



Annex 4: Implementation of global and regional programmes, 2022

Implementation of the UNFPA Strategic Plan, 2022-2025

Report of the Executive Director

Summary

This annex presents the performance of UNFPA global and regional programmes in 2022, the first year of implementation of the Strategic Plan 2022–2025.

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A. Introduction

The United Nations Population Fund (UNFPA) 2022–2025 Strategic Plan focuses on accelerating progress towards the achievement of the three transformative results: end the unmet need for family planning, end preventable maternal deaths and end gender-based violence, including female genital mutilation and child, early and forced marriage.

The UNFPA global and regional programmes employ six main strategies: (i) strengthening advocacy and intergovernmental policy dialogue, (ii) building and expanding partnerships, including inter-agency collaboration, (iii) enhancing the capacity of the country and regional offices, partners and stakeholders and promoting the dissemination of knowledge, (iv) delivering technical and programmatic advisory support to countries, (v) promoting international norms and standards, and (vi) strengthening humanitarian response and preparedness to contribute to the achievement of the strategic plan results.

The programmes constitute a global programme implemented by headquarters units and six regional programmes implemented by the UNFPA regional offices: Arab States Regional Office (ASRO), Asia-Pacific Regional Office (APRO), Eastern Europe and Central Asia Regional Office (EECARO), Eastern and Southern Africa Regional Office (ESARO), Latin America and the Caribbean Regional Office (LACRO), and West and Central Africa Regional Office (WCARO).

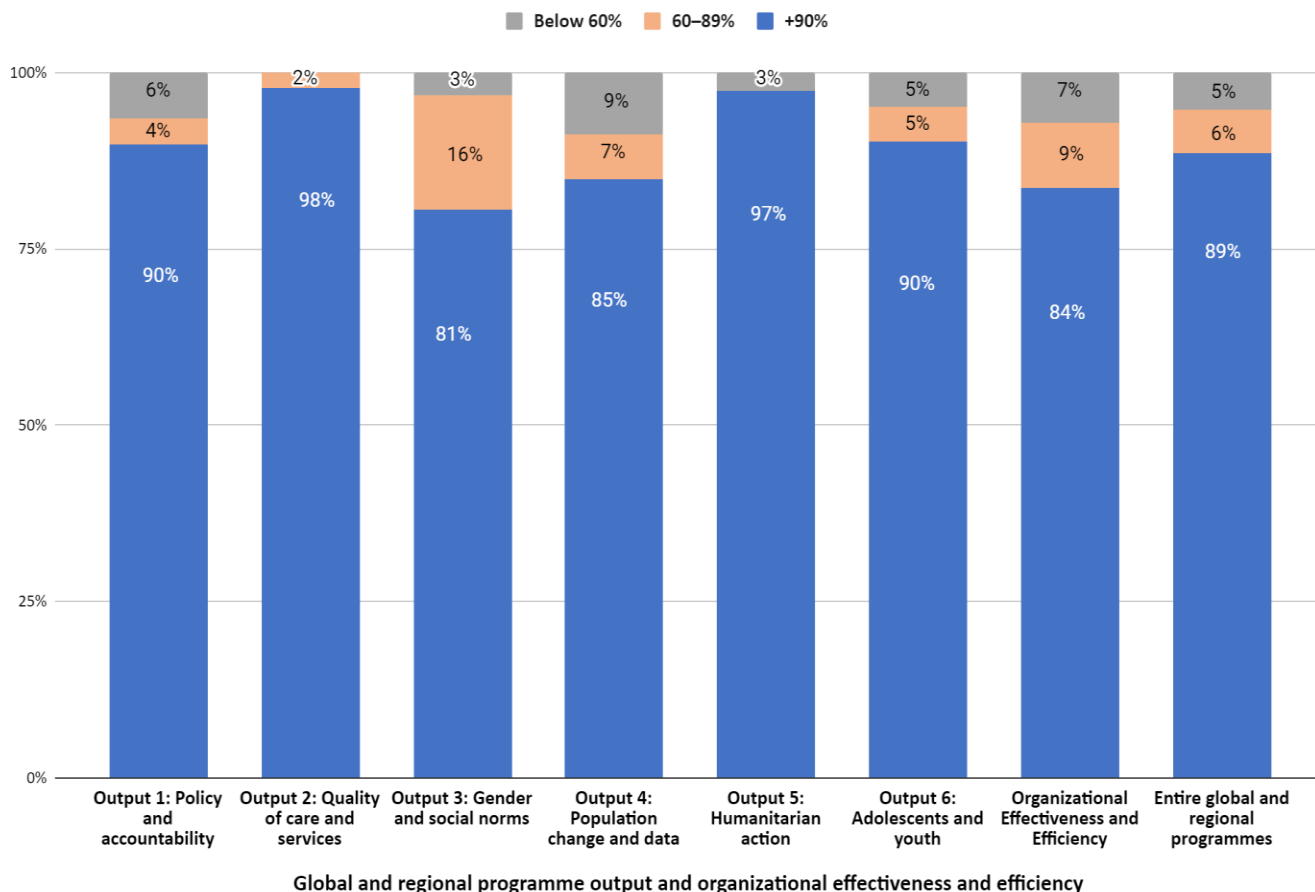
This annex presents the performance of the global and regional programmes in 2022. Section B presents the overall achievement of results, and section C highlights examples of the achievements.

B. Overall achievement of results

The global and regional programmes play a critical role in supporting countries and UNFPA country offices to implement the programmes to accelerate the progress of the three transformative results and the promotion of the International Conference on Population and Development (ICPD) Programme of Action (PoA). The programmes performed strongly in 2022. They positioned the UNFPA Strategic Plan and the ICPD PoA issues in global and regional intergovernmental and inter-agency processes. They also provided technical support and strengthened the regional, national and UNFPA country office capacity in generating, sharing and using evidence and data and developing and implementing policies and programmes to accelerate the progress.

Figure 1 shows the global and regional programmes' achievement of the 2022 indicators targets under each of the UNFPA Strategic Plan outputs. It shows that the programmes achieved most of the targets: 89 per cent of the global and regional programmes' output indicators performed 90 per cent against their targets. The relatively weaker performance by the gender and social norms output can be explained by inadequate commitment and buy-in from some partners as well as cost-intensive interventions.

Figure 1. Per cent of the global and regional programme output indicator targets achieved in 2022



C. Achievement highlights

(a) Strengthening policy and accountability

The global and regional programmes contributed to strengthening policy and accountability for accelerating progress towards implementing ICPD PoA and achieving the three transformative results. They positioned and advocated for integrating the three transformative results and ICPD PoA issues into global and regional intergovernmental processes and frameworks. They also provided technical support and strengthened national capacities for developing and implementing development policies and frameworks.

The global programme advocacy contributed to integrating ICPD PoA issues into 90 per cent of prioritized intergovernmental outcomes of the intergovernmental processes in 2022, including the Commission on the Status of Women, Commission on Population and Development, and General Assembly resolutions on Obstetric Fistula, child, early and forced marriage, and violence against women and girls. The ICPD perspectives were incorporated into processes such as the General Assembly and Economic and Social Council, key subsidiary bodies, the Fifth United Nations Conference on the Least Developed Countries, the International Migration Review Forum and the Transforming Education Summit. The outcome document at the International Conference on Family Planning agreed upon by 27 countries called for accelerated implementation and funding to achieve zero unmet need for family planning.

Other examples of the advocacy results that the global and regional programmes contributed to include are:

1. The highest proportion of governments to date (70 per cent) integrated key ICPD perspectives in their 2022 voluntary national reviews.
2. The higher visibility on the global stage of the maternal health and mortality of women of African descent in the western hemisphere.
3. The integration of measures for addressing and preventing gender-based violence into the outcome document adopted at the Eighth Session of the Africa Regional Forum on Sustainable Development.
4. The integration of comprehensive sexual and reproductive health services into primary health care by 23 African countries, a critical component of Universal Health Coverage for accelerating progress towards the ICPD PoA and the 2030 Agenda for Sustainable Development.
5. The approval of General recommendation No. 39 (2022) by the Convention on the Elimination of All Forms of Discrimination against Women on the rights of Indigenous women and girls as well as the support by LACRO of intergenerational dialogues between adult and young Indigenous women leaders with the Continental Network of Indigenous Women of the Americas.

Global and regional programmes provided technical assistance and strengthened capacity for developing and implementing policies and frameworks to accelerate the progress of the three transformative results.

1. Five countries (Bhutan, Indonesia, Maldives, Philippines and Sri Lanka) developed road maps for achieving zero unmet need for family planning.
2. Six countries (Argentina, Dominican Republic, Ecuador, El Salvador, Guatemala and Panama) developed costed road maps for preventing adolescent pregnancies in each country.
3. The African Union developed a road map and the accountability framework for the Campaign on Accelerated Reduction of Maternal Mortality in Africa.
4. In Albania, Georgia, Moldova and Ukraine, more gender-responsive family policies and workplace practices about employment, paid leave and childcare were advanced and implemented.
5. A platform of jurists from nine countries in the region of West and Central Africa (WCA) developed action plans that include legal reforms, popularizing law and regulatory text, and law enforcement focusing on adolescents and women's right to education and health.

Global and regional programmes provided technical support and contributed to identifying left-behind populations, generating evidence for integrating sexual and reproductive health and reproductive rights and gender equality in development policies and frameworks, positioning the three transformative results in national priorities and plans, and understanding the linkage between the three transformative results and the megatrends. In 2022, the knowledge products and results included:

1. The High-level Committee on Programmes papers “Valuing What Counts: United Nations System-wide Contribution on Progress Beyond Gross Domestic Product (GDP)” and “Age-specific inequalities”, which will inform the Secretary-General’s policy briefs ahead of the Summit of the Future.
2. Two regional studies in the Arab States on the interlinkages between climate change and the three transformative results, and a flagship report on the links between climate change and gender-based violence, produced in partnership with the Organisation of Islamic Cooperation and other United Nations organizations.
3. Investment cases for the three transformative results, which informed domestic resource mobilization for sexual and reproductive health and reproductive rights in Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines and Timor-Leste. Briefs providing country governments detail the (in)adequacy of expenditure, highlighting the gaps between actual expenditure and global spending commitments in the region of East and Southern Africa (ESA).
4. Work on the national transfer accounts included updating the demographic dividend atlas using national transfer accounts analysis for 26 countries in APRO; transforming the traditional budget of six countries (Benin, Burkina Faso, Côte d’Ivoire, Niger, Senegal and Togo) into a functional/activity-based budget integrating the demographic dividend; and developing national transfer accounts in nine countries in the region

of Eastern Europe and Central Asia (EECA) to systematically examine the link between demographic and economic changes.

(b) Improving the quality of care and services

The global and regional programmes contributed to improving the quality of care by providing technical support and strengthening the capacity for scaling up new and innovative service delivery approaches and building resilient systems. The programmes developed guidance and promoted international norms and standards. They also supported inter-agency collaboration and generated and shared knowledge and evidence. The following list contains examples of achievements in 2022:

- 1) An innovative financial sustainability model for the institutionalization and national ownership of the Virtual Contraceptive Consultation was created in the EECA region and piloted in Albania and Tajikistan.
- 2) In the region of Latin America and the Caribbean (LAC), best practices on long-acting reversible contraceptives were promoted and scaled up in eight countries. Fourteen countries received technical support in monitoring and evaluating the scale-up process and the implementation of digital solutions to strengthen the registration of the contraceptives.
- 3) The global programme built the first practical tool for aligning family planning programmes with international human rights standards. The tool was piloted in Uganda in 2022 and will be rolled out worldwide in 2023.
- 4) The Asia-Pacific (AP) and ESA regional programmes leveraged United Nations system-wide mechanisms and were instrumental in operationalizing the pooled procurement system for reproductive health commodities. The WCA regional programme ensured its continued use in West Africa, where this system had already existed.

The global and regional programmes strengthened human health resources, particularly midwifery, and emergency obstetric and neonatal care by providing technical support and skills-building to regional midwifery networks, nursing and midwifery professional associations as well as in-service training of midwives. The programmes significantly leveraged online training platforms and supported regional centres of excellence to promote and establish resilient and sustainable training systems. With the programmes' support:

- 1) A regional strategic framework for strengthening nursing and midwifery practice was endorsed and launched by the Council of Arab Ministers for Health.
- 2) Midwifery associations, midwifery and nursing councils from over 15 countries in the AP region improved the quality of continuing professional development courses.
- 3) The global and regional programmes implemented innovative training to strengthen the capacity of maternal health service providers, especially midwives. Exactly 192,498 midwives, front-line health workers, and officials trained on an e-learning hub/platform developed by a United Nations ESA inter-agency team. Virtual training for midwives on maternal mortality surveillance reached

The Cash-and-Voucher-Assistance global application, a winner of the UNFPA Innovation Award, continued aiding women and girls of reproductive age in the AS region to access menstrual supplies with a personalized approach ensuring discretion, flexibility and dignity.

13 countries, and direct technical support strengthened midwifery in seven countries in the LAC region. Young policymakers, civil society champions, experts and researchers from 12 countries benefited from a new online training programme on sexual and reproductive health in the EECA region. The global programme collaborated with the United States Agency for International Development and the World Health Organization to develop a comprehensive training resource package for family planning. Emergency obstetric and newborn care “in-service” programmes for midwives and nurses were strengthened in Cambodia, Myanmar, Pakistan and Papua New Guinea. In the WCA region, three centres of excellence were strengthened to follow international standards in training on family planning technology, menstrual hygiene management and gender equality.

Service delivery protocols: The Essential Services Package for women and girls subject to violence was revised and

rolled out across all regions. The revision strengthened the package towards a multisectoral care model focused on the needs of survivors, including a module for disability inclusion assessment.

HIV response: Nine countries in the AP region received technical guidance on key population programmes on prevention and assistance to people living with HIV/AIDS. In the LAC region two documents were produced: “Highlights on HIV prevention in the region”, including promising practices on HIV policies and plans of 10 countries, and a “Report on HIV legal framework to assess combination prevention interventions for adolescents”.

(c) Gender and social norms

The global and regional programmes contributed to changing discriminatory gender and social norms by: (a) leading and positioning gender and social norms issues in multilateral processes, (b) developing and providing technical support, tools and guidance, (c) strengthening capacity for developing and implementing legal instruments, strategies and programmes, (d) supporting the building of networks and platforms, (e) supporting, generating and sharing evidence and data to identify gaps, particularly for populations left behind, and to inform policies and programmes, and (f) providing technical support and strengthening the capacity for implementing the recommendation of human rights review mechanisms.

In 2022, UNFPA was selected to co-lead the Steering Committee of the Advisory Group to the Global Partnership for Action on Online Gender-Based Harassment and Abuse, jointly with the Association for Progressive Communications. UNFPA leadership helped strengthen the joint programmes between UNFPA and the United Nations Children’s Fund on the elimination of female genital mutilation and the elimination of child marriage, including by getting new donors on board.

Regarding technical support and capacity-building for implementing programmes, for example, 16 Southern African Development Community members developed comprehensive road maps and budgets for implementing the Southern African Development Community Model Law on Gender-Based Violence. The knowledge and skills of 382 people in the LAC region were strengthened about model interventions to prevent child marriage and early union. In the Arab States region, the Adolescent Mothers Against All Odds Initiative, initially developed and implemented in the Whole of Syria/Türkiye cross-border operation to address pregnant girls or first-time mothers and their families and communities, was replicated in Jordan and Lebanon.

In the EECA region, through the joint programme “EU 4 Gender Equality: Together Against Gender Stereotypes and Gender-Based Violence”, transformation messages on gender and social norms reached 13 million people, and more than 2,200 men from seven countries benefited from 18 Father Schools. In the LAC region, within the framework of the Fourth session of the Regional Conference on Population and Development in Latin America and the Caribbean, a new open cause¹ was held; three relevant cases on violations of sexual and reproductive rights from Chile, Brazil and Ecuador were presented.

The global and regional programmes supported and facilitated dialogues and knowledge exchange on gender-based violence and harmful practices.

- 1) The global programme published four new evidence-based reports on the consequences of child marriage.
- 2) Data and new evidence on gender-based violence (including technology-facilitated violence, menstrual health and bodily autonomy) were disseminated at global and regional events, including at a three-day global online symposium attended by over 200 experts from more than 30 countries.
- 3) In the WCA region, a structured dialogue model on harmful practices was established, enabling the sharing of emerging evidence on ending child marriage with stakeholders across the region. The Global Youth

¹ Open cause (causa abierta), promoted by the Marcosur Feminist Articulation with LACRO support, is a symbolic court of a technical nature that reviews emblematic cases of violations of sexual and reproductive rights, focused on calling on governments to comply with the Montevideo Consensus and ICPD.

Consortium against Female Genital Mutilation was launched to facilitate the exchange of information and raise awareness. It attracted over 1,500 members from 55 countries across all regions.

- 4) In the LAC region, a community of practice was established to provide essential services for exchanging experiences and strengthening the response to gender-based violence. It received 16,008 registered users from 18 countries and reached 3,415 participants. This community finalized the LAC region's virtual course on the Essential Services Package for women and girls subject to violence.
- 5) In the AP region, an analysis of child marriage in eight South Asian countries identified key issues concerning the most at-risk groups, the lack of services for married girls and the need to accelerate results to meet Sustainable Development Goal (SDG) targets.

(d) population change and data

The global and regional programmes in 2022 made significant achievements to improve the availability and use of disaggregated, granular and accessible population data to support policies and programmes. Highlights of these achievements follow:

- 1) In 2022, in line with the Secretary-General's data priorities, UNFPA launched its modern, georeferenced [Population Data Portal](#) to increase access to population data for planning, policy and decision-making. The Population Data Portal averages over 10,000 website visits monthly.
- 2) With the programmes' support, at least 35 countries successfully conducted census enumeration in 2022. Forty-six countries scheduled to conduct census enumeration in 2023 and 2024 received technical support for preparatory activities, while countries that enumerated before 2022 received support for data analysis and the dissemination of the census results. UNFPA's technical support strengthens the censuses to meet international standards.
- 3) In line with prioritizing the population left behind, the first detailed population estimates of the number and percentage of the population living near the coast in the LAC region was produced. Collectively named a "Quantification of the Coastal Population of Latin America and the Caribbean", the estimates were made in coordination with ECLAC. A data platform (observatory) of Afrodescendant populations was also developed to monitor progress in the implementation of their human rights and strengthen their statistical visibility. In the WCA region, seven national demographic dividend observatories and experts from 11 Sahel Women's Empowerment and Demographic countries were strengthened in data generation on population and quality analysis to support demographic dividend-sensitive budgeting.
- 4) Regarding civil registration and vital statistics (CRVS), the ASRO regional programme supported the development of a CRVS strategy in partnership with the United Nations Economic and Social Commission for Western Asia and the World Health Organization. In the EECA region, the Centre of Excellence for CRVS Systems integrated civil registration data on birth and death into subnational monitoring of prenatal and postnatal gender-based sex selection.
- 5) Regarding routine health management information systems, Bangladesh, Cambodia, Lao People's Democratic Republic, Nepal, Papua New Guinea and Timor-Leste completed their Maternal Perinatal Death Surveillance Response Situational Analysis reports, which will inform improvement plans that the regional programme intends to implement in 2023. Bangladesh, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Papua New Guinea and Timor-Leste analysed the functionality of health management information systems to support improving the availability and use of sexual, reproductive, maternal, newborn, child and adolescent health in the context of primary health-care data.

In continuing to address the SDG 3 data gap, the global and regional programmes provided technical support and strengthened capacity for collecting, analysing and using data.

- 1) The programmes continued rolling out to other regions the kNOwVAW data, which had been successfully implemented in the AP region since 2018. Bangladesh, Bhutan and Indonesia continued with kNOwVAW data collection, analysis and use to inform policies and programming, while ASRO, EECA, LACRO and WACRO continued adopting the kNOwVAW tools and building the capacity for this data.
- 2) New data on SDG indicator 5.6.1 was generated in five countries: China, Fiji, India, Mauritania and Uzbekistan. Given their population sizes, data from China and India greatly improve the global population

coverage for the SDG indicator 5.6.1. Ten countries in West Africa (Central African Republic, Chad, Gambia, Ghana, Guinea, Guinea Bissau, Mali, Nigeria, Senegal and Sierra Leone), for which recent demographic and health survey data and multiple indicator cluster survey data have been released since 2018, updated their estimates of the level and trend in incidence risk of female genital mutation.

In 2022, the global and regional programmes generated data and evidence to contribute to an increased understanding of the megatrends' interrelationship with the three transformative results and to inform policies and programmes about these trends, with more attention going to low fertility and ageing populations, and climate change. The global and regional programmes accomplished the following:

- 1) Provided data and evidence that informed the development of the Arab ageing law to support the rights of older persons and prevent them from abuse, violence and neglect, and facilitate their social and economic participation within their societies.
- 2) In partnership with HelpAge International, enabled the launch of 10 case studies in APRO about population policies adopting the life cycle approach. The EECA region, in collaboration with members of the Joint Programme on Ageing (the World Health Organization Regional Office for Europe, the Office of the United Nations High Commissioner for Human Rights and HelpAge International) issued a joint statement about paying special attention to the situation of older persons in Ukraine.

The global and regional programmes generated evidence and data about the three transformative results in the context of universal health coverage. Examples of accomplishments in this area include:

- 1) Studies on sexual and reproductive health in universal health coverage were completed in Botswana, the Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Malawi, Namibia, South Sudan and Zambia to identify gaps and opportunities to situate comprehensive sexual and reproductive health and rights within country-specific universal health coverage policies and programmes.
- 2) Sexual and reproductive health and reproductive rights policies in the context of universal health coverage and "leave no one behind" were mapped in 17 EECA countries, leading to the development of recommendations for implementing and accelerating evidence-based policy development.
- 3) Analyses of the impact of the COVID-19 pandemic on maternal mortality surveillance in three countries: Chile, Colombia and Ecuador aimed at rapidly diagnosing the factors causing the high level of maternal and perinatal deaths. Analyses of the impact of the pandemic on child marriage in the AP and ESA regions were completed.

(e) Humanitarian action

The global and regional programmes in 2022 strengthened the UNFPA humanitarian action by carrying out several interventions, including:

- 1) Integrating sexual and reproductive health and reproductive rights and gender-based violence issues into the preparedness for and responses to humanitarian emergencies.
- 2) Providing tools and strengthening the capacity for data needed to prepare for and respond to emergencies effectively.
- 3) Strengthening coordination for sexual and reproductive health and gender-based violence in emergencies.
- 4) Providing technical support for implementing youth, peace and security programming, including establishing networks and coalitions for and engaging women-led and youth-led organization networks in humanitarian work.

The global and regional programmes strengthened the capacity of countries in integrating sexual and reproductive health and rights and gender-based violence components in the country offices and national humanitarian emergency preparedness and response plans and frameworks. They positioned these issues in global and regional inter-agency humanitarian action processes, including the Inter-Agency Standing Committee processes, the Global Health Cluster and the Central Emergency Response Fund block grant activities.

With the support of global and regional programmes, UNFPA launched several tools and strengthened the capacity

of countries in preparedness and response to humanitarian emergencies. The tools include basic emergency obstetric and newborn care, long-acting reversible contraceptives and clinical competencies in humanitarian settings. Action plans have been developed in all countries in ESARO after 22 out of the 23 countries strengthened their capacity for Sexual Reproductive Health Minimum Initial Service Package readiness assessments.

The global and regional programmes strengthened the sexual and reproductive health and gender-based violence coordination in humanitarian emergency responses in several regions. In ASRO, a regional Gender-based Violence in Emergencies Working Group was established and co-led by the Arab Women's Organization of Jordan. In WACRO, a regional working group on youth, peace and security was created to enhance inter-agency coordination efforts and facilitate linkages with other platforms for the United Nations Integrated Strategy for the Sahel. A capacity-building initiative to enhance country-level preparedness for coordination was launched in APRO, targeting 14 countries that had never faced a large-scale emergency and do not have an in-house capacity for gender-based violence coordination.

The programmes provided technical support to strengthen capacity in delivering services, such as cash and voucher assistance, in humanitarian emergency responses. More than 23 countries benefited from regular coaching and technical and strategic support.

Data is crucial in preparing for and responding to humanitarian emergencies. The global and regional programmes prioritized access to disaggregated and granular (e.g., at the subnational level) data to inform humanitarian preparedness and response plans. The use of the Gender-Based Violence Information Management System was strengthened in various countries. The global programme produced common operational datasets on population statistics for 68 countries, of which 13 were intended for countries with ongoing humanitarian crises (operational countries). Approximately 8,900 individual users downloaded at least one of these data. In Ukraine, the use of these data at the outbreak of the war led to a new partnership with the Office of the United Nations High Commissioner for Refugees, the International Organization for Migration, United States Census Bureau, WorldPop and the Bureau of Humanitarian Affairs of the United States Agency for International Development Agency for International Development for aligning population data in crises.

(f) Adolescents and youth

The global and regional programme strengthened youth participation in policy formulation processes and advocacy for changing discriminatory gender and social norms.

The regional programmes enabled youth to participate in intergovernmental processes, such as the Second African Union Men's Conference on Positive Masculinity held in Dakar, and in the regional meeting "Implementing the Leave No One Behind Principle and Reaching the Furthest Behind in Adolescents and Youth Policies in Latin America and the Caribbean" held in Mexico, which addressed incorporating the three transformative results into youth policies.

The regional programmes developed networks and platforms for increasing youth participation in policy debates. For example, a global youth consortium in WACRO, with over 1,500 members from 55 countries, enables youth worldwide to discuss and contribute to ending female genital mutilation. In collaboration with the League of Arab States, an Arab youth, peace and security strategy was developed. LACRO made an agreement with the University for Peace of the United Nations, aiming to promote research, generate evidence and promote joint policy dialogue in academic areas of mutual interest related to UNFPA's mandate, with a focus on the Youth, Peace and Security agenda.

500,000 young people in EECA are reached with the Teenergizer youth friendly online informational campaign to promote sexual health and HIV prevention among young people and adolescents, with a focus on condom use.

The regional programmes strengthened capacities for implementing comprehensive sexuality education.

Government, international organizations and civil society partners in six countries in the EECA region assessed out-of-school education and drew an action plan to take it forward. The Digital Sexuality Education regional content community has 70 active members from 12 countries in the region. International guidelines for out-of-school comprehensive sexuality education (CSE) were implemented in Burkina Faso, Chad and Niger, increasing access to CSE by vulnerable/marginalized young people and producing evidence and best practices to inform out-of-school CSE delivery. A self-administered CSE course for teachers and the first CSE monitoring and evaluation guide were produced in the LAC region.

Organizational effectiveness and efficiency

The UNFPA Strategic Plan is committed to an internal transformation to equip the organization with the capacity and leadership necessary to accelerate the progress of the three transformative results and the implementation of the ICPD PoA. Global and regional programmes play a critical role in this transformation. They develop tools and guidance and build country office capacity to implement programming, resource management and partnerships – changes that will transform the organization.

In 2022, the global and regional programmes provided oversight, quality assurance and technical backstopping to country offices to strengthen and improve results-based programming, including conducting rigorous needs assessments and visioning exercises, using a theory of change approach, collecting and using evaluative evidence, and infusing innovation in all programmes and operations. In 2022, all 50 country programme evaluations were rated by independent external evaluators as good, with seven rated as very good.

In 2022, UNFPA strengthened organizational capacity and accountability to ensure a coherent approach and to deliver impact on the prevention of sexual exploitation, abuse and harassment across the organization and at the inter-agency level. Managers' skills in "Impactful Conflict Management" were strengthened upon attending mandatory training delivered in partnership with the United Nations Ombudsman. UNFPA developed and rolled out a technical training programme for its network of over 250 Protection from Sexual Exploitation and Abuse (PSEA) regional and country focal points. New guidance on PSEA risk management was disseminated to all offices, and 81 per cent of implementing partners (867 of 1,073) were assessed to ensure they established appropriate risk mitigating measures on PSEA. PSEA coordinators were also deployed in eight IASC priority countries.

The global programme was critical to transforming UNFPA's humanitarian action portfolio. Among the achievements, the Humanitarian Office was reorganized into the Humanitarian Response Division where resource mobilization, monitoring and reporting, knowledge management and financing functions are under one single unit. A new, faster process in sudden onset scale-up emergencies was adopted, following successful pilots in Afghanistan, Haiti and Ukraine.

The global and regional programmes played a critical role in expanding partnerships and mobilizing resources needed to collectively move forward the acceleration agenda. In 2022, UNFPA increased its resource mobilization, particularly from the joint United Nations funding mechanisms, such as the Secretary-General's Peacebuilding Fund. For this mechanism, the number of approved projects went from 11 in 2021 to 22 in 2022 with an allocated envelope that went from \$10.8 million to \$16.6 million. Over 50 new partnerships were signed, contributing to sustainable financing of the three transformative results.

D. Challenges and lessons learned

Challenges:

1. The post-COVID-19 environment continues to witness the following challenges: (a) The prioritization and funding for health and census activities have not yet recovered to pre-pandemic levels, (b) travel restrictions in

some regions continue, straining service delivery and data collection, especially in humanitarian situations, (c) and supply chain problems and rising prices remain exacerbated by new crises.

2. An increased number of humanitarian interventions and protracted crises impede acceleration.
3. In many regions, the pushback against sexual and reproductive health and rights, exacerbated by digital media misinformation, continues threatening the progress towards the transformative results and the ICPD PoA, including HIV prevention.
4. Low awareness and prioritization of the specific gender-based violence risks in an emergency, such as conflict-related sexual violence and human trafficking, significantly delays effective prevention and response.
5. New forms of perpetrating gender-based violence have come to the forefront – in particular technology-facilitated gender-based violence. Gender-based violence prevention is the area with the lowest priority and least investment in public policies vis-a-vis access to justice and response to gender-based violence.

The global and regional programmes identified the following as lessons learned to improve UNFPA acceleration:

1. The use of modern innovative technologies and digital platforms opened new possibilities for reaching out to greater audiences and forging new partnerships.
2. Changing discriminatory gender and social norms requires strong participatory and inclusive community-based approaches.
3. Continuing the political engagement and ensuring all programmes are culturally relevant and context appropriate remains essential to advancing the ICPD PoA.
4. Strengthening partnerships, including South-South and triangular cooperation, is critical to accelerating progress towards the three transformative results.
5. It is critical to ensure population data exercises and systems, including CRVS observatories, surveys and studies and to cover and support disaggregation by the population groups at risk of being left behind, e.g. Afrodescendants, Indigenous people, people with disabilities and mobile populations.
6. Mainstreaming disability inclusion in planned and budgeted activities in programmes is critical to have resources to implement disability inclusion activities.
7. It is essential to conduct operational research to understand what methodologies are most effective in institutionalizing disability inclusion in programming.