains much uncertainty around funding for response to Gaza medical evacuees, or even if there is a continued role for UNFPA to play beyond enabling and facilitating access for Palestinian medical evacuees and their carers (who hold a distinct and different status to that of refugees and asylum-seekers in the country) to WGSS and SWC UNFPA do not necessarily have any particular coordination role here.

**Finding 10. UNFPA co-chair the GBV SWG together with UNHCR in a structure that appears to work well, with collaborative and coordinated co-chairing responsibilities between the two lead agencies allowing for a vibrant and engaged working group with strong planning, useful and impactful discussions, and clear purpose and added value.**

Since 2017 UNFPA and UNHCR have jointly chaired the GBV SWG under the Protection WG in Egypt.<sup>68</sup> This is an engaged, focused, and efficient SWG with excellent collaboration between the two chairs which allows for rich discussion and effective outputs.<sup>69</sup> Since the SWG was established several outputs have been achieved year on year, including establishment of referral pathways, joint funding through CERF and other sources, capacity building of partners, increased inclusion of refugee-led partners, and joint advocacy.<sup>70</sup> Specific achievements have included, for example, in 2023, the launch of the standard operating procedures (SOPs) for GBV<sup>71</sup> and in 2024, organization of two donor roundtables in June 2024 and December 2024 and the re-launch of the GBV SWG in Alexandria, for localized coordination.<sup>72</sup>

A current conversation within the March 2025 SWG meeting was on deciding advocacy asks for 2025, with UNHCR efficiently chairing the discussion,<sup>73</sup> but allowing free input from all members. SWG members are highly complimentary of the SWG, based on the effectiveness and results, but also the way in which the SWG is run, which they find to be highly welcoming, non-threatening, collaborative, and engaging. Ideas are acted upon, participants are respected, and for many members who are engaged across different WGs, the GBV SWG is held up as a prime example of how WGs should operate.<sup>74</sup> In light of how many GBV SWGs and sub-clusters globally struggle to maintain efficiency and effectiveness with a double UN agency co-chair arrangement, there are likely some useful lessons from the Egypt experience as to how efficiencies and utility can be maximized.

**EQ6 (Efficiency) To what extent are internal resources, structures, systems, processes, policies and procedures at UNFPA conducive to efficient and timely humanitarian action, at all levels of the organization (global, regional, national)?**

#### **FINDINGS**

11. UNFPA global procurement and administrative systems present ongoing challenges and bottlenecks in the Egypt refugee response.
12. UNFPA Egypt has some examples of good practice in terms of longer-term donor relations and subsequent resource mobilization, although recent events underscore the need for renewed efforts if current programming is to be sustained.
13. The internal structure of the UNFPA refugee response, particularly with regard to integration of GBV and SRH is not optimal for longer-term sustainability planning.

**Finding 11. UNFPA global procurement and administrative systems present ongoing challenges and bottlenecks in the Egypt refugee response.**

<sup>67</sup> UNFPA KIIs.

<sup>68</sup> UNFPA. UN-to-UN funding from UNFPA to UNHCR. Activity report for 2024 agreement. 2025.

<sup>69</sup> A GBV SWG meeting occurred during the evaluation visit, and forms part of the evaluation data.

<sup>70</sup> GBV Sub Working Group. GBV Sub-Working Group 2025 Planning Workshop. Outcome Document. 2024.

<sup>71</sup> GBV Sub Working Group. Standard operating procedures for prevention of and response to gender-based violence (GBV) in Egypt. 2023.

<sup>72</sup> UNFPA. UN-to-UN funding from UNFPA to UNHCR. Activity report for 2024 agreement. 2025.

<sup>73</sup> UNFPA and UNHCR alternate chairing each month.

<sup>74</sup> FGD with GBV SWG members.

Systems challenges have included significant delays to procurement and importation of vital life-saving supplies such as post-exposure prophylaxis (PEP) for clinical management of rape (CMR), with UNFPA currently being the only procuring agency in Egypt. These challenges have been compounded by a complex situation for cross-border supplies into Gaza through Egypt, and challenges that the Egypt UNFPA CO are expected to assist in resolving, with unclear division of accountability between HRD, ASRO, UNFPA Egypt, and the UNFPA Palestine country office. An additional and critical issue has been salary delay issues for colleagues remunerated through the Operational Unit for Development Assistance (OUDA) framework;

Procurement for the Egypt refugee crisis response: Many of these delays are linked to stringent government security processes, but timely supplies have also been hindered by internal UNFPA processes which UNFPA Egypt still find to be challenging, despite improvements made to supply chain management processes<sup>75</sup>, bureaucratic and not suited to emergency response. For the initial influx of Sudanese refugees in 2023, UNFPA Egypt started the process of local procurement for dignity kits, with a total cost of over the USD 100,000 threshold (requiring additional management clearance). With guidance from the UNFPA Supply Chain Management Unit (SCMU), UNFPA Egypt established nine long-term agreements (LTAs) for local procurement of dignity kits, but this took until August 2024, so more than a year since the first influx of refugees from the Sudanese crisis in April 2023. This is because the process for procurement over USD 100,000 remained 16-20 weeks (despite being under FTP). The issue as articulated by UNFPA Egypt is that the FTP reduced the mandatory time windows for each step, but did not reduce the number of steps, so the process remains burdensome at the country level.<sup>76</sup> UNFPA SCMU did suggest UNFPA Egypt establish a warehouse for prepositioning of kits, but UNFPA Egypt had neither the staff expertise nor the budget to do this and with no further support, the recommendation could not be implemented.<sup>77</sup>

These challenges have continued with international procurement and delays to PEP kits for CMR. UNFPA is the only supplier of PEP kits in Egypt.<sup>78</sup>

The UNFPA Egypt logistics department consists of only two people, and this highlights a challenge for a predominantly development-country suddenly required to expedite an emergency response without the support required. This has been exacerbated over the last year with cross-border supplies into Gaza. The Egyptian Government has designated the Egyptian Red Cross (ERC) as the primary consignee for all cross-border supplies routed through Egypt to Gaza. This means that all UN agencies using this routing must have an agreement with the ERC. The ERC have not, to date, signed an agreement with UNFPA. It is unclear the status of agreements with other UN agencies, as all UN agencies are facing challenges and are not currently openly sharing information. SCMU have sent surge logistics specialists to Egypt to support, but the ongoing lack of relationship with ERC has been de facto designated to the UNFPA Egypt logistics team (this issue has been ongoing since 2023, and the UNFPA Egypt logistics team are permanent, whereas surge support comes for a short time only). The main issue is that it is still unclear the roles and responsibilities within UNFPA for the cross-border supplies to Egypt, and while HRD, SCMU, ASRO, and the Palestine CO are all involved, the ongoing communication with ERC has been left to UNFPA Egypt which remains a significant extra level of effort, ongoing for more than a year, on a small team.<sup>79</sup>

An additional challenge UNFPA has faced is salary payments for those paid through a UNDP arrangement with OUDA in Egypt.<sup>80</sup> While this is a UNDP arrangement, and as such, somewhat outside of the control of UNFPA, multiple partner staff in WGSS and UNFPA-recruited staff under this system

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<sup>75</sup> See recommendations made in the 2019 UNFPA humanitarian capacity evaluation and subsequently updated fast track procedures (FTPs). UNFPA has new emergency response procedures (ERPs) to replace the old FTPs, but these only came into force in March 2025 so do not apply to the evidence gathered for this evaluation.

<sup>76</sup> UNFPA KIIs.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> UNFPA and other UN agency KIIs.

<sup>80</sup> <https://ouda.org.eg/home/>

did not receive their monthly salaries in either January or February this year.<sup>81</sup> The same issue occurred in January 2024, although at that point salaries were delayed for January only. The staff affected include WGSS staff, including in the NGO-led and MoYS WGSS, and including case workers who have continued to work every day with GBV case management and other WGSS activities, but for no salary for more than two months. While, again, this is due to UNDP arrangements with OUDA and therefore to a certain extent outside of the control of UNFPA, UNFPA still retain a very real responsibility and duty of care to these staff and going two months without pay is, as agreed within UNFPA, unacceptable.

**Finding 12. UNFPA Egypt has some examples of good practice in terms of longer-term donor relations and subsequent resource mobilization, although recent events underscore the need for renewed efforts if current programming is to be sustained.**

UNFPA Egypt has a diverse range of funding sources for the humanitarian response, including from the Swiss Development Cooperation (SDC), the Spanish, the Japanese, and CERF as 100% humanitarian funding, and then also the Embassy of Norway, the Italian Agency for Development Cooperation (AICS) and the Korea International Cooperation Agency (KOICA) as additional donors who support gender and have humanitarian components.

Figure 5 provides an overview of humanitarian funding requested and received for the UNFPA Egypt refugee response.<sup>82</sup>

UNFPA in Egypt has not always expended funding as quickly as is required for humanitarian response; for example, different rounds of CERF funding have required a no-cost extension (NCE) which is problematic for CERF. The reasons for this have been mostly internal UNFPA systems as discussed above, but also the stringent government regulations and the strong systems strengthening approach of UNFPA which has resulted in long delays at some points. For example, the Japanese funding for SRHR activities through public and private hospitals took nine months before implementation was allowed. Under the new Country Representative, UNFPA Egypt has been working hard to ensure the capacity is in place to spend fund when received, although, again, as discussed above, some systems still prove to be a barrier to this.

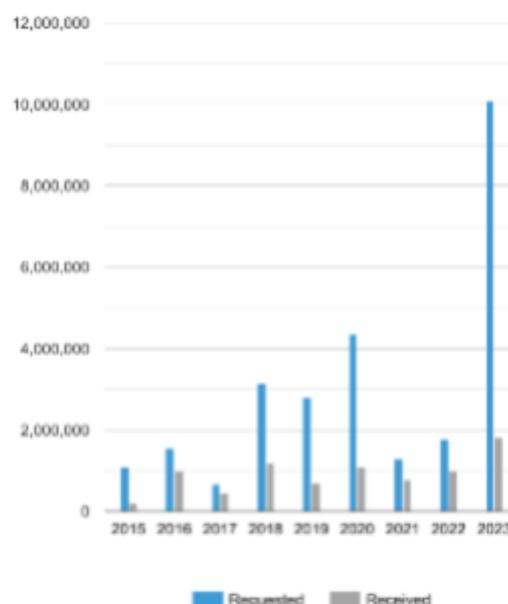


Figure 5: UNFPA Egypt procurement and distribution of dignity kits

UNFPA Egypt has been pro-active in seeking additional and diversified funds. One good practice implemented has been GBV donor roundtables, organized through the GBV SWG in both 2023 and 2024. While time-consuming to organize, and with no specific tangible funding outcomes, the longer-term relationship building that these events have attained cannot be under-estimated. The donor roundtables have included some current donors (i.e. SDC and the Embassy of Norway) and other potential partners who currently do not fund GBV in Egypt, including, for example, Ireland and the Australian Embassy). Results that are not specifically money, but clearly valuable for longer-term partnerships have included the Embassy of Norway requesting UNFPA to provide GBV prevention and mitigation training to their staff responding to refugee resettlement requests, which in turn led to further training for Embassy staff on how to manage reports of GBV from Norwegian nationals in Egypt. While not necessarily connected to the humanitarian response, this is critical relationship-building and led to Norwegian Embassy staff in

<sup>81</sup> Salaries were paid, in March, during the evaluation visit.

<sup>82</sup> <https://www.unfpa.org/data/emergencies/egypt-humanitarian-emergency>

other countries expressing interest in visiting the WGSS in Egypt (from Kenya and Jordan). UNFPA have a specific case example of a Nordic national receiving GBV shelter and support through UNFPA and directly because of this donor roundtable which started the motion of events, who then was in contact after getting safely home to Europe to express gratitude. A 2025 roundtable is planned to include a field visit to WGSS sites, and there are more options to consider, including key advocacy messages, and for the UNFPA to start systematically monitoring and utilising the unintended positive outcomes from these roundtables.

**Finding 13. The internal structure of the UNFPA refugee response, particularly with regard to integration of GBV and SRH, is not optimal for longer-term sustainability planning.**

UNFPA Egypt has effectively created an impactful humanitarian team within the office, building up according to an evolving context. While the regional situation is volatile the team has proven it can respond with the same expertise and understanding of context as other UN agencies and now is a good moment to review the internal structure. However, the structure has been embedded within the gender team and this evaluation finds that this, together with other aspects such as the lack of an SRHR SWG, has resulted in an unbalanced visibility of, and efforts towards, SRH. This is despite all the good work achieved by the SRH team, with the MISP readiness assessment, and support to training, and also despite the clear efforts at integration with SRHR services and referrals within WGSS and SWC within hospitals. A review of the structure to ensure that UNFPA's mandate responsibilities for both GBV and SRHR, as well as ensuring that sub-national components remain sustainable, is required at this point, particularly in light of the recent global funding cuts which affect GBV work more than broader health in humanitarian settings work, under which the SRH portfolio sits.

**EQ7 (Coherence)** To what extent are UNFPA humanitarian interventions internally coherent and complementary to that of other humanitarian actors, thus reducing gaps, avoiding duplications and creating synergies?

#### **FINDINGS**

14. There is an increasing coherence between SRHR and GBV for humanitarian programming, but opportunities remain to enhance this.
15. There are multiple examples of strategic and impactful humanitarian coordination and collaboration between UNFPA Egypt and other actors and partners with positive results.

**Finding 13. There is an increasing coherence between SRHR and GBV for humanitarian programming, but opportunities remain to enhance this.**

WGSS provides integrated multi-sectoral reproductive health and GBV services, aligned with UNFPA guidance on safe spaces. This includes maternal care, SRHR information and family planning services, and comprehensive GBV services including case management, referral to other services, counselling, awareness-raising activities and economic empowerment activities, with cash used as part of the GBV case management.<sup>83</sup> The 15 Safe Women Clinics (SWC) in public and private university hospitals across the country, in coordination with 18 additional SWCs operated directly by the Ministry of Health and Population (MoHP), which provide services to all women who have experienced any form of violence, accommodating walk-ins to the hospitals and clinics.<sup>84</sup>

Therefore, in terms of programming, some opportunities for integration have been taken. However, as discussed above, the humanitarian (refugee) response within UNFPA Egypt started under the gender team and the humanitarian portfolio still sits here: at the UN level (such as within the 3RP and the Sudan regional refugee response plans) UNFPA has a stronger profile, and more visibility connected to GBV than to SRHR. UNFPA as a development actor has a strong relationship with the MoHP and provides clear systems-strengthening support, and in this regard, ongoing work supporting the MoHP which benefits refugees as well as Egyptian citizens is extremely valuable, and likely to be less visible than the humanitarian-specific GBV interventions such as establishment of WGSS. It remains clear however, that UNFPA in Egypt are not maximizing their SRHR humanitarian expertise nor positioning themselves as the humanitarian SRHR leading agency in the same way they have done with GBV. If these two components were more equal, more intrinsic integration of programming would occur. Support to, for example, a cadre of trained midwives that could be deployed as surge in future humanitarian and refugee crises is within the mandate and expertise of UNFPA and would introduce a specific roving role of protection and health in one and longer-term, it would be investment in these such interventions that could cement the position of UNFPA as both the GBV and the SRHR leading agency.

**Finding 14. There are multiple examples of strategic and impactful humanitarian coordination and collaboration between UNFPA Egypt and other actors and partners with positive results.**

UNFPA in Egypt works with a number of different partners across different aspects of the refugee response. There are notable examples that could represent replicable or scalable partnerships for other countries. Examples include:

Partnership with UNHCR: UNFPA has a strong partnership with UNHCR, successfully co-chairing the GBV SWG together (discussed above under EQ5). Further, UNFPA and UNHCR have an UN-UN agreement for the cash assistance programme, Safety Package (discussed above under EQ3).

Partnership with WFP: UNFPA have an UN-UN agreement with WFP which is the foundation of the GBV case management cash component. UNFPA use the WFP cash platform for this. UNFPA Egypt CO's

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<sup>83</sup> Multiple KIIs, site visits, and UNFPA and partners. Women and Girls Safe Spaces (WGSS). UNFPA Humanitarian Programme. Briefing Note. *no date*.

<sup>84</sup> UNFPA and government KIIs.

collaboration with WFP Egypt CO has been acknowledged at the regional level as a good example of collaboration between UN agencies. By utilizing a single WFP Fawry card, both agencies effectively consolidated their efforts to support the beneficiaries, minimizing any potential confusion. WFP established a sub-account wallet on its Fawry card, featuring a designated service code specifically for UNFPA beneficiaries. This initiative streamlined the redemption monitoring and reporting process.<sup>85</sup>

Private partnership with BeGirl: The collaboration with the private sector company BeGirl, specializing in menstrual health management (MHM) has significantly bolstered UNFPA's project implementation. This partnership has introduced high-quality, innovative menstrual products, including cycle tracking devices, for refugee girls. Additionally, it has facilitated the transfer of knowledge to Women's and Girls' Safe Spaces (WGSS) staff, equipping them to become proficient facilitators and to lead MHM awareness activities for adolescents. This integrated approach, which combines training of trainers and procurement, establishes a sustainable model for ongoing education. It empowers caseworkers to conduct future awareness sessions and to cascade this knowledge to new staff members even after the project's conclusion.<sup>86</sup>

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<sup>85</sup> UNFPA. Comprehensive response to GBV against women and girls. Annual Operational Report (January to September 2024). 2025.

<sup>86</sup> Ibid.

EQ8 (Connectedness) To what extent is humanitarian action at UNFPA linked to preparedness and longer-term development processes and programmes, across the humanitarian-development-peace nexus?

#### FINDINGS

16. UNFPA Egypt works strongly, intentionally, and effectively through local structures with an embedded nexus approach which is beneficial, long-term, respectful, and adds value. However ongoing and systematic risks and limitations mapping is a key need.

#### **Finding 16. UNFPA Egypt works strongly, intentionally, and effectively through local structures with an embedded nexus approach which is beneficial, long-term, respectful, and adds value.**

UNFPA in Egypt has built on their strong and solid relationships with Government line ministries as an integral foundation for the refugee response. This includes having an excellent understanding of the Government's concerns in being labelled a 'humanitarian' context when it is, in fact, a refugee context, as well as an excellent understanding of the overall structure and processes within the Government.

For the humanitarian response, UNFPA works closely with two-line ministries: MoYS and MoPH. With MoYS, UNFPA supports 11 out of the 13 WGSS in Egypt. With MoPH, UNFPA have collaborated on establishment of SWC, of which UNFPA supports 15 with NWC and an additional 18 SWC operated directly by the MoPH. UNFPA have also provided IARH kits to MoPH for distribution, and have ongoing training, including MISP training, interventions.

All of this constitutes a strong nexus approach. Egypt is a lower middle-income country within the high HDI tier and has strong social systems but is a refugee-hosting state surrounded by a number of conflicts that make it both a destination and a transit country for asylum-seeking populations from many different nations. As a lower middle-income country, humanitarian funding, particularly in the current global context, is unlikely to remain at a high level forever and working through Ministries who have the will to integrate refugees and asylum-seekers to a certain extent is the correct approach, both strategically and ethically. This is what will provide for longer-term outcomes for refugees and asylum-seekers. The Government of Egypt also view this very much in terms of social cohesion, which is an important aspect.<sup>87</sup>

As of February 2025, UNHCR have registered 926,412<sup>88</sup> refugees and asylum-seekers; however, the Government of Egypt and UNHCR together estimate approximately 1.5 million Sudanese refugees have fled to Egypt since the outbreak of hostilities in Sudan in April 2023.<sup>89</sup> In addition to this, UNHCR estimated an approximate population in Egypt, even prior to the Sudan conflict, of 6 million migrants, many of who are living in 'refugee-like' conditions and may be in need of international protection, but have been living in Egypt for years or even decades.<sup>90</sup> This means that there are a large number of undocumented individuals in Egypt, in need of assistance.

As of early-mid 2025, there was an ongoing conversation across inter-agency forums with regard to increasing rigidity in government regulations with regard to access to service for undocumented individuals. In December 2024, the Government of Egypt (GoE) enacted a new asylum law. UNHCR is working with them on a transition plan to support establishing an asylum management system in line with international and regional norms. This is clearly a UNHCR-mandate area and one which UNFPA has neither the expertise nor the authority to intervene. However, it does of course impact heavily on the UNFPA strategic approach, as MoYS and MoPH are Government entities and as such must strictly adhere to government regulations with regard to refugees and asylum-seekers. Currently only two out of thirteen UNFPA-supported WGSS, implemented through civil society can provide access to all individuals, regardless of documentation status.

<sup>87</sup> UNFPA and Government KII's.

<sup>88</sup> <https://data.unhcr.org/en/country/egy>

<sup>89</sup> [https://www.unhcr.org/eg/wp-content/uploads/sites/36/2025/03/UNHCR-Egypt-Factsheet\\_FEB-2025.pdf](https://www.unhcr.org/eg/wp-content/uploads/sites/36/2025/03/UNHCR-Egypt-Factsheet_FEB-2025.pdf)

<sup>90</sup> UNHCR. UNHCR Country Strategy Evaluation: Egypt. Final Report. 2021.

Other issues also exist, which are more within the mandate remit of UNFPA. Post-rape kits cannot be provided within government-run WGSS, so only two out of the thirteen UNFPA-supported WGSS can provide this critical service to women.

These challenges do not suggest that the current approach of systems-strengthening is an incorrect one, and other UN agencies see part of the added value of UNFPA being the strong relationship with the Government and the potential to influence longer-term health outcomes across both refugee and asylum-seeking and host community populations. Further, the nexus point between development and humanitarian is where the country coordination approach is also leaning into.<sup>91</sup> However, this longer-term approach is sometimes at odds with a more immediate need, particularly when considering leaving no one behind (LNOB) and reaching the most marginalized and vulnerable (likely being those who are undocumented and struggle to access services). The systems-strengthening nexus approach has perhaps, to date, not been fully balanced with a more focused LNOB-approach and scaling up partnerships with different civil society organizations to do this has been less of a visible force within the UNFPA humanitarian response than the support to Government has been. That is not to say that UNFPA has not worked with civil society as they have, both in terms of supporting two of the thirteen WGSS and through the GBV SWG, pro-actively supporting inclusion of refugee-led civil society organizations (CSO). However, there is potential for UNFPA to review the balance of these two approaches.

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<sup>91</sup> Other UN Agency KIIs.

# Conclusions

## Relevance and positioning

The current UNFPA Egypt CPD does not specifically mention humanitarian aspects but acknowledges the reality of the context being a refugee-hosting situation, which aligns with the Egyptian Government's articulation of the situation, avoiding the use of the term 'humanitarian'. Egypt presents a complex context, managed under the refugee coordination model rather than the IASC model and involving overlapping refugee response plans for various refugee groups, including the ongoing Egypt chapter of the regional refugee response plan for the Whole of Syria response and the Egypt chapter of the Sudan regional refugee response plan.

UNFPA has ensured that GBV remains prominently visible under protection, while SRHR is also included, but is less visible. This is partly due to the RCM inter-agency coordination structure and the absence of an SRHR sub-working group, as well as UNFPA's internal structuring of the humanitarian response under the gender team. UNFPA Egypt has created an impactful humanitarian team within the office, adapting to the evolving context effectively but now would be an opportune moment to review the structure and to ensure that UNFPA's mandate responsibilities for GBV and SRH are upheld and that sub-national components remain sustainable. Despite the volatile regional situation, the team has demonstrated its capability to respond as a capable UN humanitarian actor.

*Links to findings 1,2 and 13*

## Effectiveness

Since 2012, UNFPA Egypt has been responding to the Syrian crisis, most visibly through WGSS although also with a range of other SRHR and GBV interventions. The current 13 WGSS, established under UNFPA guidelines, are well-regarded within the humanitarian community and offer multi-sectoral services. Emerging evidence shows some long-term outcomes for GBV programming, including cash programs. The WGSS offer SRHR awareness and referral services for refugee women and girls and UNFPA have also provided IARH kits and MISP training. There is limited evidence on longer-term impact of SRHR interventions or trends, such as family planning trends among refugees, highlighting an opportunity for impact evidence-gathering if funding is available.

*Links to findings 3, 4 and 5.*

## Efficiency and resource mobilization

The evidence indicates bottlenecks and duplication of efforts across UNFPA divisions and units. Firstly, UNFPA Egypt has implemented a unified M&E system, initiated by ASRO for collecting data across all programmes and projects (development and humanitarian). This provides detailed output results data. However, this ASRO initiative has been duplicated by other Regional Offices, some of which have developed their own platforms for monitoring, using different software, and so duplicating efforts.<sup>92</sup> Secondly, UNFPA's global systems have resulted in challenges for the Egypt refugee response, including procurement and importation delays of essential life-saving supplies such as dignity kits and post-exposure prophylaxis, and accountability issues related to UNFPA Egypt support to ASRO, HRD, and Gaza colleagues for cross-border supplies into Palestine. The procurement delays have also contributed to non-expenditure of humanitarian funds and from a humanitarian actor reputational perspective, this has significant consequences, and the Gaza situation, as complex as it is, highlights the need for clear roles and responsibilities to be supported within ensuring adequate staffing levels in the units identified to lead or support.

UNFPA Egypt has some examples of good practice in terms of longer-term donor relations and subsequent resource mobilization, in particular the donor roundtables held in 2023 and 2024, with a follow-up planned for 2025. Notwithstanding this, it is a challenging time with donors beyond the US

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<sup>92</sup> Source: This information from EECARO global data collection.

shrinking ODA and some moving away from gender programming which means resource mobilization has to be a clear priority moving towards 2026 to sustain the current programme.

*Links to findings 6,11 and 12.*

### **The nexus approach**

UNFPA Egypt operates effectively through existing government structures with nexus thinking integrated within this approach. This method is strategic: it is beneficial, long-term, respectful, and adds value. It is also appreciated by other UN agencies who do not have the same level of relationship with different government line ministries as a specific added value of UNFPA. However, mapping risks and limitations (identifying risks within UNFPA's sphere of control, influence, and interest) as a continuous and systematic practice to include new and emerging risks (such as the new December 2024 national asylum law status documentation access issues) would be useful for regular assessment and monitoring of the approach.

*Links to findings 15 and 16.*

## Suggestions for Recommendation

Key suggested recommendations at country level (all recommendations are for UNFPA Egypt).

1. UNFPA Egypt should revisit the internal structure of the humanitarian team and review it from a balanced and integrated SRHR-GBV perspective, ensuring it can be future-proofed against continuing refugee response support across both key mandate areas for UNFPA.
2. UNFPA Egypt should, programmatically, strengthen reference to SRHR whenever GBV is referenced to gain further traction with the integration of these aspects that has already been started.
3. UNFPA Egypt should consider the value of an SRHR SWG under the health WG and begin discussions with WHO in this regard.
4. UNFPA Egypt should review the nexus, systems strengthening approach and rather than change it, ensure there is an internal system to map and regularly review risks with this, identifying mitigation measures, which might be expansion of partnerships with civil society for example, while recognizing that many mitigation measures will be resource dependent and also recognizing that UNFPA has a unique value in terms of the strong relationship with Government, which of course should not be jeopardized. This internal ongoing review of risk should include some level of future proofing, considering future scenarios where the situation becomes more hostile to refugees and asylum-seekers, or further regional conflict leads to more displacement.
5. UNFPA Egypt should produce, together with UNHCR, a learning paper on how the Egypt GBV SWG has evolved to become such a strong, engaged, well co-chaired, functional and impactful coordination forum. This should include honest feedback from members and from current and previous UNFPA and UNHCR staff. Note: this recommendation is aimed at UNFPA Egypt but for the benefit of other UNFPA COs rather than the benefit of UNFPA Egypt itself. It would be useful if ASRO and the UNHCR regional office could also be involved, particularly in dissemination of lessons learned.

## Annexes

### Annex I: List of Key Informants

Job Title	Agency
Humanitarian Analyst	UNFPA Egypt
Gender Specialist	UNFPA Egypt
Sub-national Humanitarian Coordinator	UNFPA Egypt
Humanitarian Assistant	UNFPA Egypt
Humanitarian Field Coordinator	UNFPA Egypt
UNFPA Egypt CO Representative	UNFPA Egypt
UNFPA Egypt CO, Assistant Representative/ Head of Programmes	UNFPA Egypt
UNFPA ASRO Regional Humanitarian Adviser	UNFPA ASRO
Programme Specialist, RH/FP	UNFPA Egypt
Programme Specialist RH	UNFPA Egypt
Programme Specialist, M&E	UNFPA Egypt
Programme Coordinator, M&E	UNFPA Egypt
M&E Associate	UNFPA Egypt
ASRO REGA	UNFPA ASRO
Humanitarian Analyst, ASRO	UNFPA ASRO
ASRO CVA Specialist	UNFPA ASRO
Head of Operations	UNFPA Egypt
Programme Associate, Procurement	UNFPA Egypt
GBV Coordinator	StARS
Senior Policy and Advocacy Officer	StARS
Case Management Team Leader	Care
Project Manager	Caritas
SRHR and Gender Equality Advisor	Plan International
Director of Programmes / Partnerships	Balqees
GBV Programme Coordinator	Balqees
Deputy Program Director – Humanitarian Component	Etijah
Director of Programmes	Etijah
Safe Space Manager	Etijah
General Manager	Ministry of Youth and Sports
Deputy General Manager	Ministry of Youth and Sports
Medical Doctor, responsible for Safe Women Clinics	NCW
GBV Medical Field Coordinator	NCW
GBV Analyst	UNFPA
head of Office, ROMENA	OCHA
Executive Assistant to Head of Office	OCHA
Project Officer for Migration, Protection and GBV	SDC

## Annex II: List of References

1. UNFPA. Country Programme Document for Egypt 2018-2022. 2017.
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3. UNFPA. UNFPA Egypt Integrated Resource Mobilization and Partnership Plan 2023-2027. 2023.
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23. UNFPA. Formative Evaluation of UNFPA Approach to South-South and Triangular Cooperation: Case Study Egypt 2020.
24. GBV Sub Working Group. Standard operating procedures for prevention of and response to gender-based violence (GBV) in Egypt. 2023.
25. GBV Sub Working Group. GBV Sub-Working Group 2025 Planning Workshop. Outcome Document. 2024.

## Annex III: Evaluation Tools



Microsoft Word  
Document

KII Questions (double-click to open)



Microsoft Word  
Document

FGD Questions (double-click to open)

## Annex IV: Evaluation Matrix



Microsoft Excel  
Worksheet

(double-click to open)

## Annex V: Egypt Country Visit Schedule

UNFPA Humanitarian Evaluation Mission <u>Agenda</u> Day 1: Sunday 9th of March Location: <a href="#">UNFPA Office 70 A Nahda Street, Sarayat EL Maadi, Cairo</a>	
8:30-9:00h	Brief introductory meeting with Humanitarian team and Gender Specialist <ul style="list-style-type: none"> <li>- Jisu Kim, Humanitarian Analyst</li> <li>- Sally Zohney, Gender Specialist</li> <li>- Reem Marta, Sub-national Humanitarian Coordinator</li> <li>- Maria Garcias, Gender &amp; Humanitarian Programme Support</li> </ul>
9:00-09:30h	Welcome meeting with <ul style="list-style-type: none"> <li>- Mr. Yves Sassenrath UNFPA Egypt CO Representative</li> <li>- Ms. Germaine Haddad, UNFPA Egypt CO, Assistant Representative/ Head of Programmes,</li> </ul>
09:30-10:30h	Meeting with UNFPA CO Humanitarian staff <ul style="list-style-type: none"> <li>● Presentation on UNFPA Egypt CO Humanitarian Program</li> <li>● 2024 results</li> <li>● Priorities for 2025, and funding</li> </ul> Attendants: <ul style="list-style-type: none"> <li>- Jisu Kim, Humanitarian Analyst</li> <li>- Sally Zohney, Gender Specialist</li> <li>- Reem Marta, Sub-national Humanitarian Coordinator</li> <li>- Hozaifa Saber, Humanitarian Field Coordinator</li> <li>- Maria Garcias, Gender &amp; Humanitarian Programme Support</li> </ul>
10:30 - 11:30h	Orientation meeting with UNFPA CO Gender and SRHR technical staff: <ul style="list-style-type: none"> <li>● Presentation of the Gender and SRHR team,</li> <li>● Brief on Gender interventions in Humanitarian response: FGM, GBV, and harmful practices</li> <li>● Brief on humanitarian interventions in SRHR Programmes</li> <li>● Q&amp;A and discussion on gender&amp;RH cross-cutting programmes in Humanitarian</li> </ul> Attendants: <ul style="list-style-type: none"> <li>- Jisu Kim, Humanitarian Analyst</li> <li>- Tej Ram Jat, Programme Specialist, RH/FP</li> <li>- Maha Mowafy, Programme Specialist RH</li> <li>- Sally Zohney, Gender Specialist</li> <li>- Nancy Elmasry, Harmful Practices and Adolescents Girls Specialist (FGM programme)</li> </ul>
11:30 - 12:30h	Meeting with UNFPA ASRO <ul style="list-style-type: none"> <li>● Welcome &amp; introduction to ASRO strategy for humanitarian response</li> <li>● Egypt's humanitarian preparedness and response capacity as part of ASRO's efforts</li> <li>● Opportunities for enhancing Egypt's readiness to reach the most vulnerable communities</li> </ul> Attendants: <ul style="list-style-type: none"> <li>- Ms. Elka Mayrhofer, UNFPA ASRO Regional Humanitarian Adviser</li> <li>- Ms. Mollie Fair, ASRO SRH Programme Specialist</li> <li>- Ms. <a href="#">Katia Osterwalder</a>, Humanitarian Analyst, ASRO</li> <li>- Ms. Elena Bertola, CVA Focal Point, ASRO</li> <li>- Ms. Anna Stone, Regional GBV in Emergencies Advisor, AoR</li> </ul>
12:30 - 13:00h	<i>Break/Lunch</i>

13:00 - 14:00h	<p>Meeting with M&amp;E team:</p> <ul style="list-style-type: none"> <li>• Introduction to M&amp;E system: Overall system and M&amp;E tools for Humanitarian</li> <li>• Presentation of results from previous M&amp;E exercises in Humanitarian programme (FGDs, and PDMs - New tools, and integration with Humanitarian reporting)</li> </ul> <p>Attendants:</p> <ul style="list-style-type: none"> <li>- Yasmine Salama, Programme Specialist, M&amp;E</li> <li>- Sonheong Jang, Programme Coordinator, M&amp;E</li> <li>- Ahmed Youssef, M&amp;E Associate</li> <li>- Jisu Kim, Humanitarian Analyst</li> </ul>
14:00-15:00h	Key Informant Interview with Elena Bertola (ASRO) as the CVA regional focal person working with UNFPA Egypt CO

<p>Day 2: Monday 10th of March  Location: <a href="#">UNFPA Office 70 A Nahda Street, Sarayat El Maadi, Cairo</a></p>	
8:30-9:30h	<p>Brief on UNFPA CO Humanitarian Team's role in Inter-Agency Coordination for Egypt's Refugee Response Plan (RRP)</p> <ul style="list-style-type: none"> <li>• Co-charing of GBV Sub-working Group and membership for Protection Working Group, Health Working Group among other sectoral groups</li> <li>• Monitoring and reporting contributions to the Syria/Sudan RRP as the appealing partner for the RRP, Egypt chapter</li> </ul>
10:00-11:00h	<p>Meeting with Operations UNFPA Egypt CO</p> <ul style="list-style-type: none"> <li>- Presentation on procurement and logistics support for Humanitarian programme</li> <li>- Planned procurements for 2025</li> <li>- Gaza Response</li> </ul> <p>Attendants:</p> <ul style="list-style-type: none"> <li>- Gina Shoukry, Operations Manager</li> <li>- Noha El Maraghy, Procurement Associate</li> </ul>
11:00-12:00h	<i>Commuting from Maadi to UNHCR HQ in Downtown Cairo</i>
12:00 -14:00h	<p><u>Inter-Agency Meeting "GBV Sub-Working Group" co-hosted by UNHCR and UNFPA Egypt in Cairo</u></p> <p>Location: <a href="#">UNHCR Office, World Trade Center Building Floor 14th - 1191 Corniche El Nile Bolog, Cairo</a></p> <ul style="list-style-type: none"> <li>• Monthly GBV Sub-Working Group Meeting with partners working in the GBV response in Egypt, under the Protection Working Group.</li> <li>• <u>Participants:</u> UNHCR, CARE, Caritas, Refugee Egypt, StARS, MSF, United Lawyers, Balqees (RLO, and WLO), United Refugee Network and other international NGO and UN Agency partners.</li> </ul>
14:00-15:30	<p><u>Focus Group Discussion with partners on GBV response.</u></p> <p>Location: WTC, UNDP Meeting Room (Confirmed)</p> <p>Tentative participants:</p> <ul style="list-style-type: none"> <li>• CARE (Sandra Magdy: Case Management Team Leader)</li> </ul>

	<ul style="list-style-type: none"> <li>● StARS (Buay Peter: Senior Policy and Advocacy Officer, HibatAllah Saddah: GBV Coordinator)</li> <li>● Plan International (Jeanette Robil: SRHR and Gender Equality Advisor)</li> <li>● Balqees (Tasnim: Director of Programs/Partnership, Nada Habash: GBV Program Coordinator)</li> <li>● Caritas (Heba Semaary: Project Manager)</li> </ul>
15:30-16:50	<i>Commuting to Maadi and lunch</i>

**Day 3: Tuesday 11th of March**

**Field Visit to Women and Girls Safe Space in Cairo and Giza**

8:30-9:00h	Commute to SANAD Women & Girls Safe Space - Giza, Al-Haram Safe Space
9:00-10:00h	<p>Visit to UNFPA WGSS in Al-Haram (Giza), operated by Etijah (NGO partner)  Location: <a href="#">252C+4F9, Golio, Oula Al Haram, El Omraniya, Giza Governorate 3537214</a></p> <ul style="list-style-type: none"> <li>● Visit to the facilities</li> <li>● Key Informant Interview with <ul style="list-style-type: none"> <li>○ Naglaa Mehana, Etijah's Deputy Programme Manager</li> <li>○ Alaa Najeb, Safe Space Manager</li> </ul> </li> </ul>
10:00-11:30h	<ul style="list-style-type: none"> <li>● (10:00-10:45h) Focus Group Discussion with Case Management Team leader, case workers, and field coordinators to discuss achievement of the WGSS and priorities for 2025.</li> <li>● (10:45-11:30) Focus Group Discussion with women and volunteers on service delivery</li> </ul>
11:30-12:10h	Commute to Sheikh Zayed - Women and Girls Safe Space, Giza (40 minutes)
12:10- 14:00h	<p>Visit to UNFPA WGSS in Youth Centre Sheikh Zayed (Giza), operated by the Ministry of Youth and Sports.  Location: <a href="#">Youth Centre Sheikh Zayed, Giza</a></p> <ul style="list-style-type: none"> <li>● (12:10-12:20) Visiting facilities in the youth centre</li> <li>● (12:20-13:00) Meeting with Partner from the Ministry of Youth and Sports <ul style="list-style-type: none"> <li>○ Ms. Gehan Rashwan, General Manager</li> <li>○ Ms. Eman Fadl, Deputy General Manager</li> </ul> </li> <li>● (13:00-14:00h) Focus Group Discussion with caseworkers and Case Management Team Leader.</li> </ul>
14:00-15:00	<i>Commuting back to Maadi, and lunch</i>

**Day 4: Wednesday 12th of March**

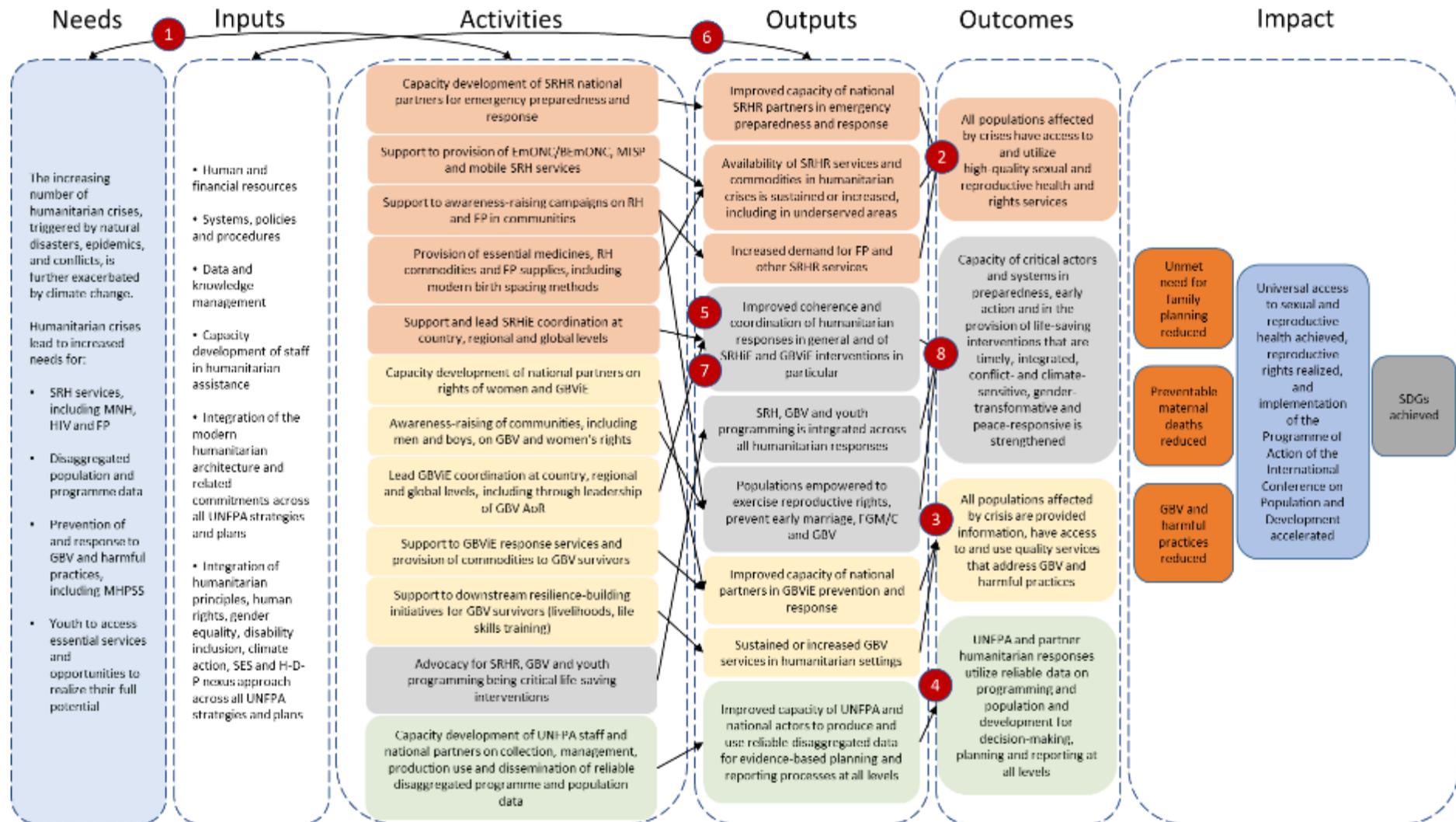
9:00 - 10:00h	<p>Meeting with Dr Amal (NCW)</p> <ul style="list-style-type: none"> <li>- Introduce and discuss Safe Women Clinic model and its potential complementarity with humanitarian</li> </ul>
10:00 - 10:30h	Break

10:00 - 11:00h	Meeting with Jisu (Humanitarian Analyst)
12:00 - 12:30	<i>Lunch Break</i>
12:30-13:30	<i>(Tentative) Meeting with ERC</i>
13:40 - 14:30	Reem Marta, Sub-national Humanitarian Coordinator

Day 5  
Thursday 13th of March  
Technical debrief at UNFPA CO office  
Location: [70 A Nahda Street, Sarayat El Maadi, Cairo](#)

9:30 - 10:20 h	Meeting with OCHA in UNFPA Egypt CO (confirmed) - Sherif Arafa (Humanitarian Affairs Officer)
10:30 - 11:30 h	Meeting with SDC (confirmed) - Pakinam (Project Officer for Protection and UNFPA project)
11:30h - 12:30h	<i>Lunch/break</i>
12:30 - 14:00h	Debrief with UNFPA CO staff on mission

# Annex VI: Reconstructed Theory of Change





Driving evidence-based actions  
**Ensuring rights and choices for all**

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