Study Report

Islamic Relief Middle East Learning Study

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Acknowledgements

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The opinions expressed are those of the evaluation team, and do not necessarily reflect those of Islamic Relief nor any of the participants in this review. Responsibility for the opinions expressed in this report rests solely with the authors.

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Executive Summary

Overview. This is the final report of the Islamic Relief Middle East Learning Study. The study forms part of an ongoing strategic development and re-orientation process for Islamic Relief Worldwide (IRW), both globally and within the Middle East and North Africa (MENA) region**.** The study reviews programming from 2021 to 2025 in seven IRW country offices most affected by regional Middle East crisis: Gaza, Iraq, Jordan, Lebanon, Syria, Türkiye, and Yemen. It was conducted by TANGO International in collaboration with IRW.

Study purpose and objectives. The primary aim was to assess how IRW's regional Middle East portfolio aligns with sector-leading practice and to generate strategic recommendations for strengthening regional coherence and technical effectiveness. The study sought to:

   i.   Examine IRW's current strategic positioning in the MENA region.

   ii.   Evaluate alignment with sector standards in Food Security and Livelihoods (FSL) and Health.

   iii. Identify opportunities for improved programming and institutional collaboration.

Context. The Middle East region continues to face overlapping humanitarian, economic, and environmental crises. As of early 2025, nearly 60 million people required humanitarian assistance, with acute needs concentrated in Gaza, Syria, Yemen, and parts of Lebanon and Iraq. Protracted conflict, political instability, economic collapse, inflation, and fragile governance structures remain key drivers of vulnerability. The region also hosts over 17 million forcibly displaced and stateless people, more than 12 percent of the global displaced population, placing sustained pressure on host communities and national systems. Climate-related shocks such as drought, flooding, water scarcity, and extreme heat are compounding these challenges and disrupting livelihoods and infrastructure. Meanwhile, humanitarian financing remains uneven, with significant shortfalls in key appeals, particularly in long-standing crises such as Yemen and Syria.

Across the seven study countries listed above, IRW is engaging in a mix of humanitarian assistance, early recovery, and resilience-building interventions. The focus on FSL and Health reflects the largest components of IRW's operational portfolio in the region, both in terms of funding and reach. These sectors are central to IRW's response across a range of contexts and form the basis for this study.

Audience. The primary audience for this study includes Islamic Relief leadership at global, regional, and country levels, with a focus on those engaged in strategic planning, programme oversight, and institutional development. This includes senior leadership at IRW Headquarters, the MENA Regional Desk, and country directors across the region. The study is also intended to support MEAL teams and sectoral technical leads, who play a central role in advancing programme quality and coherence.

Methodology. The study applied a focused qualitative methodology drawing on five primary sources of evidence. A review of internal documents and a project inventory compiled by IRW evaluation managers, in close coordination with country teams, served as key sources of secondary evidence. Twenty-six key informant interviews were conducted with senior staff from IRW country offices, the regional desk, and headquarters, covering programme, MEAL, and technical roles. To supplement this, an online survey was administered to MEAL and technical staff across the seven study focus countries, capturing a broader set of operational perspectives on programme performance and learning. Two remote regional workshops were held with country and regional teams to validate emerging findings, conduct SWOT analyses, and co-develop strategic directions.

Conclusions

RQ1	How does Islamic Relief's regional portfolio align with sector-leading practices in FSL and health & nutrition?

IRW's health programming demonstrates strong alignment with recognised technical standards, national systems, and sector coordination platforms. These features contribute to consistency, quality, and sustainability across diverse contexts. By contrast, FSL programming lacks comparable technical rigour. Project designs are often based on internal precedent or donor timelines, with limited reference to sector standards, coordination mechanisms, or systems approaches.

Some integrated FSL models (e.g. combining short-term assistance with asset creation and skills development) have shown strong potential, but they remain the exception rather than the norm. More consistent application of technical guidance, shared outcomes, and integrated design tools is needed to elevate FSL programming to the same standard.

RQ2	How is Islamic Relief strategically positioned in the MENA region based on existing capacities, regional and country priorities, and sectoral trends?

IRW is regarded as a reliable humanitarian actor in the MENA region, with strong operational access, delivery partnerships, and adaptability in complex contexts. However, its strategic positioning is constrained by short-term programming horizons and limited use of partnerships for influence, learning, or innovation. Most collaborations remain transactional, focused on delivery rather than long-term technical or policy engagement.

Although country teams have piloted promising models in health and livelihoods, these remain disconnected from institutional strategies and are rarely scaled or promoted externally. Strengthening IRW's regional role will require clearer thematic leadership, improved documentation and sharing of successful approaches, and greater use of partnerships to enhance visibility and technical credibility.

RQ3	What opportunities exist to strengthen Islamic Relief's regional strategic approach and overall programme effectiveness?

IRW's regional presence is characterised by strong operational delivery at country level but lacks the coordination structures, strategic guidance and leadership needed to function as a cohesive regional actor. The absence of a shared strategy, limited mandate of the regional desk, and weak cross-country planning constrain IRW's ability to act collectively or address transboundary risks.

There is strong internal interest in more structured collaboration, including joint planning, learning, and resource mobilisation. However, current systems do not enable coordination at scale. Compared to peer organisations with dedicated regional strategy and analysis functions, IRW remains under-resourced and lacks visibility in regional donor and policy spaces.

Advancing IRW's regional role will require formal coordination mechanisms, clarified institutional roles, and a regionally grounded strategy that links national priorities with global direction. These shifts would support more adaptive programming and expand the use of effective models across contexts, positioning IRW as a more cohesive and strategic regional actor.

Recommendations

Recommendation 1: Institutionalise a structured regional strategy and planning function to drive alignment and shared vision

IRW should establish a formal regional planning mechanism to replace ad hoc country-level strategy development. This includes:

- A standing process for aligning country strategies with regional priorities and global objectives.
- Common planning templates and guidance to ensure consistency across countries.
- A clear mandate for the MENA regional desk to coordinate regional strategy development, with defined authority and accountability.
- Dedicated time in annual cycles for joint strategic reflection and regional scenario planning, as highlighted in regional workshops.

Recommendation 2: Invest in structured regional governance and technical leadership, and cross-country learning systems to elevate programme quality and influence.

To improve consistency and innovation across the portfolio, IRW should:

- Establish and/or strengthen regional thematic focal points in core sectors (e.g. FSL, Health, Social Cohesion) to be accountable for technical support, design quality, and strategic learning.
- Build structured peer learning processes (e.g. documented learning exchanges, technical design clinics, review panels) into the programme cycle.
- Ensure regional review mechanisms are applied to high-value proposals or pilot designs for alignment and quality assurance

Recommendation 3: Strengthen the strategic role of country leadership by embedding shared incentives and performance structures.

IRW should empower country leadership to champion regional strategy through:

- Updating TORs and performance frameworks to reflect leadership in strategic alignment, regional collaboration, and cross-country priorities.
- Incentivising participation in regional working groups, strategy development processes, and external representation platforms.
- Protecting time in leadership schedules for forward-looking analysis and engagement beyond project delivery cycles.

Recommendation 4: Establish focused regional flagship initiatives that connect country work to strategic and policy platforms.

IRW should annually identify and operationalise 1–2 regional flagship initiatives that:

- Demonstrate IRW's comparative strengths (e.g. youth livelihoods, anticipatory action, climate-resilient health).
- Draw together evidence and programming from multiple countries under a common strategic and advocacy narrative.
- Enable visibility and positioning in regional donor and policy platforms through joint learning outputs, advocacy messaging, and proposal pipelines.

1. Introduction

1.1. Study purpose and goals

This is the final report of the Islamic Relief Middle East Learning Study. The study forms part of an ongoing strategic development and re-orientation process for Islamic Relief Worldwide (IRW), both globally and within the Middle East and North Africa (MENA) region.

The learning study emerged from a series of strategic discussions between IRW and TANGO International – a long-standing technical and thought partner – as part of a broader effort to assess institutional strengths, surface shared challenges, and identify practical entry points for improving regional coherence and programme quality.

The review covers the 2021–2025 programming period. Scoping discussions between Islamic Relief and the evaluation team confirmed a focus on countries most directly affected by the regional crisis: Gaza, Iraq, Jordan, Lebanon, Syria, Türkiye, and Yemen. While IRW's MENA portfolio also includes North Africa and Eastern Europe, these areas were excluded from the present study due to their more limited involvement in regional humanitarian response dynamics.

The goals of this study are:

i. At the regional portfolio level, compare and assess the Islamic Relief response against sector leading practice.

ii. Develop an overview that reflects Islamic Relief's current strategic positioning in the region, based on existing capacities, regional and country priorities and wider movements in the sector.

iii. Provide actionable recommendations to support internal strategic thinking for Islamic Relief in the region, that is aligned with leading practice.

The primary audience for this study includes Islamic Relief leadership at global, regional and country levels, with a focus on those engaged in strategic planning, programme oversight, and institutional development. This includes senior leadership at IRW Headquarters, the MENA Regional Desk, and country directors across the region. The study is also intended to support MEAL teams and sectoral technical leads, who play a central role in advancing programme quality and coherence.

1.2. Research questions

The study began with an inception phase to refine the scope and focus of the review. As the scope was developed collaboratively with IRW, the process was extended to allow for joint input and alignment. To ensure a targeted and actionable learning process, it was agreed by IRW and the research team that the research questions in the original Terms of Reference would be split into two streams of work: (1) a TANGO-led learning study focusing on strategic positioning, regional coherence, and sectoral effectiveness; and (2) a complementary IRW-led exercise to compile a detailed inventory of country-level programming and capture project-level perspectives from MEAL focal points and field teams.[1]

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[1] Refer to Appendix 3 for more information on background and rationale for this process.

The evaluation team consolidated and prioritised the most critical lines of inquiry with IRW to guide the TANGO-led study. The final research questions are as follows:

RQ1: How does Islamic Relief's regional portfolio align with sector-leading practices in Food Security & Livelihoods (FSL) and Health & Nutrition?

RQ2: How is Islamic Relief strategically positioned in the MENA region based on existing capacities, regional and country priorities, and sectoral trends?

RQ3: What opportunities exist to strengthen Islamic Relief's regional strategic approach and overall programme effectiveness?

See Appendix 1 for the full research matrix presenting the sub-questions under each research question.[2]

1.3. Study approach

Summary of methods. The study employed a focused qualitative methodology, drawing on four core data sources: document review, key informant interviews (KIIs), an online staff survey, and participatory regional workshops. IRW provided internal project documentation for this study, including an inventory of Middle East projects between 2021-2025.[3]

Primary data collection centred on 26 remote KIIs with senior and project staff across the seven study countries and the MENA regional desk, and relevant technical and cross-functional teams. This was complemented by an online survey administered to MEAL and technical staff, designed to capture perspectives on programme effectiveness, learning, and cost-efficiency. Two regional workshops engaged senior leadership in the region in validating emerging findings and recommendations.

Triangulation and sense-making results. The study applied a structured triangulation approach to ensure the validity and reliability of findings by drawing on five core data sources listed above. All data were systematically mapped against the research matrix to ensure coverage of research sub-questions. Emerging themes were reviewed iteratively through internal team discussions and validated through participatory methods, including SWOT analysis and collaborative interpretation during workshops. Where inconsistencies or gaps were identified, the team conducted follow-up interviews or additional document reviews to ensure analytical rigour.

TANGO brought its sectoral expertise and deep experience in humanitarian and development programming to the interpretation of evidence. The conclusions are not only grounded in the study data but also informed by TANGO's broader understanding of what works in similar contexts, helping to identify practical, forward-looking opportunities for IRW.

> **A note on *repeat findings***. A significant proportion of the study's findings reflect issues that are already well known to IRW staff at both country and regional levels. These recurring challenges – often referred to informally or addressed in isolated contexts – were surfaced consistently across interviews, documentation, and survey results. As such, the study does not claim to introduce entirely new discoveries. Rather, its added value lies in compiling and formalising these repeat

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[2] Refer to Appendix 3 for the selection of relevant questions from the original Terms of Reference; all lines of inquiry raised here are reflected across these research questions.

[3] This inventory provided a snapshot of all Middle East projects, highlighting key project characteristics such as sectoral focus, donors, summary of approaches and outcomes.

findings into a consolidated evidence base, structured around regional analysis. In doing so, the study seeks to elevate commonly understood but under-documented organizational challenges into shared strategic priorities.

Refer to Appendix 3 for more details on the study approach.

1.4. Limitations

There were no limitations encountered during the conduct of the study. The design of this study applied qualitative methods only, which is not necessarily a limitation, however it does have implications for analysis. The reliability of the evidence base is closely linked to the perspectives and reflections of IRW staff who participated in the review. This reliance on self-reported data was acknowledged early in the inception phase in consultation with IRW evaluation managers. To strengthen the robustness of the analysis, the study engaged a broad and diverse range of IRW staff across country and regional levels. The study applied rigorous triangulation across data points before incorporating this data into the report analysis. While the analysis is based on consistent patterns across data sources, level of detail and examples provided are shaped by the availability, depth, and candour of IRW staff.

2. Subject of the Study

2.1. IRW's regional governance in the Middle East

IRW operates in the Middle East region through a decentralised structure of country offices, each responsible for the planning, implementation, and management of IRW's programmes at the national level.

Within this structure, a regional desk serves as the main coordinating body between country offices and IRW headquarters. The regional desk is situated within IRW's International Programmes Division and holds a cross-cutting role that spans donor compliance, technical support, strategic engagement, and administrative coordination. Based on information shared in key informant interviews, the regional desk is primarily tasked with:

- Serving as the point of liaison between country teams, Islamic Relief family members and headquarters on operational and strategic matters;
- Providing oversight and coordination support to country offices across the MENA region;
- Facilitating communication and dissemination of institutional priorities or policy guidance from HQ;
- Contributing to regional-level representation and engagement with institutional partners where required.

The regional desk does not operate under a dedicated regional strategy or formal terms of reference. Its engagement with country offices varies by context, often providing direct support where internal capacity gaps exist. Interviews with IRW show that the regional team is currently made up of three staff covering mixed responsibilities such as programme oversight, reporting, grant management and ad hoc technical support. There is no current organigram that describes roles and lines of reporting. No standing coordination platforms or regular technical exchanges are currently in place.

Country offices continue to operate with a high degree of autonomy, including the development of national strategies, partnerships, and programme design. While the regional desk plays a role in reviewing strategic plans or proposals, this is not underpinned by formal planning cycles or shared frameworks. Further detail on country-specific activities, and priorities across Health and Nutrition and FSL sectors can be found in [Appendix 8](#).

2.2. Operating context in the Middle East

IRW's programming in the Middle East is shaped by a convergence of long-term crises, including protracted conflict, large-scale displacement, climate shocks, and under-resourced public systems. These drivers have created sustained demand for emergency relief alongside growing pressure for durable, systems-oriented support.

Conflict and displacement remain the dominant drivers of need across the region. Active crises in Gaza, Syria, Yemen, Iraq, and Lebanon continue to disrupt access to health services, livelihoods, and protection. With over 17 million forcibly displaced or stateless persons in the region, the burden on host countries continues to rise.[4]

Climate and environmental risks increasingly shape humanitarian needs and response strategies. Rising temperatures, prolonged droughts, and widespread water scarcity are exacerbating vulnerabilities across the region.[5] Sudden-onset disasters such as the Türkiye-Syria earthquakes in 2023 and the 2024 wildfires in Syria have intensified food insecurity and disrupted essential services in already fragile settings.[6] [7]

Acute sectoral needs are concentrated in food security, health, and WASH. According to the Global Humanitarian Overview, 59.2 million people required humanitarian assistance across the region as of late 2024, with critical levels of food insecurity and malnutrition recorded in Gaza, Yemen, and Lebanon. WASH and health systems continue to be overwhelmed, particularly in displacement-affected areas.[8]

Funding shortfalls further shape programmatic decisions. As of February 2025, only 3.6 percent of the region's $12.7 billion humanitarian funding appeal had been met. With external funding declining in key contexts like Syria and Yemen, IRW has reprioritised towards emergency programming in Gaza and Yemen, with internal family donors continuing to provide the bulk of financial support.[9]

Further regional context analysis, including an overview of needs in each study country, is presented in [Appendix 3](#).

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[4] UNHCR. 2025. Middle East and North Africa Regional Overview
[5] World Bank. 2023. Climate and Development in the Middle East and North Africa
[6] OCHA. 2023. Flash Appeal: Türkiye Earthquake
[7] IFRC. 2024. Syria Fire 2024 DREF Operation
[8] OCHA. 2025. Global Humanitarian Overview
[9] OCHA. 2025. Global Humanitarian Overview

2.3. Summary of Middle East programming relevant to this study

This summary presents a high-level summary IRW programming in two primary sectors focused in this study: FSL and Health and Nutrition. More details, including on IRW's critical work in wider sectors is presented in Appendix 7.[10]

IRW's programming has been shaped by regional crises, with donor engagement concentrated in sectors and countries with the most acute needs (see Section 2.2.). Health remains the most consistently prioritised sector, both programmatically and financially, followed by FSL, cash, and emergency programming.[11] The figure below shows the number of projects by sector.

Figure 1. Number of IRW Middle East projects by sector (2021-2025)
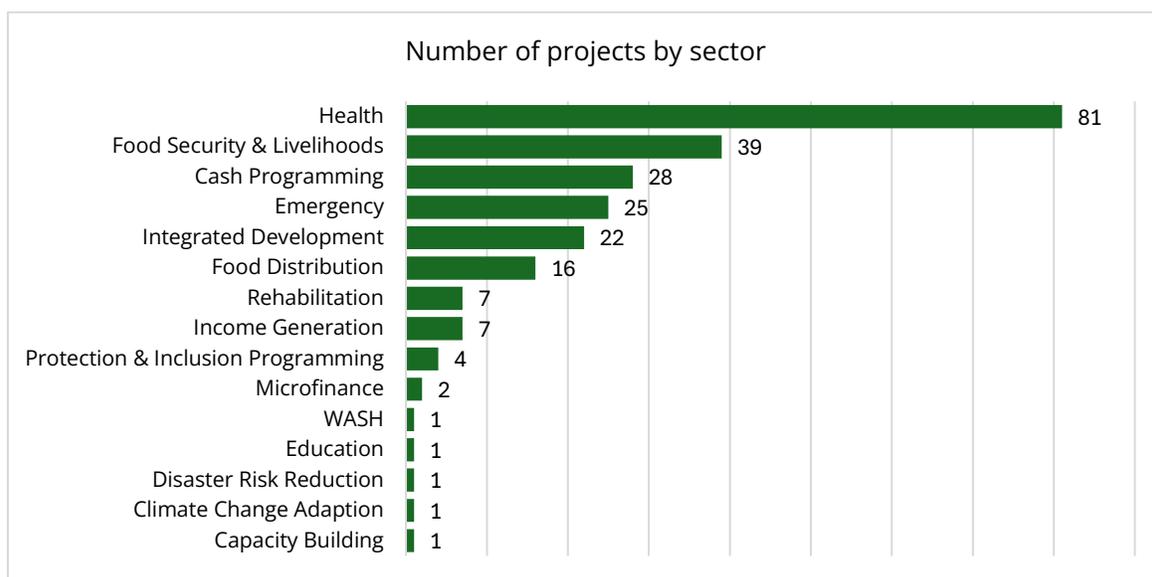
Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Between 2021 and 2025, the IRW MENA portfolio was significantly funded internally with 78.48 percent of projects funded by family members, 10.97 percent funded by the Global Family Development Division (GFD), and the remaining 10 percent being various institutional and external donors (i.e. funding outside Islamic Relief family members).[12] Figure 2 below shows this breakdown.

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[10] This summary draws from the IRW project inventory compiled for the learning study, internal submissions from country offices, a broader review of programme documentation shared with the evaluation team, as well as the structured MEAL and technical staff survey.
[11] Islamic Relief Worldwide. 2025. Inventory of MENA Projects
[12] Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Figure 2. Funding breakdown of IRW Middle East programmes (2021-2025)

Number of projects by funding source

Funding source	Number
IR Field Office	3
International WAQF Fund (IWF)	5
Institutional donor	7
Institutional back donor	10
Global Family Division (GFD)	26
Family Member	186
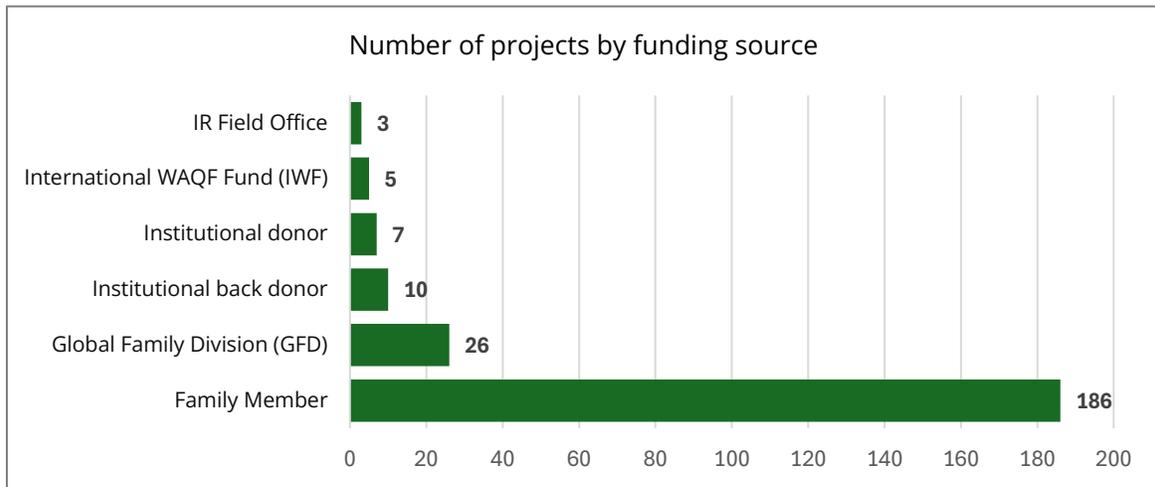
Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

FSL. FSL remained a priority in IRW's programming from 2021-2025 where it accounted for 16.46 percent of IRW's total portfolio. Interventions include immediate food security assistance such as the distribution of food packages, hot meals, vouchers, and Ramadan and Qurbani food parcels.[13] Multi-purpose cash assistance is included in programming to promote long-term food security by empowering individuals and families to meet their own nutritional needs.[14] There is a focus on supporting agricultural productivity, both via direct inputs and capacity building of smallholder farmers.[15] On average, FSL projects lasted 1.51 years and reached approximately 13,000 rightsholders between 2021-2025.

Health. As noted above, the health sector is a major focus across many countries in the MENA region, representing 35.18 percent of the portfolio. Interventions in the health sector focus on empowering local NGOs to provide medical services, supporting governmental efforts, and strengthening healthcare systems.[16] Activities include the provision of medical supplies, staff incentives, motivational packages to promote blood donations, and the facilitation of medical procedures. Improved quality and access to medical services for women, children, and the elderly is a priority of this approach. Additionally, health facilities in emergency contexts receive support to maintain operations.[17] The average duration of health projects across countries is 1.36 years, targeting around 47,000 rightsholders between 2021-2025.

Donors by country of focus. Overall, internal and institutional donors have engaged most with Yemen, Occupied Palestinian Territory (Gaza), and Syria from 2021-2025, accounting for 27.12 percent, 25 percent, and 22.88 percent of total projects, respectively. This trend remains fairly consistent between family member donors where a majority of projects are allocated to these three countries, with some deviations such as IR USA which engaged most with Jordan (40 percent) and did not engage with Occupied Palestinian Territory (Gaza). For institutional donors, Yemen accounted for

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[13] Islamic Relief Palestine. 2025. Early Recovery Plan 18 Months Post Ceasefire.
[14] Islamic Relief Lebanon. 2023. Country Program Strategy 2023-2025.
[15] Islamic Relief Worldwide. 2025. Inventory of MENA Projects.
[16] Islamic Relief Palestine. 2025. Early Recovery Plan 18 Months Post Ceasefire.
[17] Islamic Relief Worldwide. 2025. Inventory of MENA Projects.

57.14 percent of total projects while Syria and Occupied Palestinian Territory (Gaza) accounted for 28.57 and 14.29 percent.

3. Findings

This section presents findings against each of the study's overarching research questions. Where specific projects from the MENA Project Inventory (2025) are referenced, the corresponding project identification number (PIN) is provided in footnotes. A mapping of findings to sub-evaluation questions is presented in the Research Matrix (Appendix 1).

3.1. RQ1: How does Islamic Relief's regional portfolio align with sector-leading practices in FSL and health & nutrition?

Finding 1	Health and Nutrition programming shows stronger use of recognised technical standards than FSL.

Across interviews and survey responses, Health and Nutrition staff consistently referenced the use of global technical standards such as the World Health Organization (WHO) protocols, Community-Based Management of Acute Malnutrition (CMAM), and Infant and Young Child Feeding (IYCF) guidance. Qualitative evidence shows these frameworks were used to guide treatment pathways, targeting criteria, and monitoring indicators, and were familiar to both project and MEAL staff. Interviewees noted that these standards were reinforced through participation in health sector coordination platforms, typically led by national ministries or UN agencies.

By contrast, FSL staff showed limited familiarity with external technical frameworks in qualitative evidence. Interviewees and survey responses often described project design processes in terms of internal formats, generic categories (e.g. vocational training, cash-for-work), or past precedent, without reference to sector standards.[18] Several staff reported being unaware of what technical standards applied to their FSL interventions and could not identify any coordination platforms that shaped their programme strategies. These accounts point to a broader institutional gap for Islamic Relief in the region, rather than isolated weaknesses in specific countries. This perception is reflected in the project inventory: for example, the *Agriculture Based Livelihood Support for the Vulnerable Syrians* project in Syria (2021)[19] and *Supporting the Livelihoods of Vulnerable Groups through Small Income Generation Activities* in Gaza (2021)[20] both outline FSL goals but are described in general terms without reference to sector frameworks or technical standards.[21]

Islamic Relief's internal tools, including IRW MEAL Framework and IHSAN frameworks (Islamic Relief's internal quality management system), were used across both sectors according to interviews. However, staff explained that these tools were primarily administrative, used for output tracking and donor reporting, rather than for guiding technical quality. In FSL programming, where external donor

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[18] For example. such as the Minimum Economic Recovery Standards (MERS) or wider Food and Agriculture Organization (FAO) guidance.
[19] PIN: 020_004124-01
[20] PIN: 020_003823
[21] Islamic Relief Worldwide. 2025. Inventory of MENA Projects

oversight is less common, interviews indicated that the lack of technical referencing and reliance on recycled formats further limits the consistency and strategic clarity of the portfolio (see Finding 2).

Finding 2	External donor engagement consistently strengthens quality of IRW programming and programme support across the portfolio.

Interviews across countries highlighted that externally funded programmes (i.e. those supported by institutional donors outside the Islamic Relief family) benefited from collaborative design processes guided by donor requirements. These were described as including early donor engagement, joint technical reviews, and the use of formal needs assessments. Staff consistently characterised this process as co-design, noting that it improved strategic clarity, accountability, and integration of cross-cutting themes such as gender, protection, localisation, and climate adaptation.

By contrast, staff across Iraq, Syria, Lebanon, and Türkiye explained that in the absence of donor engagement, internally funded projects were often developed using inherited templates, carried forward from previous cycles with minimal contextual adaptation. Without external technical input or accountability requirements, interviews indicated that programme designs often had limited validation and were not always informed by recent assessments or thorough stakeholder consultation. These limitations were particularly evident in zakat- and seasonal appeal-funded projects, where short timelines restricted iteration. As noted in Finding 1, these gaps are especially pronounced in FSL programming, which already suffers from weak application of technical frameworks and limited engagement with coordination systems.

Between 2021 and 2025, Health and Nutrition accounted for over one-third of IRW's MENA projects and the majority of institutional donor funding.[22] Inventory data shows that institutional donors – such as OCHA, WFP, and GFD – directed funding primarily to health-related initiatives.[23] In contrast, FSL projects were more frequently supported through internal or unrestricted IRW funding. Interviews with staff and senior leadership credited these external partnerships with elevating programme quality through stronger technical oversight, access to coordination platforms, and improved capacity for thematic integration (see Finding 1).

Feedback from senior staff confirmed that IRW is aware of the inconsistencies in quality assurance across donor types and is taking steps to address them. While the existing MEAL framework was designed to promote consistency in programme quality and accountability across the portfolio, its application has often been uneven. Staff noted that projects funded by IR family donors are rarely subject to the same quality assurance requirements as those funded by institutional donors, despite internal expectations that all programmes should apply the same standards. In practice, qualitative evidence shows that country teams have limited incentives to fully apply IRW's internal frameworks when family donors do not request evidence of their use or assess design quality prior to funding decisions. To address this gap, IRW is in the process of transitioning from its MEAL framework to a broader *Programme Quality Framework*, which aims to embed quality and accountability requirements more systematically across all projects, regardless of funding source. However, senior staff acknowledged that this remains a critical weakness within the organisation. The unequal treatment

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[22] Islamic Relief Worldwide. 2025. Inventory of MENA Projects.
[23] See Section 2.3 and Appendix 7.

of projects based on donor origin was described as both counterproductive and difficult to justify, particularly given IRW's commitments to quality and accountability across its global operations.

Finding 3	Multi-sectoral approaches are implemented across the portfolio, but integration is typically operational rather than strategic.

All country teams reported that many programmes combine interventions across FSL, Health, and Protection, but this integration typically occurs at the delivery level rather than being strategically embedded in programme design. Interviews show that such combinations are often driven by funding opportunities or historical project structures rather than an integrated, needs-based or systems-oriented approach. For instance, staff in Iraq and Türkiye described livelihoods or psychosocial components being appended to existing health projects, often without coordinated planning or shared objectives.

Evidence from interviews, survey responses, and country strategy documents confirm that sector teams frequently operate in silos, maintaining separate targeting criteria, beneficiary lists, and monitoring systems, even when implemented within the same project. This results in co-location of activities rather than true integration. For example, the multi-sector projects in the inventory, such as the *Strengthening Community Resilience in Southern Iraq* (2023)[24] and the *Hand in Hand* project in Jordan (2021),[25] include components across sectors but do not describe mechanisms for shared targeting or joint monitoring. Further example includes the multi-sector programming described in the Gaza Early Recovery Plan, which is structured primarily around logistical delivery rather than shared outcomes or interlinked sector strategies.[26]

Feedback from staff links this fragmentation to broader gaps in programme quality systems, particularly around inconsistent application of project design methodologies across the organisation (see also Finding 2). In many cases, project teams reported limited use of participatory design processes, structured problem analysis, or theory of change development at the outset. These weaknesses undermine the potential for integrated programming by preventing the articulation of shared outcomes, joint strategies, or a coherent rationale for multi-sector delivery.

Critically, the degree of integration varies across contexts. Interviews and survey responses show that multi-sectoral integration is more effective when donors explicitly require joint outcomes or coordinated planning,[27] such as through cluster systems or multi-sector consortia. In these cases, country teams described efforts to align objectives, conduct joint assessments, and coordinate sector leads. However, where such external requirements were absent, staff reported that sector teams planned and implemented activities independently, even within the same project.

Without practical systems to support cross-sectoral coordination (such as shared targeting tools, joint monitoring systems, or integrated management structures, mentioned above), interviews stressed that multi-sectoral programming at IRW will continue to be largely operationally fragmented, limiting its ability to deliver coherent, needs-based support. In addition to these operational limitations, staff feedback also pointed to gaps in strategic planning as a barrier to integration. Feedback from senior staff noted the absence of structured annual planning cycles, coordinated country strategies, or multi-

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[24] PIN: 020_004788
[25] PIN: 020_003921
[26] Islamic Relief Palestine. 2025. Early-Recovery Plan.
[27] Finding 2

sector needs assessments as key constraints to setting integrated priorities. These planning shortfalls (explored further in Finding 9 and Finding 12) undermine IRW's ability to align interventions across sectors and maintain coherence throughout the project cycle.

Finding 4	Monitoring systems and results frameworks are not adapted to capture the effects of integrated programming.

Interviews with project teams and the project inventory highlight that IRW MEAL systems continue to track outputs and outcomes by sector, limiting the ability to capture the layered or cumulative effects of multi-sectoral interventions. Indicators are typically drawn from sector templates and are rarely revised to reflect integrated outcomes, such as household wellbeing across multiple sectors. Key informants indicated that this has resulted in fragmented monitoring systems that do not account for how different sectoral interventions interact to influence broader outcomes. Staff noted that beneficiaries receiving multi-sectoral support are tracked separately by each team, which constrains cross-sector analysis and learning. Survey responses from Lebanon and Iraq confirmed that MEAL staff report by sectoral output only, and that indicators for integrated outcomes are undefined or unavailable. KIIs in Jordan and Türkiye also acknowledged that while field-level integration may occur, reporting tools do not capture it, and data remains siloed within individual sectors.

This limits IRW's ability to demonstrate the added value of integrated approaches in reducing household vulnerability or improving multi-dimensional wellbeing. The LTCM Workshop held in Yemen in 2024 identified the lack of multi-sector indicators as a key barrier to demonstrating the results of integrated programming.[28] Although IRW's MEAL guidance, referenced in multiple country strategies, includes a range of sector-specific indicators, it does not provide tools for household-level, multi-sector monitoring.

Country teams also highlighted that current monitoring practices are not well suited to capturing the layered effects of multi-sectoral programming. While broader issues around inconsistent application of internal MEAL tools are discussed in Finding 2, interviewees noted that these challenges are compounded in multi-sector contexts, where the absence of shared indicators and joint data systems makes it difficult to assess cumulative impact. Feedback shows there is a tendency of project teams to pitch results indicators at the wrong level – for example, treating activities as outputs and outputs as outcomes – which reinforces siloed tracking and limits the ability to analyse whether combined interventions are leading to broader household- or community-level change.

However, interviews confirmed that IRW is aware of the current limitations to its MEAL systems and staff capacity and has initiated efforts to address them. Internal processes are underway to strengthen project-level monitoring systems.

Finding 5	Limited documentation and cross-country learning constrain IRW's ability to replicate strong practices across the MENA portfolio.

Interviews across countries repeated underscored that high-impact programming is not consistently documented or shared across countries. This reduces opportunities for cross-contextual learning across the regional portfolio. Interviews revealed that staff often rely on personal recollection or previous experience rather than shared evidence of what has worked well in other country offices.

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[28] Islamic Relief Yemen. 2024. Light Touch Change Management Workshop Report.

Survey responses noted a lack of formal mechanisms to capture and transfer technical lessons between projects or countries, particularly in livelihoods and multi-sectoral programming. Interviews highlight that this gap inhibits replication of successful models and contributes to uneven application of technical standards across the portfolio (Finding 1).

Staff across countries expressed a desire for case studies, model templates, and lessons learned repositories, but noted that these resources either do not exist in a usable form or are not actively maintained. MEAL staff across several countries reported limited access to documented technical lessons from other IRW contexts. Interviews and documents show that while some country strategies and project documents highlight successful activities, they rarely codify the design rationale or technical methods in a way that supports uptake elsewhere.[29] [30]

A common concern across interviews was the absence of a centralised inventory for templates, technical tools, and guidance. Staff often rely on informal networks or individual outreach to locate resources, which results in inconsistent and inefficient knowledge sharing. Senior leadership in the region described this as part of a broader documentation gap, where outputs from meetings, trainings, and working groups are rarely recorded. It was also noted in interviews that there is limited accountability for ensuring that lessons are applied or that training content is used in practice.

Country teams also noted that current mechanisms for cross-country exchange, such as internal working groups, chats, and regional meetings, often lack clear outputs or follow-up. Country staff suggested that more structured technical forums are needed (particularly in sectors outside of Health), to support experience sharing and collaborative learning. Attempts to request support from the regional desk and IRW HQ were described as limited in effectiveness. Staff reported working in isolation, without a clear understanding of what has worked well in other contexts. Coordination platforms like ReliefWeb were cited as underused or difficult to access, and the culture of documenting and sharing lessons remains underdeveloped.

The current efforts to strengthen IRW's MEAL capacity include a focus on establishing systems for consistent documentation and structured learning across the organisation. Feedback from staff noted that the rollout of the emerging Global Programme Management System (GPMS) is intended to address these some of these documentation challenges.[31] However, its effectiveness will depend on whether country teams actively capture and input learning into the system, particularly in contexts where the offline MEAL templates have not been routinely applied to date.

Finding 6	Crosscutting themes such as localisation, gender, and climate adaptation are recognised across country strategies but are not systematically embedded in programme design.

Country teams across the region reported that themes such as localisation, gender equity, and climate adaptation are increasingly expected in programming, particularly in donor-funded contexts. These themes are referenced in planning documents, such as the Jordan and Lebanon country strategies,[32]

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[29] Islamic Relief Palestine. 2025. Early-Recovery Plan.
[30] Islamic Relief Jordan. 2024. Livelihood Strategy Update
[31] The GPMS aims to digitise programme functions across Islamic Relief's global portfolio, such as serve as an accessible database inventory of projects.
[32] Islamic Relief Jordan. 2023. Program Strategy 2023-2025.

[33] as areas of focus. However, qualitative evidence shows that they are often addressed in generic terms and are not systematically integrated into design processes, logframes or monitoring systems.

Survey responses revealed that staff felt constrained by limited guidance on how to translate these themes into actionable programme elements. For example, while most country strategies commit to gender-responsive programming, interviewees noted that gender analysis is rarely undertaken prior to project design. Similarly, while climate adaptation is cited as a key priority in several strategies, there was limited evidence of climate risk assessments or context-specific adaptation measures informing FSL or resilience activities.

This gap is reflected in the project inventory. While some projects, such as the *Economic Empowerment for Vulnerable Women* in Jordan (2022)[34] or the *Strengthening Community Resilience in Southern Iraq* in (2023),[35] demonstrate direct alignment with these thematic goals, interviews suggest they may remain exceptions. Interview and survey responses indicate that more frequently, projects include generic references to gender, resilience, or local engagement without specific mechanisms for delivery or tracking. Interviews with MEAL staff suggested that internal frameworks such as IRW's MEAL and IHSAN tools do not currently offer sufficient guidance to systematically integrate cross-cutting themes.[36] Without stronger operational frameworks and technical support, these priorities risk being inconsistently applied and poorly monitored across the portfolio.

3.2. RQ2: How is Islamic Relief strategically positioned in the MENA region based on existing capacities, regional and country priorities, and sectoral trends?

Finding 7	The portfolio has a focus on humanitarian response across all sectors which is appropriate.

The majority of projects across IRW's MENA portfolio fall within the humanitarian response domain. Between 2021 and 2025, over two-thirds of documented projects in the inventory were explicitly framed around humanitarian objectives, including emergency health, food assistance, cash support, and protection for displaced populations.[37] Country strategies and interviews reflect that this emphasis is appropriate given the scale and protracted nature of regional crises, including armed conflict, displacement, and economic collapse in Syria, Yemen, and Gaza.[38] [39]

Interviews with staff consistently affirmed that IRW in the region is viewed as a credible and effective humanitarian actor, with strong operational presence and delivery capacity.[40] In Iraq, Lebanon, and Türkiye, IRW was frequently cited by national and international partners as a reliable implementing

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[33] Islamic Relief Jordan. 2023. Program Strategy 2023-2025.

[34] PIN: 020_003835-02

[35] PIN: 020_004788

[36] Feedback indicates this observation is core to the review and rebranding of the MEAL Framework into the PQ Framework initiative (Finding 2)

[37] Islamic Relief Worldwide. 2025. Inventory of MENA Projects

[38] Islamic Relief Palestine. 2025. Early-Recovery Plan.

[39] Islamic Relief Yemen. 2024. Country Strategy 2024-2026.

[40] This also draws on TANGO's prior experience working with Islamic Relief in MENA and its external partners under earlier assignments.

agency during emergencies. Donor-funded interventions, such as health and psychosocial support in Gaza and emergency livelihoods in Yemen, have reinforced this reputation.[41]

This humanitarian orientation aligns with regional sectoral needs and complements the mandates of key coordination structures, such as the Syria Cross-border Health Cluster and the Regional Refugee and Resilience Plan (3RP).[42] However, interviewees also noted that this focus limits the organisation's engagement with longer-term resilience, peacebuilding, or systems strengthening work, which are increasingly prioritised by donors in protracted settings.

Finding 8	IRW health and protection programmes are well aligned with national systems, but alignment in FSL is less consistent and often ad hoc.

IRW's health and protection portfolios benefit from consistent alignment with national systems and coordination platforms. Interviews across Iraq, Yemen, Jordan, and Türkiye confirmed that sector teams routinely work through government-led mechanisms, adopt national protocols, and align with inter-agency frameworks. Interviews indicated that donor requirements further reinforce this alignment by mandating collaboration with sector ministries and participation in national clusters.

In contrast, FSL programming remains less strategically anchored. As previously noted in Finding 1, livelihoods interventions are often designed in isolation from national economic or labour frameworks. Interviews and survey responses indicate that country teams are less familiar with national development plans or sector-specific strategies, and coordination with ministries responsible for labour, agriculture, or planning is limited or absent. While health and protection staff described routine participation in government-led coordination platforms, FSL teams more often relied on internal precedent or donor compliance, with minimal reference to national systems Finding 3.

This divergence reflects not only sector-specific dynamics, but also broader differences in how IRW engages institutional counterparts. In health and protection, interviews show that early and sustained engagement with system actors has supported programme continuity, validation, and visibility. In FSL, feedback from staff highlighted that weaker external linkages and a lack of internal technical leadership (see Finding 9) constrain IRW's ability to contribute to national priorities or position itself as a strategic actor in recovery or development spaces. Qualitative evidence underscored that without deliberate engagement with national systems or coordination mechanisms, FSL programming may continue to meet immediate needs but fall short of influencing policy, attracting sustained investment, or achieving long-term impact.

Finding 9	IRW's long-term country presence supports operational continuity but is not yet leveraged for multi-phase programming.

IRW's sustained presence in crisis-affected contexts such as Yemen, Iraq, and Syria provides a strong foundation for continuity of support across humanitarian and early recovery phases. Staff in these countries described the value of long-term presence in building community trust, navigating access challenges, and maintaining programming despite operational volatility. Qualitative evidence suggests these conditions create a potential enabling environment for multi-phase programming; that is,

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[41] Islamic Relief Worldwide. 2025. Inventory of MENA Projects
[42] UNHCR & UNDP. 2025. Regional Refugee Resilience Plan (3RP).

programming which intentionally plans for the transition from emergency response to recovery, resilience, and, where feasible, development outcomes.

However, qualitative evidence confirms that country teams have not consistently used this presence to sequence or layer interventions across phases. While planning documents often reference terms such as 'resilience', 'early recovery', or 'systems strengthening', interviews and project documentation reveal limited operational planning to translate these ambitions into practice. Several projects in the portfolio carry a recovery or resilience label but were implemented through short-term modalities without strategic coordination. For example, the *Improving Access to Basic Services and Enhancing Resilience for Conflict-Affected Populations in Northeast Syria* (2023)[43] and *Enhancing the Resilience of Vulnerable Communities in Gaza through Integrated Livelihoods and Protection Support* (2023)[44] included resilience framing but were delivered over a single cycle, with no stated evidence of phased implementation, layered interventions, or engagement with governance actors. These examples reflect a wider trend where recovery-oriented language is used in the absence of multi-phase planning, limiting the potential for systems-oriented or sustainable results.[45] [46]

Country teams in Yemen, Iraq, and Syria acknowledged that limited technical guidance and the absence of integrated planning tools constrain their ability to design for continuity. Several staff noted that programming remains primarily reactive, shaped by funding cycles or short-term mandates rather than a deliberate transition strategy. This limits the organisation's capacity to deliver sustained, systems-oriented results in protracted crises.

Finding 10	IRW programming shows limited integration of social cohesion goals, particularly in refugee-hosting contexts.

In countries such as Türkiye, Lebanon, and Iraq, qualitative evidence highlighted a need to put greater focus on social cohesion within IRW's refugee and host community programming. Interviewees described local tensions arising from the perception that aid is disproportionately directed toward displaced populations, without complementary support for host communities.[47] [48] In Türkiye for example, staff reported that livelihoods and protection activities primarily targeted Syrian refugees, with limited outreach to host populations or engagement with municipal authorities. Similar gaps were noted in Lebanon and Iraq, where programming lacked mechanisms for joint community initiatives, inclusive service delivery, or dialogue platforms aimed at strengthening cohesion or addressing shared needs.[49]

Survey responses and interviews indicated that staff often lacked clear guidance or technical support on how to incorporate social cohesion objectives into programme design. In many cases, field teams were unsure how to identify social cohesion risks or translate them into actionable components within project logframes. Few country strategies or project documents included explicit social cohesion

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[43] PIN: 53291
[44] PIN: 53457
[45] Islamic Relief Worldwide. 2025. Inventory of MENA Projects
[46] Based on the project outlines presented in the project inventory.
[47] Islamic Relief Iraq. 2023. Country Program Strategy 2023-2025.
[48] Islamic Relief Türkiye. 2024. Country Business Plan 2024.
[49] Islamic Relief Worldwide. 2025. Inventory of MENA Projects

outcomes or indicators, and there were no standardised tools observed in the portfolio to support this work.[50]

KIIs across multiple countries noted that while donors, including UN agencies and bilateral partners, are placing greater emphasis on social cohesion in protracted displacement settings, IRW's internal frameworks and staffing capacity are not yet equipped to meet this demand. In particular, respondents noted the absence of technical leads or thematic guidance on peacebuilding or community-based conflict sensitivity. These gaps were seen as limiting IRW's ability to operate as a credible actor in displacement contexts where host–refugee tensions are a recognised risk to programme sustainability.

Additionally, interviews with regional and country-level staff suggested that few of the prevailing programme models (i.e. focused on sectoral delivery and short-term targets) has deprioritised social cohesion as an operational goal. This is compounded by weak institutional incentives for cross-sectoral planning or joint outcomes, making it difficult for field teams to integrate softer components such as community trust-building or inclusive dialogue. Key informants stressed that without stronger technical support, planning tools, or donor collaboration, IRW risks overlooking a key driver of programme effectiveness in fragile and displacement-affected contexts.

Feedback from senior staff, however, indicated that institutional attention to social cohesion is increasing within IRW. A dedicated Social Cohesion Policy has recently been developed, and the revised Programme Quality Framework will include guidance on how to operationalise and embed social cohesion across programmes. Additionally, a Triple Nexus Review is currently underway, which is expected to generate tools, templates, and guidance to support field teams in identifying and addressing social cohesion risks. These efforts represent a shift toward more deliberate integration of social cohesion as a programming objective, though implementation and uptake will require sustained technical support and internal accountability.

Finding 11	IRW's partnerships are strongest at the operational level but underutilised as vehicles for strategic positioning or influence.

Across the MENA portfolio, interviews show that IRW partnerships are primarily structured around project delivery. Country teams reported that partnerships with local NGOs, UN agencies, and government institutions were generally effective in supporting access, coverage, and operational delivery. In Yemen and Palestine, interviews show that significant portions of programming are implemented through local partners, circumventing access. Similarly, in Lebanon, Jordan, and Türkiye, IRW engages national actors and local civil society to deliver health, livelihoods, and protection services in displacement-affected settings. Survey responses and interviews noted that these partnerships have helped IRW meet donor compliance and reach targeted populations efficiently.[51]

However, qualitative evidence highlights that most partnerships are transactional, short-term, and not always leveraged to enhance IRW's strategic positioning. Staff across multiple countries noted that partnerships tend to be reactive to donor requirements rather than shaped by a long-term engagement strategy. For instance, interviews highlighted that partnerships with WFP and UNICEF in Gaza and Syria were driven by operational need, with little emphasis on joint advocacy or co-designed

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[50] Islamic Relief Worldwide. 2025. Inventory of MENA Projects
[51] Islamic Relief Worldwide. 2025. Inventory of MENA Projects

programming.[52] Interviews indicated that few partnerships were formalised beyond individual projects, and that limited effort is made to sustain collaboration once funding ends. Importantly, qualitative evidence did not identify partnerships contributing to technical innovation, regional visibility, or policy influence.

Feedback from country teams and the regional workshop confirmed that IRW lacks a strategic approach to partnership development. Participants noted the absence of internal guidance on identifying, negotiating, or maintaining strategic partnerships, particularly at regional or thematic levels. Several staff pointed to missed opportunities to collaborate with technical agencies, regional consortia, or advocacy platforms, particularly in sectors such as livelihoods or climate resilience. Country teams highlighted the need for more direct engagement with external donors, as current relationships are often mediated or indirect. While relationships with IR Family offices are reported to be strong, these typically occur bilaterally between individual country offices and supporting IR offices, limiting opportunities for coordinated regional advocacy

Feedback shows that IRW is widely seen as a reliable implementer, but not yet as a strategic actor or technical leader in regional forums. Feedback stressed that without clearer partnership objectives, long-term engagement models, or support for relationship management, IRW risks remaining confined to subcontracted roles within donor-led initiative.

Finding 12	Strategic planning remains decentralised and fragmented across the Middle East portfolio, limiting coherence, collaboration, and regional positioning

Strategic planning processes across IRW's MENA offices remain highly decentralised, with country teams developing standalone strategies that vary significantly in structure, focus, and alignment to regional or global priorities. For example, the Türkiye office has adopted an independent strategy format linked to its registration status, while strategies from Iraq and Lebanon show limited reference to regional frameworks or cross-country objectives. Interviews confirmed that country strategies are developed with minimal input from the regional desk or peer countries, contributing to inconsistencies in how IRW presents itself externally.[53] [54] [55]

Staff at both regional and country levels reported an absence of mechanisms for joint planning, coordinated fundraising, or thematic alignment. Interviewees described strategic decision-making as country-specific, driven by internal mandates or donor requirements rather than a shared regional vision. Several key informants described the current structure as siloed, with limited visibility across countries or opportunities to collaborate. Feedback during the first regional workshop reinforced this view, noting that planning across the region is fragmented and that efforts to coordinate have often lacked follow-through, defined roles, or clear outputs.

Senior leadership discussed in interviews that the lack of a regional strategy or shared planning tools weakens IRW's positioning in regional consortia and limits its ability to engage with donors on cross-country initiatives or transboundary issues such as displacement and climate adaptation. Staff across country offices and the regional team highlighted the need for improved internal coordination

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[52] Islamic Relief Palestine. 2025. Early-Recovery Plan.
[53] Islamic Relief Türkiye. 2024. Country Business Plan 2024.
[54] Islamic Relief Iraq. 2023. Country Program Strategy 2023-2025.
[55] Islamic Relief Lebanon. 2023. Country Program Strategy 2023-2025.

mechanisms to support collective strategy development. Feedback underscored the absence of clear communication channels, shared templates, and structured processes for aligning national priorities with regional goals. This lack of systematised collaboration was seen to limit the effectiveness of both country-level planning and regional oversight.

3.3. RQ3: What opportunities exist to strengthen Islamic Relief's regional strategic approach and overall programme effectiveness?

Finding 13	There is an immediate opportunity for IRW's FSL programming to align with widespread sector practice on integrated approaches.

Integrated FSL approaches that combine short-term assistance with asset creation and skills development are recognised as sector-leading practice in protracted and fragile settings. Despite this, qualitative evidence confirms that IRW has only recently begun applying such models across its Middle East portfolio. This reflects a strategic gap in IRW's programming, where global good practice is not yet embedded, and highlights a clear opportunity for rapid alignment.

Qualitative evidence shows that these integrated FSL models, particularly those linking cash-for-work (CfW), vocational training, and livelihood inputs, were consistently identified as having the highest potential for effectiveness and scalability within IRW's portfolio. Staff in interviews that these approaches addressed immediate needs while supporting recovery by enabling productive investments and reducing reliance on negative coping strategies.

Examples include CfW activities with community asset components, such as in the *Strengthening Community Resilience in Southern Iraq* project (2023),[56] and vocational training tailored to market needs, as seen in the *Enhancing Education and Income Generation Opportunities for Conflict-Affected Youth in Iraq* (2023).[57] In these projects, targeting women and youth and linking activities to value chains were associated with stronger outcomes. In Jordan, the *Economic Empowerment for Vulnerable Women* project (2021)[58] demonstrated the benefits of integrating business support with training and grants. In contrast, in Gaza and parts of Lebanon, where FSL programming remained limited to food and voucher assistance, outcomes were less pronounced.

These projects suggest that IRW is not starting from scratch. Effective models already exist within the portfolio, and staff across countries have called for institutional support to scale and adapt them. With integrated designs already widely established in the sector, IRW faces a relatively short learning curve to close this gap. Rapid adoption of these models would represent a strategic step forward in aligning the FSL portfolio with global practice and improving programme quality in protracted settings.

Finding 14	IRW's health programming provides a solid foundation for expansion from direct services into country capacity strengthening.

As noted in Finding 1 and Finding 8, IRW's health programming demonstrates strong alignment with

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[56] PIN: 020_004788
[57] PIN: HQ020217701
[58] PIN: 20_003835-02 and 020_003835-01

recognised technical standards. Building on this foundation, qualitative evidence shows that impact is most sustainable when interventions are embedded in local systems, include asset transfer, and invest in workforce development. Country teams consistently cited longer-term benefits where projects were implemented in partnership with Ministries of Health, integrated into national referral or surveillance systems, and aligned with government protocols.

Projects that delivered essential services while simultaneously rehabilitating infrastructure and training local providers were widely recognised by staff and survey respondents as successful. In Jordan, the *Medical Assistive Equipment Support for the Hospital in Irbid* (2023)[59] embedded asset transfer and capacity-building within Ministry of Health structures to improve long-term service delivery. In Gaza, the *Support Health Services Through Urgent Medical Equipment and Medicine for Hospitals in Gaza* (2023)[60] was similarly highlighted for its durable programming approach, with medical devices transferred directly to public sector units to support continued operations post-project. Survey data from Yemen pointed to the extension of Islamic Relief Yemen-supported services to over 211 facilities, including interventions in health worker training, outbreak surveillance, and emergency preparedness. These findings were reinforced by the Islamic Relief Yemen Country Programme Evaluation, which confirmed that government-linked health interventions contributed to wider system resilience. Together, these examples reflect a broader trend of sustainability where assets and capacity are intentionally handed over to local systems to ensure continuity beyond the life of the project.

The evidence suggests that IRW is already applying core elements of capacity strengthening within its health programming. These practices are aligned with broader sector trends that emphasise system resilience and national ownership in protracted settings. The opportunity now is to formalise this direction as a deliberate programming objective, with clearer strategies to strengthen institutional partnerships, embed capacity development, and align programme goals with long-term government-led service delivery.

| **Finding 15** | There is clear appetite and readiness within IRW to adopt multi-year programming and financing models. |

Across the Middle East portfolio, staff consistently emphasised the need for phased programming that supports transitions from emergency relief to recovery and systems strengthening. Interviews acknowledged this is particularly relevant for both livelihoods and health sectors, where achieving sustainable outcomes requires sequenced investments over time. However, qualitative evidence confirms that such phased approaches are rarely implemented in practice within the organisation, primarily due to fragmented, short-term funding arrangements.

Interviews and survey responses highlighted that without multi-year financing, country teams are unable to design, plan, or commit to phased interventions. Projects are typically developed and implemented in isolation, with limited ability to build on prior investments or sustain progress between phases. Country teams reported repeated disruptions to staffing, partnerships, and monitoring efforts as a result of annual grant cycles, which limit institutional continuity and constrain impact.

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[59] PIN: HQ0202189101
[60] PIN: HQ0202382201

While some country strategies (e.g. Türkiye and Iraq)[61] [62] acknowledge the importance of linking humanitarian assistance to systems change, none include concrete frameworks or resourcing strategies to support phased implementation. At the same time, interviews show there is clear interest within IRW to shift toward multi-year programming. This internal momentum presents a timely opportunity to align programme ambitions with financing models that support long-term delivery.

IRW's peer organisations facing similar conditions are increasingly adopting multi-year approaches as a foundation for resilience-oriented programming. For IRW, adopting multi-year financing is key to moving beyond short-term cycles and achieving more durable, system-strengthening results in protracted settings.[63] [64] Doing so would also improve planning stability, allowing country teams to build on previous investments and sustain partnerships over time.

Finding 16	Strengthening regional assessment, analysis and planning would immediately improve IRW's programme effectiveness in responding to interconnected crises.

Islamic Relief operates in a region marked by cross-border displacement, climate vulnerability, and interconnected economic shocks.[65] However, qualitative evidence confirms that IRW's current planning, analysis, and coordination functions are largely fragmented across country offices, with limited capacity to address these transboundary dynamics. Interviews across the regional desk and country teams highlighted that strategic planning is undertaken primarily at national level, often without consideration of regional linkages such as population movements, shared market systems, or climatic trends (see also Finding 12).

The absence of structured regional analysis limits IRW's ability to anticipate or coordinate responses to cascading crises. For example, the compounding effects of food price inflation and water scarcity were noted in interviews from Iraq, Jordan, and Gaza, yet programming remained nationally siloed with few mechanisms to share assessments or align priorities. These observations build on earlier findings related to the operational fragmentation of multi-sector programmes (Finding 3) and the underutilisation of regional learning systems (Finding 5).

Survey responses and KIIs indicated that IRW's regional positioning could be significantly strengthened through the establishment of regional analysis and planning functions. Staff cited the potential for such functions to (i) improve early warning capacity, (ii) inform context-responsive programme design, and (iii) support coordinated donor engagement around cross-country issues such as displacement, food systems, and climate adaptation. However, participants also noted that current resourcing and staffing structures do not support this ambition. Feedback from the regional workshop confirmed that the regional desk lacks dedicated capacity for thematic or strategic analysis, and that demand from country teams often exceeds available support (see also Finding 11).

Discussions in the study workshops highlighted that peer agencies with regional strategy units are better able to respond to donors seeking joined-up, multi-country approaches. Several internal informants stressed that without strengthened regional analysis and planning capabilities, IRW may

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[61] Islamic Relief Türkiye. 2024. Country Business Plan 2024.

[62] Islamic Relief Iraq. 2023. Country Program Strategy 2023-2025.

[63] Islamic Relief Yemen. 2024. Country Strategy Evaluation

[64] Islamic Relief Iraq. 2024. Livelihoods Endline Survey Report.

[65] See Section 2.2.

miss opportunities to lead or co-design initiatives that address the complex, transboundary challenges shaping the MENA region.

4. Conclusions and Insights

4.1. Conclusions

RQ1 Conclusion

IRW's programming demonstrates clear strengths in health through alignment with national systems and donor frameworks, but lacks consistent technical rigour and coherence in FSL, limiting overall portfolio quality.

IRW's programming in the Middle East demonstrates clear technical strengths in the health sector, particularly where interventions align with national systems and donor frameworks. These programmes benefit from established standards, participation in sector coordination mechanisms, and access to external technical support. Engagement with Ministries of Health protocols and inter-agency platforms has reinforced the credibility of IRW's health programming and contributed to improved continuity and sustainability. Internal tools such as the IHSAN framework and IRW MEAL Framework further provide a solid structure for design and monitoring, especially when supported by donor guidance

In contrast, FSL programming lacks the same level of technical consistency. Activities are often shaped by internal formats and donor timelines, with limited reference to global standards or coordinated planning approaches. The absence of consistent engagement with national economic or labour strategies, and minimal participation in coordination platforms, has led to greater variability in programme quality. Although some FSL models have demonstrated effectiveness, they remain isolated and are not supported by systematised guidance or replication mechanisms.

Multi-sectoral programming is widespread but largely operational in nature. In most cases, interventions are co-located rather than jointly designed, with little evidence of shared outcomes, integrated monitoring, or strategic coordination. The lack of cross-sector frameworks and joint accountability structures further limits the potential of integrated approaches to address complex, intersecting needs. Where clearer objectives and outcome linkages were present, interventions showed stronger alignment to the needs of vulnerable groups.

To improve overall programme quality, the study points to the need for stronger technical architecture across all sectors, particularly FSL. This includes embedding recognised global standards into IRW's design and monitoring tools, expanding the use of external evidence sources (e.g. market assessments, peer practices), and investing in regional technical capacity to support country teams. Current tools such as the IHSAN and MEAL frameworks should be repositioned as mechanisms for learning and quality improvement rather than primarily administrative instruments. Strengthening cross-country technical collaboration and reflective practice would help reduce fragmentation, facilitate adaptation of successful models and enable more consistent application of technical standards across the portfolio.

RQ2 Conclusion

While IRW has established operational credibility and strong local partnerships, its strategic positioning in the Middle East region is constrained by the short-term nature of its programming and the underutilisation of partnerships for influence, innovation, and scale.

IRW has established operational credibility across MENA, underpinned by strong local partnerships, flexible delivery models, and the ability to operate in challenging contexts. IRW is recognised for its adaptability and presence in hard-to-reach or politically sensitive areas. These capabilities are supported by delivery partnerships with local NGOs and UN agencies, which contribute to sustained access, service coverage, and responsiveness. These strengths provide a valuable foundation for deepening strategic engagement.

However, the use of partnerships and programming modalities remains primarily operational, with limited emphasis on long-term positioning, innovation, or influence. Partnerships are generally project-bound and do not extend to strategic alliances or technical collaborations (such as with UN coordination bodies, national technical institutions, or regional consortia) that could enhance IRW's visibility, sector leadership, or policy influence. Promising programme models remain context-specific and underutilised at portfolio level. In the absence of structured processes for validation or knowledge-sharing, these models are rarely scaled or integrated into broader institutional strategies. Programming is frequently designed around short-term objectives, with limited reference to pathways for scale, sustainability, or systems change. As a result, IRW is rarely viewed as a strategic or technical leader, particularly in regional fora or donor dialogues.

IRW's strategic positioning in the region could be strengthened by reorienting partnerships toward long-term collaboration, embedding high-impact models into organisational strategies, and addressing technical gaps in areas such as livelihoods, governance, and social cohesion. Leveraging its operational strengths to build sustained engagement with donors and policy platforms would enhance IRW's influence and relevance beyond humanitarian delivery, particularly as its role in recovery and development contexts continues to expand.

RQ3 Conclusion

IRW's regional potential is undercut by fragmented coordination and the absence of a clear regional strategy, limiting its capacity to act collectively, share learning, or engage with regional policy and funding opportunities.

IRW's current regional posture is defined by a strong country-level presence but limited cohesion across offices. While this decentralised model supports responsiveness to local needs, it lacks the internal mechanisms required to drive collective action. Country offices largely operate in silos, with limited collaboration, minimal cross-border programming, and weak alignment with a shared regional vision. Coordination roles between country teams, the regional desk, and headquarters are poorly defined, and planning documents reflect divergent priorities across countries.

Despite these limitations, there is clear internal appetite for a stronger regional identity. Interviews and workshops revealed broad interest among staff in structured planning platforms, cross-country dialogue, and joint fundraising strategies. There is a demand for clearer strategic guidance from the regional desk, including support in interpreting global strategies and engaging institutional donors. However, these aspirations remain unsupported by existing structures. The regional desk lacks the mandate, staffing and resourcing required to provide technical leadership, facilitate regional learning, or coordinate multi-country responses.

IRW's current approach also limits its ability to scale high-impact models or institutionalise innovation. Integrated FSL programmes have shown promise in specific contexts, yet remain disconnected from IRW's broader programming due to limited documentation or cross-country promotion. Health programming, by contrast, has begun to embed elements of capacity strengthening through partnerships with public systems, demonstrating the kind of institutional alignment and sustainability that could inform regional practice if actively documented and shared across the portfolio.

The absence of a regional strategy also weakens IRW's ability to respond to transboundary risks. Climate shocks, economic instability, and population movements increasingly demand coordinated planning and joint analysis. Yet IRW's regional functions are not currently equipped to synthesise data across contexts, anticipate shared threats, or support cross-border programming. Compared with peer organisations, which have invested in dedicated regional strategy units, IRW lacks the analytical infrastructure and strategic presence to engage effectively in multi-country initiatives or donor dialogues.

Realising IRW's regional potential will require clearer structures, stronger coordination, and strategic direction. This includes clarifying the roles and mandates of regional and HQ structures, establishing regular coordination mechanisms, and developing a regionally grounded strategy that integrates country-level realities with global priorities. Investing in regional analysis, planning, and multi-year financing models will not only enable more cohesive and adaptive programming, but also increase IRW's visibility and credibility in policy and funding spaces.

4.2. Recommendations

Based on the study's conclusions, the following recommendations are proposed to strengthen IRW's technical quality, strategic positioning, and regional coherence across the MENA portfolio. These recommendations build on the evidence presented in the conclusions and reflect priorities identified by staff across country and regional levels.

#	Recommendation	Type	Responsibility	Basis	Priority
1	**Institutionalise a structured regional strategy and planning function to drive alignment and shared vision.** IRW should establish a formal regional planning mechanism to replace ad hoc country-level strategy development. This includes: - A standing process for aligning country strategies with regional priorities and global objectives. - Common planning templates and guidance to ensure consistency across countries. - A clear mandate for the MENA regional desk to coordinate regional strategy development, with defined authority and accountability. - Dedicated time in annual cycles for joint strategic reflection and regional scenario planning, as highlighted in regional workshops. - Integration of multi-year/phased programming approaches into the planning cycle This will create a repeatable and deliberate process for strategic alignment across MENA operations, enhancing coherence, visibility, and IRW's ability to position itself as a regional actor.	Strategic	IR MENA Regional Desk collaborating directly with Country MEAL staff. *With support from:* IRW HQ	RQ 2 conclusion Finding 12 Finding 16	High

2	**Invest in structured regional governance and technical leadership, and cross-country learning systems to elevate programme quality and influence.** To improve consistency and innovation across the portfolio, IRW should: - Establish and/or strengthen regional thematic focal points in core sectors (e.g. FSL, Health, Social Cohesion) to be accountable for technical support, design quality, and strategic learning. - Build structured peer learning processes (e.g. documented learning exchanges, technical design clinics, review panels) into the programme cycle. - Ensure regional review mechanisms are applied to high-value proposals or pilot designs for alignment and quality assurance. - Embed responsibility for integrating cross-cutting issues (e.g. social cohesion and localisation) into regional technical leadership roles, ensuring these are treated as core elements rather than optional add-on These actions will raise the baseline of programme quality, reduce duplication, and reinforce IRW's credibility as a technical actor in crisis-affected settings.	Operational	IRW HQ and IR MENA Regional Desk, with Country Directors	RQ 1 conclusion Finding 4 Finding 5 Finding 6 RQ 2 conclusion Finding 11	
3	**Strengthen the strategic role of country leadership by embedding shared incentives and performance structures.** IRW should empower country leadership to champion regional strategy through:	Strategic	IRW HQ and IR MENA Regional Desk, with Country Directors	RQ 2 conclusion Finding 5 Finding 11 Finding 13	

- Updating TORs and performance frameworks to reflect leadership in strategic alignment, regional collaboration, and cross-country priorities. - Incentivising participation in regional working groups, strategy development processes, and external representation platforms. - Protecting time in leadership schedules for forward-looking analysis and engagement beyond project delivery cycles. - Facilitating biannual regional leadership forums focused on joint reflection and strategy coordination. - Expanding the leadership role to include structured relationship-building with donors, HQ and regional partners, ensuring COs serve as key entry points for external engagement. This will shift leadership expectations from reactive project management to proactive strategy leadership, enabling country teams to drive and co-own IRW's regional direction.	

| 4 | **Establish focused regional flagship initiatives that connect country work to strategic and policy platforms.** IRW should annually identify and operationalise 1–2 regional flagship initiatives that:
 - Demonstrate IRW's comparative strengths (e.g. youth livelihoods, anticipatory action, climate-resilient health).
 - Draw together evidence and programming from multiple countries under a common strategic and advocacy narrative.
 - Enable visibility and positioning in regional donor and policy platforms through joint learning outputs, advocacy messaging, and proposal pipelines.
 This approach will position IRW as a regional change agent, enabling it to scale proven models, shape policy dialogue, and strengthen influence in multilateral coordination structures. | Strategic | IR MENA Regional Desk in collaboration with Country Technical Leads, supported by IRW HQ | RQ 3 conclusion
 Finding 9
 Finding 10
 Finding 11
 Finding 14 | |

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Appendices and Annexures

Appendices

Annexures

The following documents is annexed to this report:

Annex 1: Inventory of MENA Projects (2021-2025) compiled by IRW

Annex 2: Consolidated feedback from the MEAL/technical staff survey compiled by iRW

Appendix 1: Research matrix

Sub-questions	Data collection methods	Sources of data/information	Data analysis methods/ triangulation	Findings where sub-questions were addressed
RQ1: How does Islamic Relief's regional portfolio align with sector-leading practices in Food Security & Livelihoods (FSL) and Health & Nutrition?				
1.1: What technical standards and frameworks inform the design and implementation of Islamic Relief's FSL and Health & Nutrition programming	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR country strategies Guidance documents on IRW MEAL systems, tools, policies Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 1 Finding 2
1.2: To what extent does the portfolio integrate multi-sectoral approaches compared to sector-leading practice	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR country strategies, evaluations Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 3 Finding 4
1.3: What lessons can be drawn from high-impact Islamic Relief programmes, and how do these compare with global best practices	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR country strategies, evaluations, programme learning and impact reports Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 5 Finding 13 Finding 14 Finding 15
RQ2: How is Islamic Relief strategically positioned in the MENA region based on existing capacities, regional and country priorities, and sectoral trends?				
2.1. How do Islamic Relief's priorities align with national and regional policy frameworks and institutional donor requirements	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR country strategies Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 6 Finding 8
2.2. What are the key strengths, gaps, and challenges in Islamic Relief's strategic positioning within the MENA humanitarian-development nexus?	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition	IR country strategies, evaluations, programme learning and impact reports Regional analysis and thematic reviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 7 Finding 9 Finding 10 Finding 12 Finding 17

Sub-questions	Data collection methods	Sources of data/information	Data analysis methods/ triangulation	Findings where sub-questions were addressed
projects		Regional workshops Qualitative data from interviews		
2.3. How do Islamic Relief's partnerships, collaboration models, and/or engagement in coordination mechanisms influence its strategic positioning in the region	Literature review KIIs with country-level and regional senior leadership	IR country strategies, partnership frameworks, communications materials Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 11 Finding 12
RQ3: What opportunities exist to strengthen Islamic Relief's regional strategic approach and overall programme effectiveness?				
3.1. For Islamic Relief in the region, what are the most effective and scalable approaches for Food Security & Livelihoods and Health & Nutrition programming in humanitarian, anticipatory, and protracted crisis setting?	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR project and country strategy evaluations, programme learning and impact reports Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 13 Finding 14
3.2. What innovations or alternative approaches could improve the sustainability and efficiency of Islamic Relief's programming in the region?	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR project and country strategy evaluations, programme learning and impact reports Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 15 Finding 16
3.3. How can Islamic Relief enhance the coherence and effectiveness of its multi-sectoral programming, including integration with local governance and coordination mechanisms?	Literature review KIIs with country-level and regional senior leadership MEAL/ technical staff survey on FSL, WASH, and Nutrition projects	IR project and country strategy evaluations, programme learning and impact reports Regional analysis and thematic reviews Regional workshops Qualitative data from interviews	Analysis of secondary data presented in internal documentation/assessments triangulated with qualitative data from interviews	Finding 3 Finding 4 Finding 10

Appendix 2: Key informants for this study

The following key informants were consulted in this study, through key informant interviews, and/or in the regional workshops.

SN	Name	Contact	Role
	Syria		
1	Mohamed Rebii	mohamed.rebii@islamicrelief.org.tr	Head of Mission
2	Amr Mohamed	Amr.Mohamed@irworldwide.org	Prog Cord
3	Abdul Kader Mohamad	abdulkader.almohamad@islamicrelief.org.tr	Prog Cord-Health
4	Abdollah Wrewar	Abdollah.Wrewar@islamicrelief.org.tr	MEAL Cord
	Turkiye		
5	Saqib Babar	Saqib.Babar@irworldwide.org	Head of Mission
6	Mahmut Gungor	Mahmut.Gungor@islamicrelief.org.tr	Prog Cord
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	Jordan		
8	Abdelrahim Kamil Shawahneh	Abdelrahim.Shawahneh@irworldwide.org	CD
9	Aurangzaib Khan	Aurangzaib.Khan@irworldwide.org	HOP
10	Rania Jaloukh	Rania.Jaloukh@islamic-relief.org.jo	MEAL Cord
	Iraq		
11	Zahid Hussain Jalbani	Zahid.Jalbani@irworldwide.org	CD
12	Shahnawaz Khan	Shahnawaz.khan@irworldwide.org	HoP
13	Mays Faris	Mays.Faris@ir-iraq.org	MEAL Cord
	Yemen		
14	Siddiq Khan	Siddiq.Khan@irworldwide.org	CD
15	Khanzad Shah	khanzad.shahh@iryemen.org	Interim HOP
16	Ali Shuoaib	Ali.Shuoaib@iryemen.org	MEAL Cord
	Occupied Palestinian Territory (Gaza)		
17	Rami Taiseer Mahmoud Mahani	r.mahani@irpal.ps	CD
18	Hanin Toman	Hanin.Toman@irpal.ps	Project Coordinator-FSL
19	Lina Dawod Mohamed Taha	l.taha@irpal.ps	Project Coordinator -Health
20	Husam Judah	h.judah@irpal.ps	MEAL Cord

	Lebanon		
21	Akram Sadeq Ali	Akram.Sadeq@irworldwide.org	CD
22	Sana Basim	Sana.Basim@islamicrelief-leb.org	HOP
23	Munir Rabie	Munir.Rabie@islamicrelief-leb.org	MEAL Cord
	Regional Team		
24	Muneeb Abughazaleh	muneeb.abughazaleh@irworldwide.org	HOR
25	Samra Sadaf	samra.sadaf@islamicrelief.org.tr	Regional Partnerships and Programme Development Funding Manager; Desk support for Yemen
26	Abdulhamed Salem	Abdulhamed.Salem@irworldwide.org	Regional Desk Coordinator (Turkey, Syria, and Gaza)

Appendix 3: Additional information on methodology

This appendix presents more detail on the study approach, complimenting Section 1.3.

Background to the study

In August 2024, the IRW MENA Regional Desk convened a strategic meeting to review country strategies, assess operational capacities, and reflect on the organisation's future direction. During that meeting, it was confirmed that the two priority sectors for the MENA and Eastern Europe portfolio are those where the majority of programmes are concentrated: FSL) and Health & Nutrition. However, both the conceptual framing and operational implementation of these sectors vary significantly across the region, driven largely by differences in context and institutional capacity. Since these are also the sectors through which IRW mobilises most of its funding and reaches the largest number of vulnerable individuals, leadership at both regional and global levels agreed on the need to establish a clearer common understanding and promote stronger programme synergies to maximise impact.

To ensure a targeted and actionable learning process, it was agreed by IRW and the research team that the research questions would be split into two streams of work: (1) a TANGO-led learning study focusing on strategic positioning, regional coherence, and sectoral effectiveness; and (2) a complementary IRW-led exercise to compile a detailed inventory of country-level programming and capture project-level perspectives from MEAL focal points and field teams.

Relevant lines of inquiry from original Terms of Reference for the Learning Study

The questions presented below are guiding questions from the original Terms of Reference that was relevant for the Middle East Learning Study. These were be adapted into research questions and sub-research questions based scoping discussions in the inception phase – presented in Research Questions.

Study Domain 1: Overall mapping of Islamic Relief operations and activities in the region.

1. For each country, what have been critical outcomes as a result of Islamic Relief operations?
2. Which FSL, Health & Nutrition technical standard/s do projects reference and use to inform design and implementation?
3. Which common FSL, Health & Nutrition strategies and approaches do projects use, e.g. in-kind, cash, voucher assistance, conditional, unconditional, integrated programming, graduation model approach etc?
4. Do projects tend to focus on singular components, e.g. food security standalone or livelihood standalone, or do they tend to have integrated approaches?
5. To what extent is the regional portfolio adopting rights-based approaches?
6. To what extent do projects/programmes implement participatory and community-based approaches?
7. To what extent do the projects use saving based initiatives to grow HHs incomes and build assets
8. How (if at all) are market-based approaches used in the region?
9. To what extent do projects consider and integrate with wider FSL, Health & Nutrition governance at the local government level?

10. What are the sector trends and evidence of effective or alternative approaches for efficiently and sustainably scaling-up FSL, Health & Nutrition interventions in rapid onset disaster, anticipatory actions, protracted humanitarian and development settings?

11. What challenges and lessons learned can be identified relating to the interconnectedness between the FSL, Health & Nutrition and WASH sector?

12. What is the level of partnership, collaboration and coordination with other organisations in the FSL, Health & Nutrition interventions?

Study Domain 2: Understanding Islamic Relief's sector contribution

1. What are commonalities between Islamic Relief's highest impact and sustainable projects/programmes in the region?

2. How does the theories of change/strategies/approaches of high impact Islamic Relief programming compare with leading sector practice and against requirements of significant/large donors?

3. What are the critical innovative approaches and features in Islamic Relief operations in the region?

4. Are there any key features missed/not incorporated in IR programmes that are suggested by wider FSL, Health & Nutrition best practice, systematic reviews or donor programming priorities?

Relevant lines of inquiry from original Terms of Reference for the Project Inventory activity (Islamic Relief-led)

The questions below are drawn from the original Terms of Reference for the learning study and were used to guide the development of the IR-led project inventory activity and for the development of the project team survey

Overall details of the MENA programmes/projects

1. What is their average value?

2. What is their average duration?

3. How many are more than 3 years in duration? What is the average value of these projects? Who are the key donors?

4. How many less than 3 years and more than 2 years in duration? What is the average value of these projects? Who are the key donors?

5. How many are less than 2 year in duration but more than 1 year? What is the average value of these projects? Who are the key donors?

6. How many greater than 1 year projects are above £750k in value?

7. How many greater than 1 year projects are between £300K to £750K in value?

8. How many greater than 1 year projects are between £100K to £350K in value?

9. How many greater than 1 year projects are less than £100K in value?

10. What is the average value of projects with a duration less than 1 year?

11. Which countries are these projects in, in the MENA_EE region? What's the average value and duration?

Mapping the result chains of the MENA programmes/projects

1. What key impacts do these projects seek?
2. What actual reported impact have they achieved – based on available final report and evaluation reports? If any?
3. What key outcomes do these projects seek?
4. What actual reported outcomes have they achieved – based on available final report and evaluation reports? If any?
5. What results/outputs do these projects seek?
6. What actual key reported results/outputs have they achieved – based on available final report and evaluation reports? If any?
7. How many direct rightsholders on average have been planned and achieved per project?
8. What is the unit cost per direct rightsholder per project?
9. Are there any impact/significant change case studies available related to each of the specific projects – particularly any that reflect the range of interventions, outcomes and impact arising from the project?

Mapping FSL, Health & Nutrition intervention MEAL mechanism and systems

1. How appropriate are the planned output, outcome and impact targets and indicators? What are the different indicators used across the different projects – are there consistencies between what is being measured?
2. How many projects planned and report results appropriately at the outcome or impact levels?
3. What monitoring and evaluation mechanisms and systems did the projects employ to assure delivery of outputs and measure progress towards outcomes and impacts?
4. How many have relevant result monitoring reports?
5. How many have been evaluated? What were the key findings and recommendations?
6. How many have baseline reports?
7. How many have end-line reports? What were the key findings and recommendations?
8. How many have both base-line and end-line reports?
9. How is sustainability of interventions monitored and assured?
10. What MEAL activities are done well and what needs to improve and why?

Evidence base

The study draws on a focused qualitative evidence base, combining document review, key informant interviews, an online survey, and participatory workshops. Collectively, the sources provide a consolidated view of IRW's programming footprint, sectoral distribution, and funding trends in the seven countries reviewed (2021–2025).

Secondary data. The study incorporated a review of internal strategic, organisational, and programme documents provided by Islamic Relief, to the extent available. These included, but were not limited to:

- Regional strategies and roadmaps (including working papers),
- Programme learning and impact reports,
- Country strategies,
- Regional analysis and thematic reviews,
- Recent guidance documents on IRW MEAL systems, tools, and policies**.**

As noted in the section above, Islamic Relief conducted an internal review of country-level projects in the FSL and health and nutrition sectors. This activity was designed to generate project-level insights to address learning priorities set out in the original Terms of Reference. The inventory was compiled by country offices under the coordination of the MENA Regional Desk and provides an overview of programming characteristics, including sectoral focus, target groups, delivery modalities, and geographic coverage. Where available, this data informed triangulation, enriched workshop discussions, and illustrated cross-country variation and good practice. Gaps in project-level data were noted as a limitation for portfolio-wide analysis.

Key informant interviews. The primary source of evidence was in-depth key informant interviews (KIIs) with IRW leadership, which was purposively selected for this study. A total of 26 remote interviews were conducted with: Country Directors, Heads of Programme, and MEAL Coordinators in the seven focus countries; senior representatives of the IRW MENA Regional Desk; relevant technical and cross-functional staff supporting regional operations. The full list of key informants for this study is presented in Appendix 2.

MEAL/technical staff survey. An online questionnaire was also administered to MEAL and technical staff in the seven focus countries. The survey was structured around key thematic and operational questions derived from the Terms of Reference, including the difference between planned and actual results, perceived cost-effectiveness and lessons learned from evaluations and internal assessments. It was designed to complement the KIIs by capturing a broader set of operational perspectives and to assist with triangulation of findings. The survey tool is included in Appendix 4.

Regional workshops. Two remote regional workshops were held with participating IRW country and regional teams. These workshops served as collaborative platforms to validate emerging findings, conduct a region-wide strengths, weaknesses, opportunities and threats analysis, and identify shared priorities and learning needs. They also played a central role in co-developing the strategic directions presented in this report and provided a mechanism for structured feedback and consensus building across participating offices.

The timeline and sequencing of activities that formed the study's base of evidence are detailed in Appendix 5.

Appendix 4: Data collection tools

In close collaboration with IRW, the following data collection tools were developed to guide information gathering and validation with relevant project and MEAL teams. These tools were co-designed to ensure contextual relevance and were shared with IRW country and regional stakeholders for input.

Qualitative Tools

The following semi-structured interview guides were developed to facilitate open and exploratory conversations. These tools are used as guides to elicit insights on strategic positioning, programmatic priorities, operational experience, and alignment with best practices.

Country Directors and HOP

1. How do you see Islamic Relief's comparative advantage in the region in FSL and Health & Nutrition?

2. In your view, what are the organization's most significant achievements in these sectors over the past 3–5 years?

3. What frameworks or standards guide your programme design and strategy in FSL and Health & Nutrition?

4. To what extent does your country programme integrate multi-sectoral or cross-cutting approaches (e.g., cash, graduation models)?

5. How well aligned are your programme priorities with national strategies or regional coordination mechanisms?

6. How does your country office engage in partnerships and coordination platforms? What value does this add?

7. Where do you see gaps or limitations in IR's strategic positioning in your context?

8. What emerging trends or donor requirements are influencing your strategic planning?

9. How do you perceive the role of regional support in shaping country programme direction?

10. What opportunities or innovations should IR explore to improve scalability and sustainability of programming?

MEAL Staff

1. What are the main technical standards or guidelines used to monitor FSL and Health & Nutrition activities?

2. How do you assess the effectiveness and outcomes of your programming? What tools or indicators are used?

3. Can you share examples of what has worked well in your FSL and Health & Nutrition programming?

4. How is evidence used to inform programme adaptation or improvement?

5. In your experience, how well integrated are multi-sectoral components (e.g., nutrition + livelihoods)?

6. What challenges have you faced in capturing or measuring programme quality or sustainability?

7. How are lessons learned documented and shared across teams or countries?

8. How is MEAL integrated into project design and proposal development?

9. What support or capacity-building needs exist to improve MEAL systems and practice?

10. From your perspective, what changes would strengthen IR's programme coherence or impact?

Survey Tool

The survey was designed for broader input from project and MEAL teams across the region. It focuses on practical experience with programme design, implementation, coordination, and strategic alignment. The following are illustrative questions included in the survey:

A. Impact level information for completed projects for each sector

    1. What key long-term impacts were the FSL projects designed to achieve?

    2. What actual impacts have been reported for FSL projects, based on internal reviews, final reports or evaluation documents (if any)?

    3. What key long-term impacts were the WASH projects designed to achieve?

    4. What actual impacts have been reported for WASH projects, based on internal reviews, final reports or evaluation documents (if any)?

    5. What key long-term impacts were the Health projects designed to achieve?

    6. What actual impacts have been reported for Health projects, based on internal reviews, final reports or evaluation documents (if any)?

B. Outcome level information for completed projects for each sector

    1. What key outcomes were the FSL projects designed to achieve?

    2. What actual outcomes have been reported for FSL projects, based on internal reviews, final reports or evaluation documents (if any)?

    3. What key outcomes were the WASH projects designed to achieve?

    4. What actual outcomes have been reported for WASH projects, based on internal reviews, final reports or evaluation documents (if any)?

    5. What key outcomes were the Health projects designed to achieve?

    6. What actual outcomes have been reported for Health projects, based on internal reviews, final reports or evaluation documents (if any)?

C. Output level information for completed projects for each sector

    1. What were the key intended outputs of the FSL projects?

    2. What actual outputs have been achieved according to reviews or reports for FSL projects?

    3. What were the key intended outputs of the WASH projects?

4. What actual outputs have been achieved according to reviews or reports for WASH projects?

5. What were the key intended outputs of the Health projects?

6. What actual outputs have been achieved according to reviews or reports for Health projects?

D. Cost effectiveness of projects for each sector

1. What was the approximate unit cost per direct rightsholder served in FSL projects and how was that calculated?

2. What was the approximate unit cost per direct rightsholder served in WASH projects and how was that calculated?

3. What was the approximate unit cost per direct rightsholder served in Health projects and how was that calculated?

E. Evaluations and assessments

1. How many of the FSL, WASH and Health projects were formally evaluated?

2. How many of the FSL, WASH and Health projects had baseline report developed?

3. How many of the FSL, WASH and Health projects had endline report developed?

4. Please summarize key findings and recommendations from the Baseline and Endlines for FSL projects

5. Please summarize key findings and recommendations from the Baseline and Endlines for WASH projects

6. Please summarize key findings and recommendations from the Baseline and Endlines for Health projects

7. Please summarize key findings and recommendations from these evaluations for FSL projects

8. Please summarize key findings and recommendations from these evaluations for WASH projects

9. Please summarize key findings and recommendations from these evaluations for Health projects

F. Sustainability and MEAL practices

1. How is the sustainability of project interventions monitored and ensured for FSL projects?

2. How is the sustainability of project interventions monitored and ensured for WASH projects?

3. How is the sustainability of project interventions monitored and ensured for Health projects?

4. What MEAL practices/activities are done well during all those projects?

5. What MEAL practices need improvement, and why?

Appendix 5: Timeline

The overall timeline is presented below.

Activity	Date (2025)
Project kick-off and inception discussions	03 – 28 February
Inception Note	07 February
Desk review of strategic documentation	Ongoing across the study period
Senior stakeholder KIIs	01 – 20 March
Regional Workshop 1	20 March
Analysis and drafting, incl. follow-up discussions	21 March – 12 May
Regional Workshop 2	13 May
Refinement of study findings, insights and recommendations	14 May – 05 June
Submission of Draft 1	05 June
Submission of Draft 2	23 June
Regional recommendations/insights validation discussion	04 September
Submission of Final Report	04 September

Appendix 6: Middle East crisis and climate context

The MENA region is characterized by a challenging and dynamic landscape. Protracted conflicts, widespread displacement, and fragile governance structures continue to drive deep humanitarian needs across multiple countries. The region hosts some of the world's largest displaced populations, with millions living in protracted displacement and a growing number of people forced to move due to conflict, economic collapse, or environmental shocks. At the same time, the region is experiencing intensifying climate shocks, including extreme heat, prolonged droughts, dust storms, floods, and desertification, that are compounding vulnerabilities and threatening food, water, and livelihood security. These intersecting crises are straining already overburdened systems, exacerbating inequalities, and challenging the capacity of governments and humanitarian actors to respond.

Occupied Palestinian Territory. In Occupied Palestinian Territory, hostilities since 2023 have displaced nearly 90 percent of the population and has driven widespread displacement and increased regional needs, with an estimated 3.3 million people in need.[66, 67] The conflict has also devastated Occupied Palestinian Territory's water infrastructure. Approximately 70% of water facilities, including desalination plants and pipelines, have been destroyed, leading to severe water scarcity and heightening the risk of disease outbreaks.[68]

Iraq. In addition to its internally displaced population, Iraq hosts a significant number of refugees from neighboring countries. As of April 2025, there are approximately 336,487 Syrian refugees and asylum seekers in Iraq. [69] Iraq faces mounting environmental challenges, including intensifying water scarcity, frequent dust storms, and rapidly rising temperatures, now accelerating at a rate seven times faster than the global average. In 2022 alone, a series of severe dust storms hospitalized thousands. These escalating events are closely linked to advancing desertification, which now threatens 92% of Iraq's land area, posing a critical risk to both livelihoods and public health.[70] Water scarcity is a pressing concern, with reduced river flows affecting agriculture and livelihoods.

Jordan. Jordan hosts the second largest number of refugees per capita in the world, predominantly from Syria, but also significant populations from Iraq, Yemen, Sudan, and Somalia. As of 2025, more than 1.3 million refugees are present in the country, with approximately 81% living in urban areas rather than camps. This demographic concentration places immense pressure on housing, healthcare, education, and water infrastructure. [71] In parallel, Jordan is one of the most water-scarce countries globally, facing worsening climate vulnerabilities that compound the refugee crisis. Rising temperatures, erratic rainfall, and prolonged droughts have become a frequent occurance, reducing already limited freshwater availability.[72] The Jordan Valley, a critical agricultural region, is projected to experience a 45% to 60% reduction in water availability by 2025, threatening food security and the viability of rural livelihoods. [73, 74]

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[66] UNRWA. 2025. UNRWA Situation Report #168.
[67] OCHA. 2025. Global Humanitarian Overview.
[68] CSIS. 2024. Gaza's Water Crisis—What Can Be Done
[69] ReliefWeb. 2025. External Statistical Report on UNHCR Registered Refugees and Asylum-Seekers in Iraq as of 30 April 2025.
[70] ICRC. 2025. Iraq: Water, Life, and the Fight Against Climate
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[72] UNICEF. 2025. Water, sanitation and hygiene.
[73] UNHCR. 2025. Jordan.
[74] UNOPS. 2025. Clean water brings hope to host communities and refugees in northern Jordan.

Lebanon. Lebanon is grappling with a multifaceted crisis characterized by economic collapse, political instability, and climatic challenges. Water scarcity is a growing concern, with the country experiencing historic droughts that threaten agricultural productivity and food security.[75] Over 60% of Lebanon's land is at risk of desertification, particularly in the northern Bekaa region. Contributing factors include deforestation, overgrazing, and unsustainable agricultural practices, which lead to soil erosion and loss of fertility. Further, as of early 2025, 1.65 million people are facing acute food insecurity, according to the Integrated Food Security Phase Classification. [76, 77] These issues are compounded by the influx of refugees, which increases demand on already strained resources. As of early 2025, the country hosts approximately 899,725 internally displaced persons, with ongoing violence along the Blue Line exacerbating humanitarian needs.[78]

Syria. Syria's conflict, now in its 14th year, continues to be one of the world's most significant displacement crises. Syria's long-running conflict has displaced over 13 million people internally and externally, with Türkiye, Jordan, Lebanon, and Iraq absorbing much of the refugee population.[79, 80] As Syrians return back into Syria, many face damaged homes, limited access to essential services, and economic challenges, highlighting the need for support to enable safe and sustainable returns for refugees.[81] Water scarcity also remains a critical issue, with over 80% of water supply systems in northeast Syria not functioning, primarily due to conflict-related damage.[82] Syria was also hit with multiple wildfires in 2024, adding to the country's instability.[83] The destruction of infrastructure and services has reduced the country's capacity to adapt to climate challenges, leading to decreased agricultural productivity and increased food insecurity.

Türkiye Türkiye hosts the world's largest refugee population, with approximately 3.2 million Syrians under temporary protection and close to 222,000 refugees and asylum-seekers of other nationalities. The majority reside in urban, peri-urban, and rural areas, placing significant pressure on local infrastructure and services.[84] In 2023, multiple earthquakes hit southern Türkiye and northern Syria, impacting access to food, shelters, water, and other essential services in already overstretched communities.[85] The disaster compounded existing humanitarian challenges, particularly in regions already hosting large refugee populations.

Yemen. Yemen remains one of the world's most severe humanitarian crises. As of March 2025, over 18.2 million people, more than half the population, require humanitarian assistance and protection services. The ongoing conflict has displaced more than 4.5 million individuals, with many facing dire conditions. Climate-related disasters have further aggravated the situation. In April 2024, unprecedented flooding affected multiple governorates displacing thousands. The floods destroyed homes, infrastructure, and agricultural lands, exacerbating food insecurity and increasing the risk of

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[75] UNICEF. 2021. Lebanon in danger of losing critical access to water.
[76] HONI SOIT. 2025. Lebanon's Monoculture & Mismanagement.
[77] IPC. 2025. Lebanon: Acute Food Insecurity Situation for October - November 2024 and Projection for December 2024 - March 2025
[78] Data Friendly Space. 2025. Lebanon Crisis Risk Analysis 2025.
[79] UNHCR. 2025. Middle East and North Africa Regional Overview.
[80] UNHCR. 2025. Regional Flash Update: Syria Situation Crisis 27 March 2025.
[81] UNHCR. 2025. Regional Flash Update: Syria Situation Crisis 27 March 2025.
[82] UNDP. 2024. Supporting land restoration and combatting desertification in the Arab region.
[83] IFRC. 2024. Syria Fire 2024 DREF Operation.
[84] USAID-BHA. 2024. Türkiye Assistance Overview.
[85] OCHA. 2023. Flash Appeal: Türkiye Earthquake (February – May 2023)

waterborne diseases. Desertification of the region has also been a major concern in recent years, with rising temperatures decreasing biodiversity and crop yields, exacerbating food insecurity In Yemen, climate shocks were the main driver of new displacement in 2024.[86]

Sectoral context

Food security and livelihoods. Around 40 percent of the region faced moderate or severe food insecurity in 2023, and the crisis has been heightened by rising food prices and loss of livelihoods.[87] With businesses destroyed and both owners and workers displaced, most households have lost their main source of income.[88] The majority of severely food insecure individuals are concentrated in conflict affected countries. According to 2024 IPC estimates, 91 percent of Occupied Palestinian Territory (Gaza)'s population, 45 percent in Yemen, and 30 percent in Lebanon were classified in IPC Phase 3 or above.[89] Refugee populations in host countries especially face high levels of food insecurity. For example, in Jordan, 76 percent of refugees are food insecure.[90]

WASH. Access to WASH services remains limited across the MENA region. More than 45 million people lack access to basic sanitation services and over 30 million lack access to basic drinking water supply services.[91] Those living in conflict affected areas are particularly vulnerable as they are 4.5 times more likely to lack basic sanitation and 6 times to be without safe drinking water. In Gaza, for example, 60 percent of WASH facilities have been destroyed or severely damaged.[92] Countries in the MENA region are among the most water-scarce in the world, compounding challenges in delivering reliable water supply, sanitation, and hygiene services.[93] As of 2018, Syria, Jordan, Yemen, Lebanon, and Occupied Palestinian Territory (Gaza) were classified as experiencing water scarcity or absolute water scarcity.[94]

Nutrition. High levels of food insecurity and limited access to clean water and sanitation have contributed to widespread malnutrition across the MENA region. In 2023, the prevalence of undernourishment rose to 14 percent.[95] The prevalence was significantly higher in low income and least developed countries, and four times higher in conflict affected countries (26.4 percent) compared to those not affected by conflict (6.6 percent). Yemen and Syria recorded some of the highest levels of undernourishment at 39.5 percent and 34 percent, respectively.

Institutional response. In 2025, the financial requirements for the region totaled $12.7 billion across five appeals. These appeals are led and coordinated by UN agencies, supported by international donors, and implemented by international and local humanitarian partners. The Regional Refugee and Resilience Plan (3RP) for Syria, the largest regional humanitarian plan globally, requires $4.9 billion to assist both Syrian refugees and host communities across Syria, Türkiye, Lebanon, and Jordan.[96] The Lebanon 3RP chapter requires $2.8 billion. Additionally, the Lebanon Flash Appeal requires $426

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[86] OCHA. 2024. Yemen Humanitarian Update: Issue 9 December 2024.
[87] FAO. 2024. Near East and North Africa Regional Overview of Food Security and Nutrition.
[88] World Bank. 2024. Growth in the Middle East and North Africa.
[89] IPC. Last accessed March 2025. IPC Mapping Tool
[90] WFP. Last accessed March 2025. Jordan.
[91] UNICEF. 2018. Drinking Water and Sanitation in MENA and The SDGs.
[92] OCHA. 2025. Global Humanitarian Overview.
[93] World Bank. 2023. The Economics of Water Scarcity in the Middle East and North Africa.
[94] UNICEF. 2023. Water Scarcity and Climate Change Enabling Environment Analysis for WASH: MENA.
[95] FAO. 2024. Near East and North Africa Regional Overview of Food Security and Nutrition.
[96] 3RP. 2025. Regional Strategic Overview 2025.

million to support 3.1 million people in the country. [97] The Occupied Palestinian Territory Flash Appeal, valued at $4.07 billion, is one of the largest globally. It has been primarily funded by the European Commission, contributing $52.1 million (29 percent of total funding) to the plan. Priority actions include scaling up emergency operations in response to the ongoing crisis. Requirements for Yemen remain high at $2.48 billion, though slightly lower than 2024.

Institutional support in MENA declined significantly in 2024, with less than 50 percent of GHO requirements funded.[98] Funding for key operations like Syria and Yemen fell significantly, while the Occupied Palestinian Territory appeal saw major increases. With major donors scaling back in 2025, projects have halted, and some organizations have ceased operations. In response, country teams have narrowed their focus and scaled back appeal amounts, prioritizing the most urgent needs to match the limited funding available.

IRW's institutional funding saw a large shift from health, food distribution, and FSL to emergency funding in 2024. In 2024, funding from institutional donors allocated towards the emergency sector totaled 4.8 million GBP and 549,671 GBP for health initiatives.[99]

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[97] OCHA. 2025. Regional Focus: Middle East and North Africa.
[98] OCHA. 2025. Regional Focus: Middle East and North Africa.
[99] Islamic Relief Worldwide. 2024. Inventory of MENA Projects

Appendix 7: Overview of IRW Middle East programmes

This section compliments the programme summary presented in [Section 2.2.](#) It draws from the IRW project inventory compiled for the learning study.

From 2021 to 2025, IRW implemented programs across fifteen sectors, including Capacity Building, Cash Programming, Climate Change Adaptation, Disaster Risk Reduction, Education, Emergency Response, Food Distribution, Food Security and Livelihoods, Health, Income Generation, Integrated Development, Microfinance, Protection and Inclusion Programming, Rehabilitation, and WASH. [100]

In terms of number of projects, Yemen and Gaza have the most concentration of programming (64 and 59 projects respectively) followed closely by Syria (54) and Jordan (25). The number of projects by country is presented below.

Figure 3. Number of total projects in each study country (2021-2025)
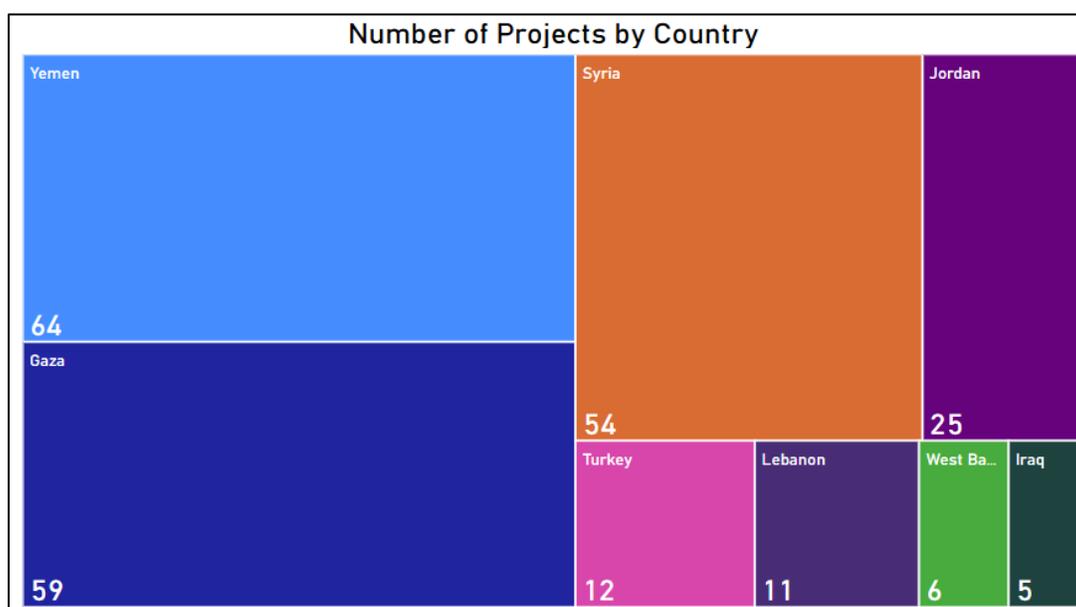
Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Though IRW has a wide sectoral focus, programmatic emphasis has been guided by the region's humanitarian crises. As a result, many projects in the IRW portfolio prioritized health (34.18 percent), food security and livelihoods (16.46 percent), cash programming (11.81 percent), and emergency response (10.97 percent), in alignment with the region's acute and ongoing crisis. [101]

Health. The health sector is a major focus across many countries in the MENA region, representing 35.18 percent of the portfolio. Health programming is particularly present in Yemen (35.94 percent), Syria (44.44 percent), and Jordan (60 percent). It is especially prominent in the Occupied Palestinian Territory (West Bank), where it makes up 66.67 percent of all projects. Syria records the largest number of health sector projects (24), followed closely by Yemen (23) and Occupied Palestinian Territory (Gaza) (22). The sector is less present in Jordan, Türkiye, and Lebanon. Iraq is the only country

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[100] Islamic Relief Worldwide. 2025. Inventory of MENA Projects
[101] Islamic Relief Worldwide. 2025. Inventory of MENA Projects.

without any recorded projects in the health sector from 2021-2025. The average duration of health projects across countries is 1.36 years, targeting around 47,000 rightsholders.

Figure 4. Number of health projects in the Middle East Portfolio (2021-2025)
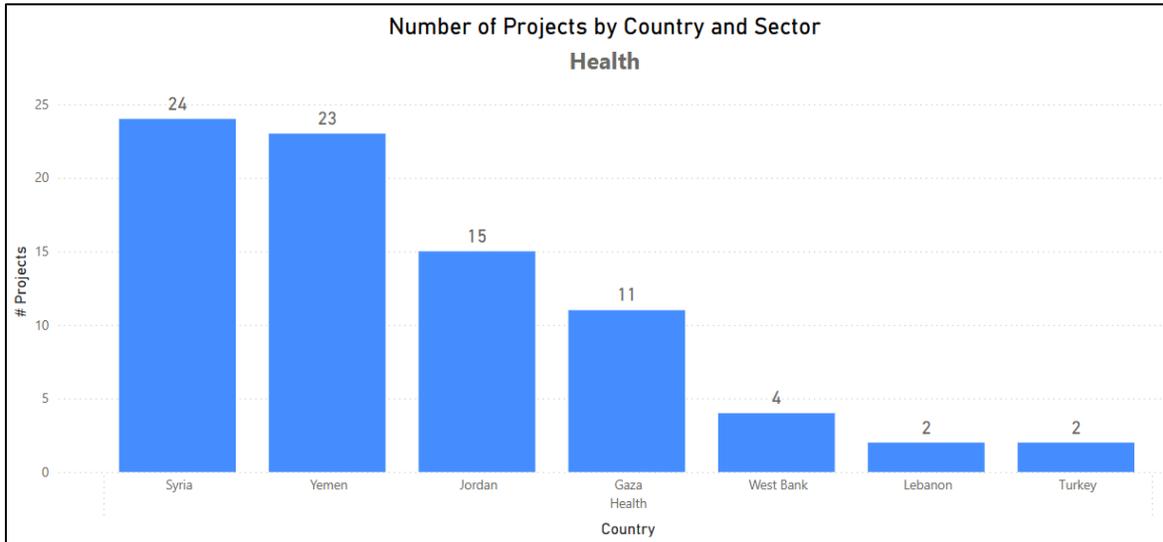
Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Food security and livelihoods. FSL remained a priority in IRW's programming from 2021-2025 where it accounted for 16.46 percent of IRW's total portfolio. It was the most widely implemented sector in Lebanon, Türkiye, and Syria, making up 45.45, 41.67, and 29.63 percent of each country's total programming, respectively. FSL was also present in Yemen (10.94 percent) and Occupied Palestinian Territory (Gaza) (6.67 percent). In Iraq and Occupied Palestinian Territory (West Bank), FSL accounted for 20 percent of programming, reflecting a single FSL project in each country during the reporting period. On average, FSL projects lasted 1.51 years and reached approximately 13,000 rightsholders.

Figure 5. Number of FSL projects in the Middle East Portfolio (2021-2025)
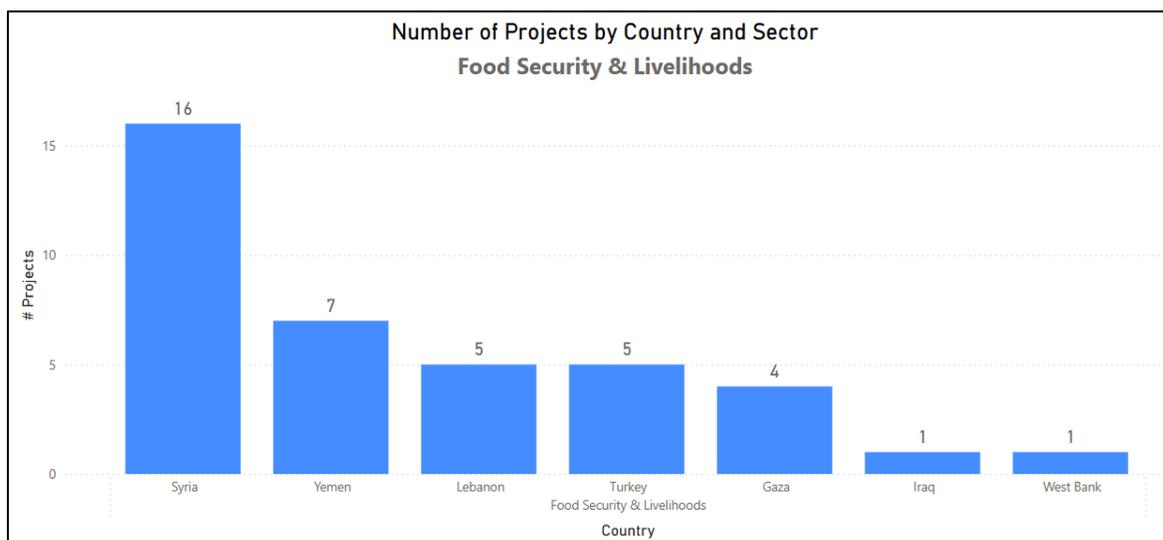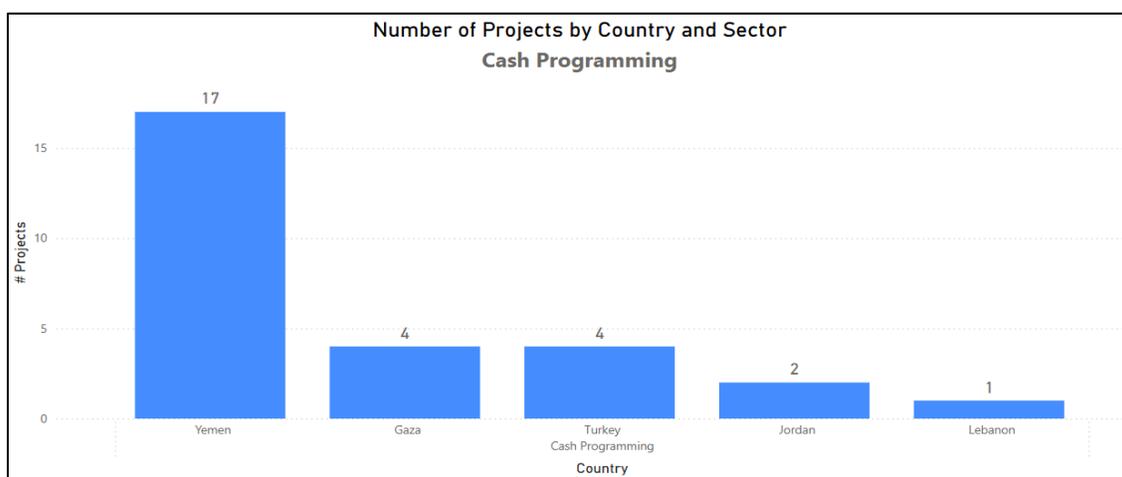

Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Cash programming. Cash programming accounted for 11.81 percent of IRW's total portfolio during the reporting period. It was most widely implemented in Yemen, with 17 projects (26.56 percent of the country's programming). Syria and Türkiye followed with 6 and 4 cash projects, representing 11.11 percent and 33.33 percent of their respective portfolios. Occupied Palestinian Territory (Gaza) also featured 4 cash programming projects (6.67 percent), while Jordan had 2 (8 percent). In Lebanon, cash programming made up 9.09 percent of total programming, reflecting one project in the country. The projects lasted 1.04 years on average and reached about 20,000 rightsholders.

Cash programming is included across sectors to address a range of needs from emergency response to long-term FSL. For instance, the FSL programme provides cash grants to help vulnerable populations start small business and become self-reliant.[102] Multi-purpose cash assistance is integrated into programming to support long-term food security by enabling individuals and families to independently meet their nutritional needs. Cash assistance is the preferred modality for emergency response through cash assistance.[103]

Figure 6. Number of cash programming projects in the Middle East Portfolio (2021-2025)

Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Emergency. Emergency programming represented 10.97 percent of IRW's total portfolio. It was most heavily implemented in Occupied Palestinian Territory (Gaza), where 20 projects accounted for 33.33 percent of all programming in the country. Yemen implemented three emergency projects and Syria implemented two emergency projects over the reporting period, accounting for 4.69 and 3.7 percent on each country's total programming. The Occupied Palestinian Territory (West Bank) recorded one project in this sector, representing 16.67 percent of the country's programming. No emergency programming was implemented in Iraq, Türkiye, Jordan, and Lebanon. On average, projects in this sector ran for under a year and reached around 196,000 rightsholders.

Portfolio interventions primarily focused on urgent, life-saving assistance such as trauma and non-trauma medical supplies, emergency food parcels, and non-food items for displaced populations. Gaza projects responded to critical needs under siege conditions, emphasizing immediate procurement and distribution to health facilities and shelter locations. In Yemen, emergency

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[102] Islamic Relief Yemen. 2024. Country Strategy 2024-2026.
[103] Islamic Relief Türkiye. 2024. Country/ Annual Business Plan Türkiye Programmes Draft.

responses supported acute malnutrition treatment and maternal-child nutrition in coordination with national and UN partners, while in Syria, seasonal flooding drove short-term food assistance for vulnerable households.

Figure 7. Number of emergency projects in the Middle East Portfolio (2021-2025)
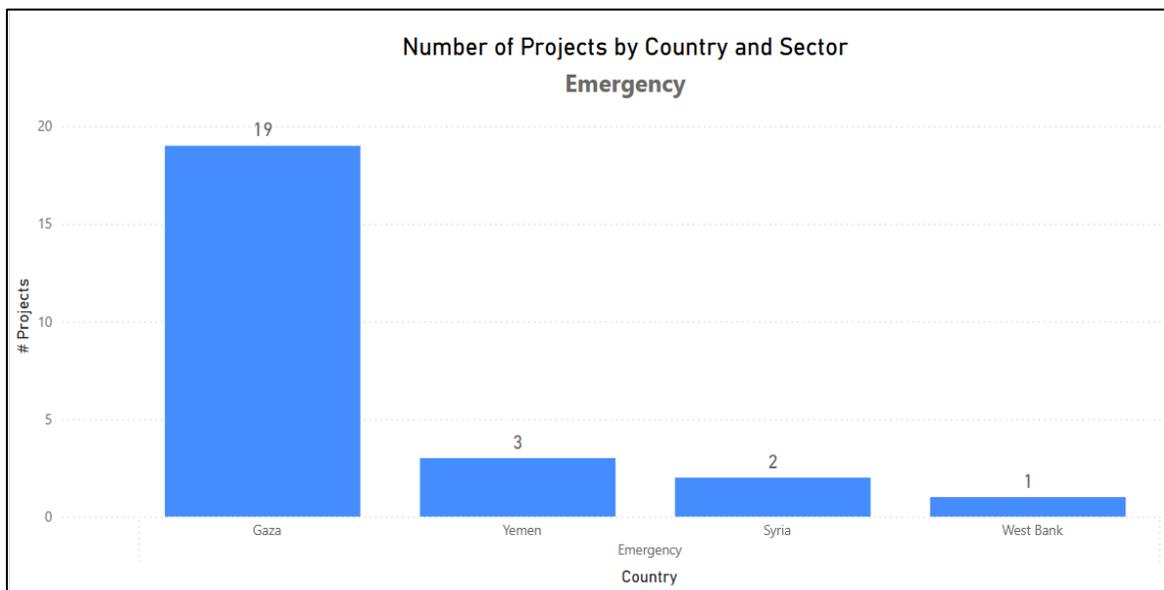
Source: Islamic Relief Worldwide. 2025. Inventory of MENA Projects

Funding

Key focus areas for donors. Health is a priority sector for a majority of donors, both institutional and internal. Among family members, health accounts for 34.32 percent of total projects. This focus is also evident among top family member donors. For instance, IR UK, which has funded nearly 20 percent of all projects from 2021-2025, directed 38.3 percent of its funding towards health-related initiatives. Health is among top priorities for institutional donors, with 57.14 percent of their funded projects focused on this area. WFP contributed 25 percent of total funding to health projects, while UNOCHA exclusively funded projects related to health.

Donors by country of focus. Overall, internal and institutional donors have engaged most with Yemen, Occupied Palestinian Territory (Gaza), and Syria from 2021-2025, accounting for 27.12 percent, 25 percent, and 22.88 percent of total projects, respectively. This trend remains fairly consistent between family member donors where a majority of projects are allocated to these three areas, with some deviations such as IR USA which engaged most with Jordan (40 percent) and did not engage with Occupied Palestinian Territory (Gaza). For institutional donors, Yemen accounted for 57.14 percent of total projects while Syria and Occupied Palestinian Territory (Gaza) accounted for 28.57 and 14.29 percent.

Appendix 8: Summary of MENA priorities in key sectors

Based on country strategies and qualitative evidence, the table below presents a summary of country office programming efforts and ambitions in FSL, health and nutrition.

Countries	Health and Nutrition	FSL
Gaza	Improve access and quality of health services.	Expand cash assistance, income generation, and microfinance to enhance self-reliance. Promote community empowerment and offer internships for graduates and skilled individuals. Provide food assistance to address immediate needs.
Iraq	Improve access and quality to health services.	Support economic recovery and strengthen livelihoods for vulnerable communities. Promote sustainable resource management for smallholder farmers. Vocational training and skills development. Employment generation through apprenticeship for university graduates.
Jordan	Continue primary to tertiary health care through mobile and fixed clinics, with a focus on community health awareness. Build long-term stakeholder partnerships. Promote sustainability through MoH infrastructure and service delivery advocacy.	Promote inclusive economic growth through entrepreneurship and employment. Support sustainable agriculture by improving market access, trade, and modern farming practices.
Lebanon	Strengthen local health systems to deliver essential services amid growing demand. Build resilience through collaboration with government and communities. Train and support healthcare workers to ensure quality care in crisis contexts.	Support self-reliance and resilience by providing skills, tools, and equipment for income generation. Strengthen agricultural livelihoods through training, sustainable practices, and improved market access. Enhance food security with food parcels, vouchers, and multipurpose cash assistance.
Syria	Maintaining health services through rehabilitation of health facilities and provision of required equipment.	Livelihoods and small business support.
Türkiye	Strengthen disability inclusion through staff training and partnerships with specialized organizations. Support physical and mental well-being of persons with disabilities through assistive devices, physiotherapy, and PSS integration.	Provide food and voucher support during Ramadan, Qurbani, and emergencies. Deliver timely NFI assistance ahead of winter and during crises. Expand use of cash and voucher assistance where appropriate. Implement sustainable agricultural development programs, focused on income generation and market access.
Yemen	Strengthen maternal and child nutrition through IYCF counseling, micronutrient support, and BSFP implementation.	Deliver life-saving food assistance through in-kind, cash, or vouchers.

	Expand screening, referral, and treatment of malnutrition among children and pregnant/lactating women.	Provide emergency agricultural, livestock, and fishery kits to vulnerable households.
	Improve health service delivery by equipping and rehabilitating facilities, providing medicines, and supporting health workers.	Support livelihoods through asset restoration, micro-business support, training, and conditional cash-for-work.
	Enhance disease prevention through IPC training, supplies, and communicable disease control.	
	Support psychosocial and spiritual well-being of vulnerable families.	
	Build capacity of health staff through targeted trainings on standards and best practices.	

Appendix 9: List of acronyms

CMAM	Community-based Management of Acute Malnutrition
FSL	Food Security and Livelihoods
GBV	Gender-Based Violence
GBP	Great British Pound
GFD	General Food Distribution
HQ	Headquarters
IHSAN	Integrated Humanitarian Standards and Accountability Network
IR	Islamic Relief
IRW	Islamic Relief Worldwide
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
LTCM	Light Touch Change Management
MEAL	Monitoring, Evaluation, Accountability and Learning
MENA	Middle East and North Africa
MHPSS	Mental Health and Psychosocial Support
OCHA	UN Office for the Coordination of Humanitarian Affairs
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TANGO	Technical Assistance to Non-Governmental Organizations (TANGO International)
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WAQF	Islamic Endowment
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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