



UNFPA COUNTRY PROGRAMME ACTION PLAN (CPAP)

2010-2014

BETWEEN

THE GOVERNMENT OF LEBANON

AND

THE UNITED NATIONS POPULATION FUND

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Table of Content

List of Acronyms

Framework of the Country Programme Action Plan

Part I	Basis of Relationship
Part II	Situation Analysis
Part III	Past Cooperation and Lessons Learned
Part IV	Proposed Programme
	Reproductive Health and Rights Component
	Output RHR1: RHR1 Proposed Strategies
	Output RHR2: RHR2 Proposed Strategies
	Population and Development Component
	Output P&D1: P&D1 Proposed Strategies
	Output P&D2: P&D2 Proposed Strategies
	Gender Component
	Output GEN1: GEN1 Proposed Strategies
	Output GEN2: GEN2 Proposed Strategies
Part V	Partnership Strategy
Part VI	Programme Management
Part VII	Monitoring and Evaluation
Part VIII	Commitments of UNFPA
Part IX	Commitments of the Government
Part X	Other Provisions
Annex 1:	The linkages between the outputs of the Country Programme, the UNFPA strategic Plan, national priorities and the MDGs
Annex 2	CPAP Results and Resources Framework
Annex 3	CPAP Planning and Tracking Tool
Annex 4	CPAP Monitoring and Evaluation Calendar

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRO	Arab States Regional Office
AWP	Annual Work plan
BCC	Behavior Communication Change
CAS	Central Administration of Statistics
CBO	Community Based Organization
CC	Component Coordinator
CCA	Common Country Assessment
CDR	Council for Development and Reconstruction
CP	Country Programme
CPAP	Country Programme Action Plan
ECRD	Educational Center for Research and Development
FACE	Fund Authorization and Certificate of Expenditures
GBV	Gender Based Violence
HACT	Harmonized Approach for Cash Transfer
HIV	Human immunodeficiency virus
IEC	Information Education Communication
ILO	International Labor Organization
IP	Implementing Partner
MD	Millennium Declaration
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MoEHE	Ministry of Education and Higher Education
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MoYS	Ministry of Youth and Sports
MoV	Means of Verification
NCLW	National Commission for Lebanese Women
NGO	Non-governmental Organization
OHCHR	Office of High Commissioner o Human Rights
P&D	Population and Development
PHC	Primary Health Care
PTCC	Programme Technical Coordination Committee
RH	Reproductive Health
RHP	Reproductive Health Programme
RHR	Reproductive Health and Rights
SBAA	Standard Basic Assistance Agreement
SAI	Supreme Audit Institution
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
TOT	Training of Trainers
U5MR	Under Five Mortality Rate

UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission of Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office of Drug Control
WHO	World Health Organization
YFS	Youth Friendly Services

Framework of the Country Programme Action Plan

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Lebanon (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA).

- **Furthering** their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development Programme of Action;
- **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- **Entering** into a new period of cooperation;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation.

Have agreed as follows:

Part I **Basis of Relationship**

The Standard Basic Assistance Agreement (SBAA) between the Government and the United Nations Development Programme (UNDP), dated the 10th of February 1986 which applied mutatis mutandis to UNFPA constitutes the Basis of Relationship. Based on Article I, paragraph 2 of the SBAA, UNDP's assistance to the Government (herewith applicable to UNFPA) shall be made available to the Government and shall be furnished and received in accordance with the relevant and applicable resolutions and decisions of the competent UNDP organs (herewith applicable to UNFPA), and subject to the availability of the necessary funds to UNFPA. In addition, the exchange of correspondence between the Government and UNFPA (dated 15 May 2009; CDR Ref 2533/1) regarding approval on the 2010-2014 Country Programme Document (CPD) constitute the legal basis for the relationship between the Government of Lebanon and UNFPA.

Part II **Situation Analysis**

Lebanon's estimated population in 2004 was 3.76 million, excluding the Palestinians in refugee camps. Of the total population, the Lebanese account for 93.4 percent. Household size ranges between 3.9 and 4.9. Annual population growth rate is estimated at 1.3 percent in 1975-2005¹. Total fertility rate is low e.g. 1.9 children per woman², with around 37.2 percent below age 20, and 7.4 percent are 65 years of age and older³. Almost 24 percent of women aged 35-39 are never married, the highest in the Arab region⁴. While early and late fertility rates are declining, nonetheless they still exist. Various qualitative studies reveal evidence of early sexual activity among the young population.

¹ Human Development Report 2007/08

² Pan Arab Project for Family Health, Lebanon, 2004

³ Living Conditions of Households Survey, Lebanon, 2004

⁴ Pan Arab Project for Family Health, Lebanon, 2004

Regarding Human Development Index, Lebanon as a middle income country, it rose from 0.692 in 1990 to 0.796 in 2006⁵. The percentage of deprived households dropped from 30.9 percent (6.8 percent of those living in extreme deprivation) in 1998 to 24.6 percent in 2004/05⁶ (5.2 percent of those live in extreme deprivation). Still, social and economic regional disparities exist, with poverty pockets including urban poor. These are manifested in terms of educational attainment, gender disparities, health status, fertility behaviour, unemployment, child labour, purchase power, and participation issues particularly as it relates to women, youth and other vulnerable groups.

In spite of solid achievements in Gender Equality, Equity and Empowerment of Women, much remains to be pursued building on achievements and lessons learned. In education, 83.3 percent of women are literate and school enrolment ratios of girls to boys at all levels is equal. Access of Lebanese women to national decision-making and their participation in political life remains weak. Slight improvement was witnessed whereby the proportion of seats held by women in national parliament in 2005 was 3.9 compared to 2.3 in 1995-2000. In 2005, two women held, for the first time, ministerial posts.

Lebanon has not yet lifted its reservations on CEDAW and the existing family laws still discriminates against women. Though recently there is an increased number of victims of violence who have sought support, still women rarely request adequate legal or other protection against the different forms of violence. Furthermore, there is lack of protection and referral systems and cultural barriers to reporting of violence. More so, services provided by few NGOs are not available across parts of the country. The recent ministerial statement clearly articulated the need to end violence and secure women's rights.

Lebanon's development process has been challenged by ongoing internal conflicts including Israeli aggressions in 2006 resulting in massive internal displacement of a quarter of the population, large-scale destruction of infrastructure, and loss of lives and material. To date, there remain people who are still internally displaced.

Government spending in the social sector is relatively moderate, where approximately 12 percent of the GDP goes to the health sector⁷. Contraceptive prevalence rate is estimated at 58 percent, of which 34 percent modern contraceptives, primarily IUDs, pills and condoms⁸. Antenatal care and attended deliveries in Lebanon are universal. Almost 96 percent of pregnant women received care during pregnancy, and attended birth was almost 98 percent of deliveries⁹. However, only about 52 percent of women received post-natal care. Maternal mortality ratio dropped from the observed level of 140 and 107 per 100,000 live births in 1990 and 1993 respectively to 86.3 in 2003³. Almost 34 percent suffered from one or more health complication, partially due to miscarriages, noting that maternal morbidity is prevalent.

⁵ UNDP Statistical Update for 2008

⁶ Living Conditions of Households Survey, Lebanon, 2004

⁷ UNDP Statistical Update for 2008

⁸ Pan Arab Project for Family Health, Lebanon, 2004

⁹ Pan Arab Project for Family Health, Lebanon, 2004

Awareness of STI/HIV/AIDS prevention is very high in Lebanon (91 percent)¹⁰ although 20% of students had never heard of HIV/AIDS¹¹. Despite the fact that Lebanon is considered a low prevalence country, still there are indications of clearly defined pockets of concentrated epidemic with population at risk thus representing major challenge to be addressed in order to halt potential rapid spread of epidemic. An estimated 6.7 percent had contracted STI despite the absence of an STI surveillance system. Estimated cumulative number of reported HIV/AIDS cases stood at 1172 cases by November 2008 with 16.9 percent less than 30 years old.

Young people are at high risk in Lebanon whereby 19.5% had at least one drink containing alcohol in the month preceding a survey. Drug use is reported to be common among young people though there is absence of national data. Related to violence, 40% of students were physically attacked by a parent, and 25% by a teacher. Half have been in a physical fight one or more times in the last year. Mental health was the most distressing where almost 40% of students felt so sad or hopeless in the last 12 months that they stopped doing their usual activities. Sixteen percent seriously considered suicide.

Part III Past Cooperation and Lessons Learned

The second programme of assistance (2002-2006 extended until 2009) aimed at (a) strengthening Reproductive Health services and information particularly in under served areas and within a primary health care context with special focus on young people, and (b) supporting the integration of population dynamics and development in sectoral policies and strategies with emphasis on data collection and advocacy.

In terms of achievements related to Reproductive Health services and information, capacities of service providers and managers were enhanced through upgrading of quality control normative tools and continuous supply of commodities. Further capacity development on youth friendly services is necessary with a clear definition of a minimum package – including principles of gender equality and Gender Based Violence. Community sensitization for supporting youth participation and multi-sectoral interventions needs to be reinforced. Piloted interventions for young people, uniformed services, and vulnerable populations yielded innovative approaches. For instance the conceptualization of the social franchising approach in preventing Reproductive Tract Infections and the use of innovative tools and standards were later on considered quite effective in initiating the piloting of the youth friendly services. A large number of young people nationwide were reached through the peer to peer network for dissemination of culturally sensitive Reproductive and Sexual Health and HIV/AIDS messages aiming at improving their attitudes and perceptions. The Y-PEER initiative builds on the pilot advocacy project of the Global Youth Partners (GYP) for preventing HIV/AIDS supported by UNFPA. Special focus on addressing maternal mortality and morbidity while ensuring the buy-in and overall guidance and policy advice of the Ministry of Public Health is needed. The development of a Reproductive Health commodity strategy would contribute to ensuring satisfaction of family planning unmet needs, predominantly in underserved and poor areas. Addressing specific Reproductive Health needs in emergency contexts is yet another challenge.

¹⁰ National AIDS Programme, Lebanon

¹¹ Global School- Based Health Survey, Lebanon, 2005

With regards to population and development, the undertaking of PAPFAM and studies – particularly the impact of the July 2006 war on specific vulnerable populations – permitted generation of data and evidence for advocacy and policy development. Support towards strengthening civil registration for improving data systems - i.e. mortality - needs to be reinforced. The strengthening of key institutions and mechanisms is fundamental for provision of overall guidance and advice at national and sectoral levels. The integration of MDG related concepts in the University’s curricula is considered a good practice.

In the area of gender equality and empowerment of women, the support provided for strengthening capacities of women machineries and updating the national women strategy will remain as a priority in the new country programme. More so, the support for developing a national Plan of Action on Gender Based Violence will require further refinement – including in emergency contexts- for its endorsement and implementation with a wide array of partners including non traditional actors. The development of the GBV action plan and related interventions also benefitted immensely from a pilot initiative for addressing GBV from a health perspective. Principles of UN Security Council Resolution 1325 (*Women, Peace, and Security*) related intervention towards women empowerment in post war and poor regions was among the priority areas enhanced, and requiring further reinforcement.

The vibrant civil society in Lebanon in many instances fulfils an essential complementary role to government. Civil society in its different components increasingly plays a lobbying role and in participation in the policy-making process. These roles need to be preserved and further developed to match their remarkable potential.

The previous programme cycle 2002-2009 was evaluated with the aim of a) assessing the process of implementation, b) reporting on results achieved as clearly articulated in the Country Programme and c) assessing whether funds were used efficiently and effectively. The evaluation report provides an analysis of the CP in terms of relevance, effective achievement of outputs, efficiency of the use of resources, adequacy of implementation, and sustainability.

In terms of relevance, the overall CP was found to be relevant to the needs of Lebanon in regards to the provision of high quality reproductive health and developing the capacities of Lebanon’s institutions in the area of population and development. One of the most outstanding achievements in terms of relevance is flagging up and leading the advocacy on youth health issues at various levels. Also of commendable advocacy is addressing high risk groups with risky behaviours.

Taking into account the difficulties and obstacles in assessing the correlation between UNFPA’s input change, it is fair to say that to a large extent the CP has progressed successively towards achieving its their desired outputs and the envisioned main outcome. However the progress towards achieving the outcome has faced serious disruptions and a number of delays. Furthermore, there was a noticeable variability in the degree of effectiveness between the projects in reaching their assigned outputs.

In terms of efficiency, the financial analysis shows that almost all of the projects were efficient in spending according to allocated budget. The overall budget of the CP is USD 7.1 million. Most of the projects have expenditures in line with their budget allocation. Looking at the share of budget category, “Personnel” accounts for the largest share with 44% of the CP and accounts for

the largest share of most of the projects notably LEB02P02, LEB02P01 and LEB02P03. On another level, delays in delivery and implementation were serious issues that affected the efficiency of UNFPA projects. In terms of project management, the overall performance of the team is satisfying given the size of the team and the scope of the projects. Regarding monitoring and evaluation, classical methods were applied mostly due to the limited availability of national level indicators. Some projects have been more active than others and external evaluation was only done by two projects for specific components. In terms of sustainability and institutional continuity, more efforts need to be exerted to promote a strong sense of ownership or commitment especially those in collaboration with the government.

Several constraints hampered the progress of work. Firstly, the political context where the CP was being implemented was not favorable for most of its duration. The security and political situations were not conducive: between 2005 and 2008, Lebanon had witnessed a series of security and political crises that paralyzed the country and almost stopped the administration from operating normally. Secondly, the CP overlooked in its design the realities of their counterparts especially its governmental partners which led to over-ambitious plans and over expectations that in some occasions were not materialized as outputs despite the fact that the CP was developed in full collaboration with the national counterparts. Thirdly, monitoring and evaluation as vital tools in programme management were only applied in the most conventional ways in the form of progress reviews and annual reports. This was ample enough to monitor the progress of work but did not provide evaluative evidence for the effectiveness of interventions and for their impact.

Accordingly, the evaluation report suggests a series of recommendations, lessons learned, and good practices, as well as identifies key factors of success as well as gaps that need to be filled.

The major good practices converge in the fact that UNFPA was effective in mobilizing resources, in adopting a coalition-building approach and in targeting specific and often excluded vulnerable groups.

At the programme level it is recommended that UNFPA 1) adopts an inclusive and integrated approach towards governmental departments and units 2) asserts the importance of Monitoring and Evaluation among its counterparts 3) establishes coordination mechanisms between UNFPA projects themselves and UN projects and 4) integrates an emergency plan in its program planning.

Part IV Proposed Programme

The UNFPA supported programme for Lebanon (2010-2014) was developed following an extensive consultative process with several stakeholders. The programme is based on the United Nations Development Assistance Framework (UNDAF) signed with the Council for Development and Reconstruction (CDR) in June 2009, and is in line with national priorities (mainly the Social Action Plan, National Women Strategy, Education for All Reform Strategy), the UNFPA Strategic Plan (2008-2011) and the Millennium Development Goals.

The programme is harmonized with the programme cycles of UNDP and UNICEF. It is informed by the priorities identified in the Common Country Assessment (CCA) and directly

linked to the outcomes of the UNDAF agreed to between the Government and the UN Country Team. The programme outputs and outcomes are also linked to the UNFPA medium term strategic plan for the years 2008-2011 which has also set goals in the three interlinked focus areas of population and development, reproductive health and rights, and gender equality. The linkages between the outputs of the Country Programme, the UNFPA strategic Plan, national priorities and the MDGs is summarized in Annex 1.

The guiding principle underpinning the programme is national ownership and leadership, including utilization and strengthening of national systems, accountability harmonization with other UN agencies and management for results.

The programme will contribute to government efforts, as prioritized in national policies and plans. The programme will emphasize partnership, coordination and joint United Nations programming. In addition, it will address the volatile and complex situation in Lebanon. The country office will develop an emergency preparedness plan. This plan will be aligned with the UN country team contingency plan and will complement the emergency preparedness plans of UN partner organizations. The proposed programme consists of three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

The proposed programme focuses on institutional and capacity building, development and introduction of normative and quality assurance tools, guidelines, and protocols, advocacy and lobbying, strengthened coordination and partnership among others. The programme will address the gaps identified in the stakeholder analysis, in the area of policy formulation, implementation and evaluation, data collection, analysis and dissemination and developing systems and regulations which are sustainable and efficient. The programme will also address the issue of coordination among key ministries, the key NGOs, and between both ministries and NGOs.

Reproductive Health and Rights Component

The RHR component will be implemented with a wide range of partners (governmental and non governmental) and will focus primarily on supporting the health sector reform by strengthening RH quality and performance while supporting its full integration in Primary Health Care (PHC) system. It will also aim at expanding and incorporating information and messages across all sectors (health, education, youth, etc) targeting particularly the youth, the underserved, the vulnerable groups, and the population most at risk. The 3 latter groups will be defined with the different concerned stakeholders. The various strategies and activities will be implemented at two levels: institutional and peripheral. At the *institutional level*, activities will be implemented mainly with the key ministries/public administrations and civil society organizations in support of enhanced strategies incorporating SRH, RH maternal systems performance and mechanisms including referral system, RH commodity security strategy, quality assurance, institutionalization of RH within sectors, etc. At the *peripheral level*, the activities will be implemented with NGOs, Service Delivery Points (i.e. Social Development Centers, Primary Health Care centers and health dispensaries), local communities, municipalities, etc in support of improved access and quality of RH services and information with particular emphasis on capacity development, community mobilization and enhanced management in RSH.

Some activities will be implemented with a national coverage such as mass media campaigns, incorporation of RH in curricula and extra curricula, operations research, development of quality assurance tools and standards, development of relevant strategies, development of RH commodity security strategy, strengthening of system performance, outreach activities, advocacy, etc. Other activities will be particularly focused in specific areas that show needs, gaps and priorities for such interventions or for piloting purposes such as developing capacities of service providers, upgrading service package, operationalizing youth friendly services, among other. The sub-national coverage for specific activities will be determined based on key national/sub-national indicators, evaluation outcomes, relevant reports, and guidance by national authorities with the aim to bridge the gap in relation to regional disparities.

The outcome for this component is: increased access to and utilization of quality health services, particularly in underserved areas and with focus on vulnerable groups. This outcome will be achieved through two outputs as described below.

Output RHR1: Comprehensive, gender-sensitive, high-quality reproductive health services and commodities are in place and accessible.

Reproductive health will constitute the largest component of the programme. The programme will strengthen access to, and utilization of, high-quality services in underserved areas, addressing: (a) maternal mortality and morbidity; (b) unmet family planning needs; (c) sexually transmitted infections; and (d) mental health. The programme will also focus on improving reproductive health in crisis and emergency situations. In addition, the programme will prioritize initiatives that focus on emergency obstetric and neonatal care in order to: (a) attain a critical mass of skilled attendants; (b) support efforts to develop a systematic network of basic and comprehensive services for emergency obstetric and neonatal care; and (c) provide reproductive health equipment and commodities. The programme will support a logistics management information system, a procurement system and national capacity development. The programme will also develop the capacity of the national partners in reproductive health programming in emergency and post-conflict settings.

The following strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

RHR1 Proposed Strategies

- Scale up already existing services into a comprehensive package i.e. to include STI/HIV/AIDS and gender based violence among others
- Develop capacities of health, medical and paramedical human resources (quality of services, emergency obstetric care, emergency situation, etc) in underserved areas
- Develop/strengthen performance systems and mechanisms (M&E, quality assurance, referral, etc)
- Strengthen outreach activities in targeted communities
- Support/Develop and implement a commodity security reproductive health strategy (including equipment, drugs, contraceptives, RH emergency kits)
- Support/Develop basic and comprehensive services for emergency obstetric and neonatal care
- Develop and implement normative tools including for youth friendly services (for emergency obstetric and neo-natal care, emergency responsiveness)
- Strengthen RH services and referrals between primary and secondary care

- Support and enhance the operationalization of the maternal health observatory
- Develop an emergency responsiveness plan at governorate levels (including warehouses, wardens, referrals, etc)

Output RHR2: Improved knowledge, information and services for young people, with a focus on societal and community mobilization and evidence-based advocacy and policy dialogue.

The programme will support line ministries and civil society organizations to design and establish youth-friendly health facilities, and disseminate knowledge and information on reproductive health. A behaviour change communication strategy will ensure community support to meet the sexual and reproductive health needs and reproductive rights of young people, with the goal of reducing high-risk behaviour. UNFPA will: (a) support a situation analysis, including a legal review of the development challenges facing young people; (b) seek to enhance the resource base for investments in young people; (c) identify opportunities to position youth issues in the development agenda; and (d) increase the participation of young people in national dialogues and in development planning, implementation and monitoring processes.

The programme will support and conduct advocacy, targeting the media, faith-based organizations, parliamentarians and community networks in support of this output. It will develop and implement a holistic and multisectoral framework to ensure that young people have access to the benefits of development and that they realize their rights. In this regard, efforts will be made to develop a comprehensive package of services and information. The programme will seek to empower youth and strengthen their participation in project development, implementation and monitoring as well as providing advice on new initiatives and pilot projects. In addition, this component will strengthen national capacities for promoting youth volunteerism in various sectors - including expanding and strengthening the existing youth peer education network (Y-PEER) among others with the adoption of innovative approaches.

The following key strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

RHR2 Proposed Strategies

- Conduct advocacy activities at multi sectoral/multi dimensional level for advancing youth issues on national/sectoral agendas of decision-makers
- Mobilize communities and municipalities for supporting youth related interventions in targeted communities
- Strengthen/empower youth lead NGOs, networks (including Y-PEER), NGOs working on youth, schools, other civil society groups, etc to integrate SRH within their respective programmes with focus on peer education and interactive approaches
- Integrate/scale up youth-friendly services in appropriate settings (i.e. PHC, SDC, NGO dispensaries, school infirmaries, youth clubs, other) with emphasis on STI/HIV/AIDS and high risk behaviors
- Develop capacities of key stakeholders/service providers in providing quality services and information
- Expand awareness raising at national level by providing continuous information and knowledge to young people using innovative approaches
- Strengthen outreach targeting young people and most at risk to increase demand for youth friendly services

Areas for Joint Programming with other UN agencies: The RH component with its 2 outputs will seek to develop and implement joint programmes with related UN organizations including – but not inclusive to - WHO, UNICEF, UNODC, UNHCR, UNESCO and ILO. Possible joint initiatives will address the expansion and scaling up of RH package into a comprehensive one, capacity development, advocacy, awareness raising, community mobilization, research, and development of normative tools. The joint programme will address needs of particular groups.

Population and Development Component

The proposed activities and interventions under this component are intended to develop national and institutional capacities for strengthening data collection, analysis, and utilization towards supporting policy/strategy development on the one hand, and the integration of population dimension and priorities in existing policies/strategies towards poverty reduction with focus on local planning on the other. The various activities will necessitate the development and/or adoption of a set of indicators for monitoring MDGs, particularly the ones related to UNFPA's priority areas (i.e. gender, maternal mortality, and HIV/AIDS). The activities will be implemented mainly at the institutional level

The outcome for this component is: Effective and accountable governance of state institutions and public administrations is improved. This outcome will be achieved through two outputs as follows:

Output PD1: An integrated information system is developed and functioning to formulate, monitor and evaluate policies at national and sub-national levels, with attention to emergency settings.

The programme will strengthen national institutions and capacity, including in emergency settings, to: (a) produce, analyse and use disaggregated data at national, regional and sectoral levels; (b) support the analysis and utilization of data; (c) undertake in-depth, policy-oriented studies; (d) improve the management information system and other systems, including those on health, gender equality and gender-based violence; and (e) support large-scale population surveys and the establishment of a database for monitoring.

The following key strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

P&D1 Proposed Strategies

- Launch policy dialogue among relevant national stakeholders in support of establishing a population based integrated information system (IIS) with emphasis on emergency settings
- Develop a master plan for operationalizing the IIS (identified and defined indicators, sources and data collection methods, frequency and periodicity, measurement tools and reporting channels, baseline values, benchmarks and targets)
- Develop capacities for implementation of IIS master plan with special emphasis on improving civil registration system

Output PD2: Enhanced capacity to utilize data for integrating population dynamics, reproductive health and gender-equality concerns into development planning and monitoring processes, at national, sectoral and local levels.

The programme will develop the capacity of existing and new mechanisms in: (a) policy analysis, research, costing, and integrating population dynamics, gender and human rights principles into development planning, monitoring and evaluation; and (b) strengthening competencies in reproductive health and rights and gender equality, including in post-conflict settings. The programme will support national and sectoral development planning processes to reflect the linkages between gender, population and development, within the framework of the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development.

The following key strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

P&D2 Proposed Strategies

- Develop/upgrade mechanisms for policy research and analysis
- Promote consensus building for policy change in support of ICPD and MDG frameworks
- Develop normative guidelines for local planning to address priority population issues including in emergency settings
- Develop capacities of relevant public administrations including municipalities, and NGOs on development planning to reflect linkages between population and development dimensions including in post conflict settings.

Areas for Joint Programming with other UN agencies. The P&D component with its 2 outputs will seek to develop and implement joint programmes with related UN organizations including – but not inclusive to - WHO, UNICEF, and UNDP. Possible joint initiatives will aim at supporting the implementation of the statistical master plan and strengthening the civil registration, development and implementation of guidelines for local planning and development and for monitoring MDGs, and undertaking of national/thematic surveys and research.

Gender Component

The gender component will aim at enhancing national capacities to ensure that institutions are capable of promoting policies and laws and implementing programmes that are gender-sensitive and gender-responsive in the political, social, and economic spheres. Extensive capacity building in support of government and NGOs will include introduction to and use of tools that ensure gender-sensitive resource mobilization, aid coordination, budgeting and funds allocation. A strategic participatory planning process will be supported to initiate, sustain and monitor gender mainstreaming – based on the revised national women strategy - through gender audit and analysis, gender planning and budgeting at national and sector levels, and building on the gender focal points in related sectors. Advocacy will be carried out in order to ensure that the National Action Plan for Human Rights promotes the human rights of girls and adolescents (particularly most at risk) and that capacities are developed for translating those actions in sector plans and interventions. The principles and essence of UNSC Resolution 1325 Women, Peace and Security will be advocated and supported through developing national institutional capacities and elaborating an action plan for promoting women's equal participation and full involvement in all

efforts for the maintenance and promotion of peace and security, and for increasing the role of women in decision-making with regard to conflict prevention.

This component will also strive to combat GBV throughout the life cycle, particularly in conflict and post-conflict situations. The results will be achieved through upgrading, lobbying for endorsement, and operationalizing the multi-sector, multi-dimensional GBV Plan of Action in a participatory approach for mainstreaming the components in related policies, sector plans (health, education, labour, agriculture, etc.), services and systems, and related institutional structures. Support will be provided for the establishment and functioning of related national and sub-national mechanisms to ensure continuous monitoring and reporting on GBV prevention and protection. Capacity development for prevention and protection of GBV will be supported with the active involvement of civil society and will consist of development of normative tools on GBV, training of targeted groups, and provision of a comprehensive service package. Interventions aimed at rehabilitation and reintegration of GBV survivors in their communities, through different modalities including support groups, will be developed and supported. An essential component under this outcome focuses on advocacy and policy dialogue with key stakeholders, coalitions, and other groups for amendment and enforcement of laws, implementation of public campaigns, and mobilization of policy makers to commit to and be proactive in addressing GBV, and thus ensure women's empowerment and protection of women rights.

There are two outcomes and two outputs within this component. The outcomes are: (a) Gender equality and the human rights of women and adolescent girls are integrated in pertinent national and sectoral laws, policies, strategies, and plans; and (b) Prevention and protection from, and response to, gender-based violence improved at the national level.

Output GEN1: Increased technical and institutional capacity of national mechanisms, national institutions, and policy and strategy frameworks related to women's empowerment and gender equality.

UNFPA will support national institutions and civil society groups to upgrade, adapt and operationalize the national women's strategy. The programme will support a strategic planning process to initiate, sustain and monitor gender mainstreaming through gender auditing, analysis, planning and budgeting at national and sectoral levels, using gender focal points in related sectors. A situation analysis will clarify socio-cultural dimensions and legal issues to address gender inequalities and the rights of women and girls. The programme will initiate and support a national debate on identified priorities in the area of gender.

The following key strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

GEN1 Proposed Strategies

- Advocate for validation and endorsement of revised and updated national women strategy
- Develop/adapt methods and tools for engendering strategies, plans, and programmes in sectors
- Enhance capacities of women machineries for assuming more defined roles and mandate in support for the implementation of the national women strategy with all actors
- Develop capacities of relevant public administrations and gender focal points on incorporating concepts and principles of gender equality and human rights of girls and women in respective sectoral strategies/plans/programmes and budgetary plans

- Support the undertaking of a gender audit and gender budgeting
- Support institutional building of women NGOs/municipalities for empowering women's role in support of community development

Output GEN2: Increased awareness, evidence-based advocacy and policy dialogue to improve institutional and legal frameworks and systems that seek to prevent, protect the victims of and respond to gender-based violence, using a human-rights perspective, including in emergency and post-emergency situations.

UNFPA will support initiatives to combat gender-based violence, particularly in conflict and post-conflict situations. The programme will upgrade and operationalize the multisectoral plans of action in relevant sectors, services and systems, and in related institutional mechanisms.

The following key strategies summarize the interventions that will be elaborated with the respective implementing partners and will eventually contribute to realizing the above specified output.

GEN2 Proposed Strategies

- Conduct advocacy activities (i.e. establishment/endorsement of national coordination body and mechanism on GBV, legislative actions towards protection from GBV, support groups, Support the development/adoption of national strategy(ies) incorporating GBV priorities, etc
- Develop guidelines and tools for integration of GBV in sector plans and programmes
- Develop capacities in health, social, security, protection, other sectors for adequately responding to GBV
- Develop capacities of NGOs for programming GBV in relevant plans with emphasis on emergency and post conflict situations
- Strengthen capacities for establishing and sustaining GBV support and coalition groups

Areas for Joint Programming with other UN agencies. The Gender component with its 2 outputs will seek to develop and implement joint programmes with related UN organizations including – but not inclusive to - WHO, UNICEF, UNODC, UNHCR, UNDP, UNESCO and ILO. Possible joint initiatives will address the capacity and institutional development at various levels and sectors, development of standards, guidelines and tools, research, as well as policy dialogue and advocacy. The joint programme will address needs of particular groups.

Part V Partnership Strategy

The country programme will use the national execution modality and will implement, with other United Nations agencies, the Harmonized Approach to Cash Transfers (HACT).

In the course of programme implementation, UNFPA will partner with a broad range of government institutions, UN agencies, other bilateral donors, NGOs, universities and the private sector. These partners include:

From the Government: Educational Center for Research and Development, Ministry of Social Affairs, Ministry of Public Health (including RHP and NAP), Ministry of Finance, Ministry of

Education and Higher Education, Ministry of Interior and Municipalities, Ministry of Youth and Sports, Central Administration of Statistics.

From the NGOs, CBOs and semi governmental organizations: National Commission for Lebanese Women, Youth, Women, GBV, Human Rights, and Health related NGOs, Faith Based Organizations. Academic institutions, associations, and societies will also be considered as potential implementing partners. Possible universities include American University of Beirut, Lebanese American University, University of Balamand, University St Joseph, Lebanese University.

UN Agencies with whom UNFPA will partner include the following: UNDP, UNICEF, WHO, ILO, UNODC, UNESCO, UNHCR, and OHCHR. Additional UN Agencies and development entities could be included as partners.

Others: Parliament

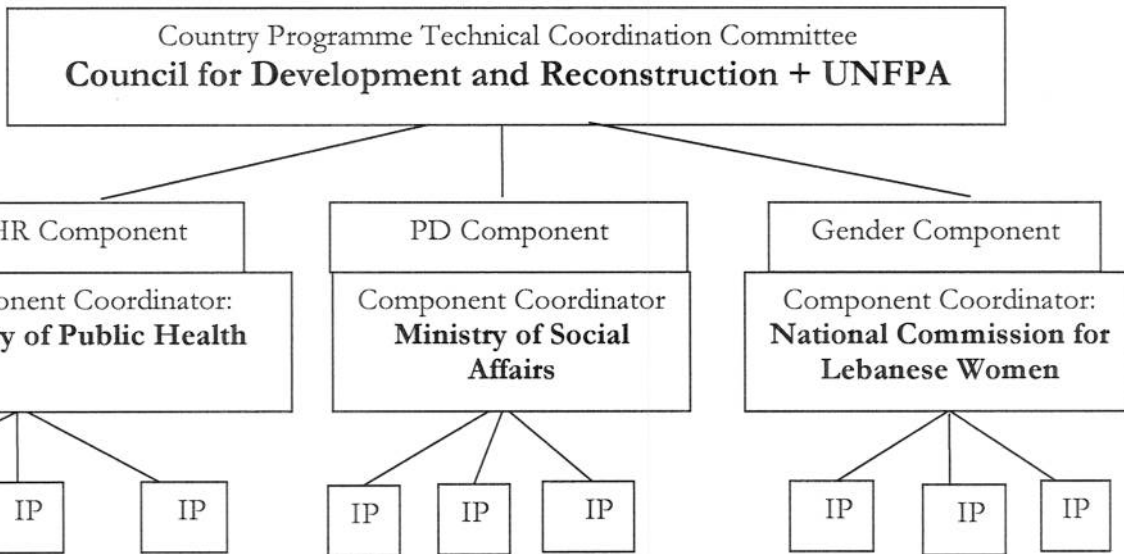
The UNFPA country office in Lebanon consists of a non-resident country director based in Cairo, an assistant representative, an RH programme officer, media/communication associate and national administrative staff. Programme funds will be earmarked for 6 additional post national posts (3 national professional and 3 general service staff) within the framework of an approved country office typology.

UNFPA will hire national project personnel where need be to strengthen programme implementation in the three thematic areas of reproductive health, population and development, and gender. Staff hired by Government may be recruited in support of nationally executed projects.

Technical support will be provided as needed from the UNFPA Arab States Regional Office and Headquarter divisions. National and international consultants will provide technical support and backstopping as needed.

Part VI Programme Management

At the technical level, the programme will be managed by the following managerial structure:



A programme technical coordination committee (PTCC) will be chaired by the Council for Development and Reconstruction (CDR), and co-chaired by UNFPA, in view of its role as UNFPA's national counterpart. The PTCC will meet on a bi-annual basis and as needed. The role of the PTCC will entail coordinating among the components coordinators (i.e. RH, P&D, and gender) as well as others – as deemed necessary - the yearly review of the status of the CP in terms of progress, achievements, constraints, challenges among others in line with the Country Programme Results and Framework. The PTCC will have a strong role in guiding the three components of the programme: (population and development, reproductive health, and gender) and reviewing their contribution to the goals and outcomes of the country programme. UNFPA country office will act as co-chair of the PTCC. Clear TORs will define the tasks and responsibilities of the PTCC.

The Ministry of Public Health, Ministry of Social Affairs, and the National Commission for Lebanese Women will act each as coordinating body for the RH, P&D and Gender components respectively. Specifically a component coordinator's (CC) role is to guide and advise the various implementing partners of the respective workplans, and to establish a coordination mechanism among the IPs. It is to be noted that the CC does not replace the IPs and its role is primarily to facilitate a synergetic and complementary role among the IPs. A National Programme Officer (or National Project Personnel -NPP) will support each CC in coordinating and linking the work of different implementing partners (IP). These CCs will meet with their respective IPs as needed and report regularly to the programme technical coordination committee.

Other national partners/ contractees include (but not limited to):

- Key youth, women, and health NGOs
- Faith Based Associations
- Professional Associations and Societies
- Private sector
- Research and policy firms and institutes

The Council for Development and Reconstruction (CDR) is the Government Coordinating Authority for the entire programme. The president of CDR – or his designated representative - A representative from CDR will sign this CPAP together with a UNFPA representative.

To strengthen ownership and coordination among national partners, the programme will have (6-8) direct Implementing Partners (IP) as follows, subject to adjustment as the programme implementation progresses:

- The Ministry of Public Health
- The Ministry of Social Affairs
- The Central Administration of Statistics
- The National Commission for Lebanese Women
- The Ministry of Education and Higher Education/The Educational Center for Research and Development
- An estimated 4-6 Civil society organization

These IP will have the responsibility of coordinating and contracting other national implementing partners as needed and based on annual reviews and mutual agreements. The relationship between the above IPs and other partners will be linear and for the purpose of coordination and shared experiences, it will not be hierarchical or authoritarian.

The key responsibilities of implementing partners include the following:

- 1- Obtaining signatures from other national partners or contractees, as applicable, on the specific activities to be performed.
- 2- Communicating to concerned parties the official activation of annual workplans (AWP)
- 3- Cooperating and coordinating with all concerned personnel under the programme output and component, including the component coordinator, other implementing partners and contractees and UNFPA
- 4- Establishing and operating arrangements for financial management and accountability including preparing requests for advances and expenditure reports
- 5- Supporting monitoring and reporting activities through field monitoring visits, participation in coordination and review meetings, preparation of monitoring tools and contributing to the standard project reports and annual reports.
- 6- Ensuring in the case of government and NGO implemented annual workplans that audits are conducted in accordance with UNFPA requirements unless otherwise specified by UNFPA.
- 7- Conducting annual and end of project inventories and
- 8- Ensuring closure of the AWP (when all operational activities of the final AWP has been completed)

The IPs jointly with UNFPA and CCs will participate in the formulation of the AWP at the beginning of each year of the programme, based on the results of the previous year's UNFPA and UNDAF reviews.

Subject to the conclusions of review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be reallocated by mutual

consent between the Government and UNFPA to programmatically equally important strategies that are expected to achieve faster rates of execution.

All cash transfers to an IP are based on the Annual Work Plans (AWP) agreed between the IP and UNFPA. Cash transfers for activities detailed in AWP's can be made by a UN agency using the following modalities:

1. Cash transferred directly to the IP
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the IP on the basis of requests signed by the designated official of the IP
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with IP

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the IP over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the IP and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government IP, and of an assessment of the financial management capacity of the non-UN IP. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the IP shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Part VII Monitoring and Evaluation

UNFPA and the Government will conduct annual programme reviews, as well as midterm and end-of-programme reviews and evaluations within the overall UNDAF joint monitoring and evaluation plan. The UNFPA country office will use tracking tools and annual monitoring and evaluation plans to monitor progress under each output. The results of major national surveys and special baseline surveys will be used for the baseline indicators. Similarly, national surveys and special end line surveys will provide indicators to measure programme impact.

Each IP agrees to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, the IP agrees to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,

2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where so desired: and in consultation with the [coordinating Ministry]) will establish an annual audit plan, giving priority to audits of IP with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, IP and UNFPA agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

Where an assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution (SAI) is high and willing and able to conduct scheduled and special audits, the SAI may undertake the audits of government IP. If the SAI chooses not to undertake the audits of specific IPs to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII Commitments of UNFPA

UNFPA will commit to the programme USD 5.5 million over the 5 years from its core budget, subject to the availability of resources, the breakdown of funds is indicative and provisional. Detailed review and allocation of funds will be done on an annual basis based on the availability of funds and the discussions with implementing partners.

UNFPA is also committed to mobilizing an additional USD 4.5 million from government and other resources subject to donor interest and in line with the country programme resource mobilisation plan.

In addition, resources will need to be identified and mobilized by UNFPA and its partners in response to any emergency appeals related to natural or man-made disasters.

In case of direct cash transfer or reimbursement, UNFPA shall notify the IP of the amount approved by UNFPA and shall disburse funds to the IP in seven to ten working days.

In case of direct payment to vendors or third parties for obligations incurred by the IP on the basis of requests signed by the designated official of the IP; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with IPs, UNFPA shall proceed with the payment within seven to ten working days.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the IP and a third party vendor.

Where more than one UN agency provides cash to the same IP, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

Part IX Commitments of the Government

The Government will make cash and in-kind contributions to the programme. The cash contribution will be determined by line ministries and public institutions/administration based on the scope and priorities of the latter. A standard co-financing agreement will be signed by each governmental entity with UNFPA. More specifically, and where feasible, governmental partners will contribute office space, activities, salaries of the government officials and technical staff who will be involved in the implementation of the programme, and will cover some of the operational costs which will be specified under each Annual Work Plan.

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by IP to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The IP will use the FACE to report on the utilization of cash received. The IP shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the IP. Cash transferred to IP should be spent for the purpose of activities as agreed in the AWP's only.

Cash received by the Government and national NGO IP shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and IGO IP, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each IP receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the IP's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the IP and UNFPA. Each IP will furthermore

- Receive and review the audit report issued by the auditors.

