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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for State of Palestine**

Proposed indicative UNFPA assistance: \$25 million: \$5 million from regular resources and \$20 million through co-financing modalities and/or other resources, including regular resources.

Programme period: Five years (2018-2022)

Cycle of assistance: Sixth

Category per decision 2013/31: Yellow

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.5	7.0	8.5
Outcome 2	Adolescents and youth	1.5	5.0	6.5
Outcome 3	Gender equality and women's empowerment	1.5	8.0	9.5
Programme coordination and assistance		0.5	-	0.5
<b>Total</b>		<b>5.0</b>	<b>20.0</b>	<b>25.0</b>



## I. Programme rationale

1. The population in the occupied Palestinian territory remains in a situation of vulnerability and structural disadvantage due to the continued occupation and the political division between the West Bank and Gaza. Two million people, including 70 per cent of the residents of Gaza, remain in need of some form of humanitarian assistance. The Palestinian Authority has made progress in building state institutions, yet its viability is challenged by financial constraints and donor dependency.

2. In 2016, the population in Palestine was 4.8 million, with a population growth rate of 2.8 per cent; it is projected to grow to 6.9 million by 2030. Population growth rates will remain high despite expected reductions in the total fertility rate (currently 4.06 children per woman). The demographic trends and future changes in age structures point to a decrease in the number of children (0-14 years), a slight increase in the number of elderly (above age 60), and a sharp increase in working-age population. This calls for targeted investments in youth and women's empowerment, to provide an opportunity for development, economic growth and healthier lives.

3. The Ministry of Health reports a maternal mortality ratio of 22 maternal deaths per 100,000 live births. However, 70 per cent of reported cases in 2016 were classified as avoidable. Studies identified as a major cause the quality of care, especially in compliance with obstetric care protocols, supervision and documentation. Antenatal care reached 99.4 per cent (and 95.5 per cent for four or more visits) per pregnancy; however, postnatal coverage continues to be low (38 per cent). This is of concern from a health and human rights perspective, and a missed opportunity for sensitizing women on family planning and other maternal health issues. Among women seeking reproductive health services, breast cancer is the main cause of mortality with five-year survival rates of 30 to 40 per cent.

4. Unwanted pregnancies were reported at 30 per cent in 2014. The prevalence rate of modern contraceptives is 44.1 per cent, with a 10.9 per cent unmet need for contraception. The unmet need for family planning is related to the unavailability of contraceptives, the poor quality of family planning services and sociocultural factors. A 2016 UNFPA study on family planning showed that trends in family planning method choices were associated with the unavailability of skilled midwives. Currently, there are 3,000 midwives less than needed to provide adequate sexual and reproductive health services.

5. Youth (ages 15-29) currently account for 30 per cent of the Palestinian population, and are expected to account for 28 per cent in 2030. Young people are disproportionately affected by a range of negative factors: the protracted crises, the effects of occupation, internal Palestinian fragmentation, exclusion, and a high unemployment rate, which stands at 39 per cent. The National Youth Survey showed that only 20 per cent of youth are participating in voluntary work and only 40 per cent reported interest in participating in an election event. As for sexual activity, 25 per cent of unmarried male youth (19-24 years) and 22 per cent of younger male youth (17-18 years) reported having sexual experience. Rates for females were generally similar. Rates for sexual intercourse remain lower (9.5 per cent of older unmarried males and 7 per cent of females). While HIV/AIDS prevalence remains relatively low, the lack of comprehensive sexual education is likely to lead to increase in incidences of sexually transmitted infections. It is therefore critical to take preventive action now, as well as ensure that integrated health services include and non-discriminatory sexual and reproductive health counselling.

6. Child marriage and early and unplanned pregnancies restrict opportunities and limit capabilities of many adolescent girls, with 2.1 per cent of females aged 15-49 married before they turn 15 and 15.3 per cent of women aged 20-24 married before age 18. This leads to early child bearing, reaching 22 per cent among women aged 20-24 – with a higher prevalence in rural areas, in refugee camps and in Gaza, where the adolescent birth rate is as high as 66 per 1,000 women aged 15-19.

7. Palestinian women suffer multiple overlapping vulnerabilities; they are subject to discrimination and violence, and limited in their choices due to the legal and sociocultural norms. This compromises the full enjoyment of their human rights and their ability to reach their full potential. Overall, 37 per cent of married Palestinian women have been exposed to physical violence; the figure is even higher in Gaza (51 per cent). Only 0.7 per cent of victims have sought out help due to the poor quality of services and due to cultural barriers.

8. During the fifth programme cycle (2014-2017), UNFPA achieved the following key results: (a) established and institutionalized a functional national system for maternal death surveillance and response; (b) improved the quality of midwifery education programmes, and increased enrolment by 25 per cent; (c) improved the quality of sexual and reproductive health service provision, with an emphasis on obstetric care; (d) integrated gender-based violence services in the national health system, with 600 service providers trained to respond to gender-based violence; (e) established four safe spaces for survivors of gender-based violence; (f) developed the first national assessment of sexual and reproductive health and reproductive rights and built the monitoring, tracking and reporting capacity of national partners; (g) supported integration of the ‘youth-friendly health services’ concept into the national health system; (h) supported the preparations of the 2017 Population Housing and Establishment Census, including use of new technology; (i) generated evidence on linkages between population dynamics and the social and economic sectors, addressing the demographic dividend by conducting the Palestine 2030 study jointly with the Prime Minister’s office; and (j) expanded youth networks, including the youth peer education network of organizations and institutions (Y-PEER), which sensitized more than 8,000 youth on reproductive rights and civic participation.

9. While opportunities exist to promote positive development gains through investment in adolescents and youth – to harness the demographic dividend and the Government’s support and commitment to achieving the SDGs – gaps in national capacities and multisectoral approaches need to be addressed to capitalize on these opportunities. A key lesson learned is that more effort is required to strengthen gender-based violence coordination, particularly in Gaza. UNFPA will focus on the data generated from the 2017 population and housing census to strengthen the capacity of national institutions to analyse and use census data in planning and monitoring, particularly data on women and youth.

10. The design of the proposed programme was informed by a thematic evaluation of the gender programme, a project evaluation under the reproductive health programme, and the country case study on the support to the census conducted by the UNFPA evaluation office. The main lesson learned from all these evaluations is the need to bridge humanitarian and development programming. Accordingly, emergency preparedness, humanitarian response and resilience are mainstreamed across all programme outputs.

## **II. Programme priorities and partnerships**

11. The proposed sixth country programme will contribute to the national policy agenda and the 2030 Agenda for Sustainable Development, particular Goals 1, 3, 4, 5, 8, 10, 16 and 17. The programme will also contribute directly to the second United Nations Development Assistance Framework for Palestine. This programme was developed in close consultation with the Government and civil society, academia and other development actors, including United Nations organizations. The consultation process included five thematic programme area meetings and two validation workshops held in the West Bank and Gaza, as well as bilateral meetings with a number of stakeholders and partners.

12. The programme aims to improve the health and well-being of women and young people within a complex and multidimensional environment. It recognizes the unique operating environment and challenges within which it will be implemented. The programme will target the most vulnerable while investing in reducing vulnerabilities and strengthening communities along with institutional and system resilience in the

medium-to-long term. Simultaneously, it will focus on emergency preparedness and response to the protracted – and at times acute – crises that affect vulnerable communities in specific areas in Gaza, the West Bank and East Jerusalem.

13. Palestine has had a humanitarian response plan for the past 15 years. Accordingly, the situation requires that UNFPA modes of engagement also include targeted capacity development and service delivery. The programme will utilize innovative approaches, including new technologies, knowledge management, advocacy and policy dialogue as strategies to promote reproductive health and reproductive rights, increase coverage of postnatal care, reduce unmet need for family planning, empower young people, and effectively respond to gender-based violence.

#### **A. Outcome 1: Sexual and reproductive health**

14. Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings. This will be achieved by: (a) advocating for the inclusion of family planning commodities into the national budget to ensure sustainability; (b) supporting the capacity of national partners to provide sexual and reproductive health services and information to vulnerable communities; (c) expanding the youth-friendly health centre model in strategic locations, in line with national standards and global evidence; (d) improving management of obstetric complications by adopting and monitoring the use of obstetric protocols; (e) increasing the number of midwives and strengthen their role in sexual and reproductive health care provision, particularly in family planning; (f) developing the capacity of national providers on prevention, early detection and treatment of sexual and reproductive health-related morbidities, including breast cancer, sexually transmitted infections and HIV; (g) enhancing resilience of the health care system and its capacity for emergency preparedness and response, through institutionalization of the Minimum Initial Service Package; (h) strengthening the use of census data and socio-demographic analysis addressing population dynamics and investment in sexual and reproductive health; and (i) strengthening civil registration and vital statistics to improve availability of routine data to monitor implementation of the International Conference on Population and Development and the Sustainable Development Goals.

#### **B. Outcome 2: Adolescents and youth**

15. Output 1: Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable. This will be achieved by: (a) advocating for the operationalization of the national youth strategy; (b) supporting youth-led networks and organizations to create demand for sexual and reproductive health services, life skills, and civic engagement programmes for vulnerable adolescents and youth, particularly for adolescent girls at risk of child marriage ; (c) advocating for effective participation of youth in conflicts and disaster risk management, to become agents of positive change based on Security Council resolution 2250; (d) promoting evidence-based advocacy and policy advice on population dynamics and its linkages with youth empowerment, addressing the demographic dividend and building on the generated evidence towards Palestine 2030.

#### **C. Outcome 3: Gender equality and women’s empowerment**

16. Output 1: Strengthened capacity of health and social protection actors to promote gender equality, reproductive rights and to effectively address gender-based violence, including in humanitarian settings. This will be achieved by: (a) supporting national partners capacity to improve availability, accessibility, acceptability and the quality of multisectoral gender-based violence services, including health, psycho-social and legal counselling at national and district levels; (b) strengthening case management systems; (c) promoting civil society engagement to improve monitoring and reporting of sexual and reproductive health and gender-based violence violations;

(d) enhancing the engagement of men and boys and community leaders in promoting reproductive rights and sexual and reproductive health and gender equality; (e) strengthening coordination of the gender-based violence sub-cluster to better combat gender-based violence in humanitarian and development setting; and (f) supporting evidence generation to inform gender-based violence programming, undertaking a gender-based violence survey.

17. The programme will be implemented in accordance to the partnership plan, and includes the Ministry of Finance and Planning, the Ministry of Health, the Ministries of Social Development, Education, Women's Affairs, Higher Council for Youth and Sports, and the Palestinian Central Bureau of Statistics. The Office of the Prime Minister, United Nations agencies, civil society entities and academic institutions will also collaborate with UNFPA in their respective areas of mandate.

### **III. Programme and risk management**

18. UNFPA operates through its main office in East Jerusalem and its sub-office in Gaza, with the UNFPA Representative managing the programme. The country office includes staff funded from the institutional budget who perform management and development effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme support.

19. UNFPA may recruit national project personnel and consultants, funded from other resources, to further support its operations, particularly in Gaza, within the protracted humanitarian crisis. The country office will seek technical assistance from the Arab States Regional Office and technical units at UNFPA headquarters and others, as appropriate.

20. The Ministry of Finance and Planning will ensure the overall coordination of the programme, with the main mode of implementation being national execution. UNFPA and the Government will carry out annual programme reviews. UNFPA will conduct assurance activities in line with the harmonized approach to cash transfers, including micro-assessments, spot checks and audits.

21. The resource mobilization strategy was developed based on raising the visibility of the UNFPA mandate; anchoring it within the overall United Nations mandate in Palestine; increasing knowledge of donors (and partners); and emphasizing transparency and accountability for managing resources and delivering results. Moreover, the strategy will be updated in line with changes in the donor environment and their humanitarian and development funding priorities. The humanitarian response plan will remain an essential funding mechanism for UNFPA humanitarian programme interventions. UNFPA will also mobilize resources through the UNDAF and in partnership with other United Nations agencies.

22. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

### **IV. Monitoring and evaluation**

23. Monitoring and evaluation will be guided by results-based management principles, based on the Results and Resource Framework and in line with the UNDAF monitoring and evaluation framework. Country programme results will be monitored and evaluated based on the defined set of indicators and targets. The country office will use the UNFPA corporate strategic information system to track progress towards planned results, including yearly and quarterly milestones and targets.

24. UNFPA will conduct operational research, baseline studies and thematic evaluations on sexual and reproductive health, gender-based violence and youth. Those assessments will provide evidence and guide programme interventions, and will measure progress and change towards planned results.

25. UNFPA and the Government Coordinating Authority will jointly conduct programme annual reviews, in collaboration with implementing partners, to assess progress towards outputs and outcomes and to inform the programme of any corrective actions. In collaboration with the Government and national counterparts, UNFPA will conduct a final country programme evaluation, which will inform the next programme cycle. UNFPA will also participate and contribute to the UNDAF review process and the final UNDAF evaluation.

26. UNFPA will strengthen the capacity of partners in results-based management and monitoring and evaluation, particularly in data collection, analysis and reporting.

## RESULTS AND RESOURCES FRAMEWORK FOR PALESTINE (2018-2022)

<p><b>National priority:</b> Better health care services and improve citizens' health and well-being.  <b>UNDAF outcome:</b> More Palestinians, especially the most vulnerable, benefit from safe, inclusive, equitable and high-quality services.  <b>Indicator:</b> Percentage of out-of-pocket expenditure on health. <i>Baseline:</i> 40.8%; <i>Target:</i> 32%.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b>  <u>Outcome indicator(s):</u>  <ul style="list-style-type: none"> <li>Percentage of unmet need for family planning  <i>Baseline:</i> 10.9%; <i>Target:</i> 8%</li> </ul> </p>	<p>Output 1: Strengthened resilience of national institutions and civil society organizations to sustain coverage of high-quality sexual and reproductive health services, including for adolescents and youth, and in humanitarian settings</p>	<ul style="list-style-type: none"> <li>Postnatal care coverage  <i>Baseline:</i> 38%; <i>Target:</i> 60%</li> <li>Percentage of physicians and midwives capable of utilizing the national obstetric care protocol  <i>Baseline:</i> 65%; <i>Target:</i> 90%</li> <li>Midwifery workforce policies are in place and based on the International Confederation of Midwives and World Health Organization standards  <i>Baseline:</i> No; <i>Target:</i> Yes</li> <li>Number of institutions that have capacity to implement the Minimum Initial Service Package at the onset of a crisis  <i>Baseline:</i> 5; <i>Target:</i> 10</li> <li>Number of youth centres offering referral services to youth-friendly health services  <i>Baseline:</i> 1; <i>Target:</i> 10</li> </ul>	<p>Ministry of Health; Palestinian Central Bureau of Statistics; National Committee for Population Registry; the United Nations Relief and Works Agency for Palestine Refugees (UNRWA); UNICEF; WHO; non-governmental organizations</p>	<p>\$8.5 million (\$1.5 million from regular resources and \$7 million from other resources)</p>
<p><b>National priority:</b> Our youth, our future  <b>UNDAF outcome:</b> All Palestinians are assured of responsive and enabling state functions at national and subnational levels.  <b>Indicator:</b> Disaggregated data from the latest population census and national household surveys accessible by users for policy-making through web-based platforms that facilitate mapping of socio-economic and demographic inequalities. <i>Baseline:</i> No; <i>Target:</i> Yes</p>				
<p><b>Outcome 2: Adolescents and youth</b>  <u>Outcome indicator(s):</u>  <ul style="list-style-type: none"> <li>National youth strategy incorporates sexual and reproductive health programmes and services  <i>Baseline:</i> No; <i>Target:</i> Yes</li> </ul> </p>	<p><u>Output 2:</u> Enhanced capacity of the national Government and civil society organizations to design and implement programmes on reproductive health, empowerment and civic engagement for adolescents and youth, with special focus on the most vulnerable</p>	<ul style="list-style-type: none"> <li>Number of vulnerable youth who completed empowerment programmes  <i>Baseline:</i> 8,000; <i>Target:</i> 15,000</li> <li>Number of youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage  <i>Baseline:</i> 2; <i>Target:</i> 10</li> <li>Number of national sectoral plans that have policies to address the linkages between population dynamics and investment in youth wellbeing. <i>Baseline:</i> 1; <i>Target:</i> 5</li> </ul>	<p>Ministries of Education; Social Development; Office of the Prime Minister; National Population Committee; Higher Council for Youth and Sports; UNRWA; UNICEF; UNESCO; UNDP, non-governmental organizations</p>	<p>\$6.5 million (\$1.5 million from regular resources and \$5 million from other resources)</p>
<p><b>National priority:</b> Gender equality and women's empowerment  <b>UNDAF outcome:</b> State and national institutions promote and monitor gender equality and enforce non-discrimination for all.  <b>Indicator:</b> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. <i>Baseline:</i> 37%; <i>Target:</i> 30%</p>				
<p><b>Outcome 3: Gender equality and</b></p>	<p><u>Output 3:</u> Strengthened capacity of</p>	<ul style="list-style-type: none"> <li>Number of gender-based violence survivors</li> </ul>	<p>Ministry of Women</p>	<p>\$9.5 million</p>

<p><b>women's empowerment</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months <i>Baseline: 37%; Target: 30%</i></li> <li>• Number of updates of the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations <i>Baseline: 0; Target: 2</i></li> </ul>	<p>health and social protection actors to promote gender equality, reproductive rights and to effectively address gender based violence, including in humanitarian settings</p>	<p>benefiting from services, including medical treatment, case management, psychosocial support, legal counselling and referral <i>Baseline: 1,500; Target: 100,000</i></p> <ul style="list-style-type: none"> <li>• Number of civil society organizations skilled in advocating for sexual and reproductive rights, including combatting gender-based violence, in compliance with human rights conventions and international standards <i>Baseline: 3; Target 10</i></li> <li>• Number of facilities equipped and functioning as safe spaces for gender-based violence survivors <i>Baseline: 4; Target: 10</i></li> <li>• Number of networks that upheld the gender-based violence referral pathway and introduced the minimum standards <i>Baseline: 4; Target: 10</i></li> <li>• Number of community leaders reached and sensitized with correct messages on gender-based violence prevention <i>Baseline: 1,800; Target: 7,000</i></li> </ul>	<p>Affairs; UN-Women; UNRWA; non-governmental organizations; community-based organizations</p>	<p>(\$1.5 million from regular resources and \$8 million from other resources)</p>
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