



**Executive Board of the  
United Nations Development  
Programme, the United Nations  
Population Fund and the United  
Nations Office for Project Services**

Distr.: General  
30 November 2015

Original: English

**First regular session 2016**

25 to 29 January 2016, New York

Item 4 of the provisional agenda

**UNFPA — Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for the Syrian Arab Republic**

Proposed indicative UNFPA assistance: \$11.3 million: \$3.3 million from regular resources and \$8.0 million through co-financing modalities and/or other resources, including regular resources

Programme period: Two years (2016-2017)

Cycle of assistance: Eight

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	1.8	2.4	4.2
Outcome 3	Gender equality and women's empowerment	1.0	4.6	5.6
Programme coordination and assistance		0.5	1.0	1.5
<b>Total</b>		<b>3.3</b>	<b>8.0</b>	<b>11.3</b>



## I. Situation analysis

1. More than five years into the crisis in the Syrian Arab Republic, the country's progress toward achievement of all 12 of its Millennium Development Goal indicators has reversed, as the humanitarian situation in the country continues to deteriorate, with extensive destruction of the infrastructure and an adverse economic and social impact on the population. The country has witnessed large-scale population displacements, resulting in significant demographic shifts. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as of November 2015, approximately 13.5 million people are in need of humanitarian assistance, including 6.5 million internally displaced persons, and over 4.2 million Syrians have fled the country and are registered as refugees by the Office of the United Nations High Commissioner for Refugees (UNHCR).

2. The crisis has severely affected many aspects of the Syrian health system. Some 42 per cent of hospitals and 22 per cent of primary health centres have been damaged. Almost half of the health workers are displaced or have left the country. The unilateral economic and financial measures imposed on the country have exacerbated the negative economic situation and depleted the local market; most health facilities report shortages of medicines and supplies, due to deteriorating pharmaceutical industry and the supply chains, as well as problems of maintenance and repair of medical equipment.

3. The maternal mortality ratio was 52 deaths per 100,000 live births in 2009; it has continued to rise since the beginning of the crisis in 2011, reaching 62.7 per 100,000 live births in 2013. The contraceptive coverage for all methods meets the needs of more than one third of the women of reproductive age and half of deliveries are carried out by qualified practitioners. Increasing difficulties in data gathering, collation, analysis and utilization impede institutional capacities to plan and monitor health programmes. Increased poverty and displacement, coupled with lack of formal health insurance, constrain the population's access to health services. The deteriorating security situation and limited access to some of the targeted areas further challenges programme implementation, monitoring and reporting.

4. Over 57.3 per cent of the Syrian population is below the age of 24; accordingly, youth, whether displaced or living in host communities, are one of the population groups most affected by the crisis. The educational and employment opportunities for youth have been disrupted or severely limited; almost two-thirds of young people were without employment in 2014. Crisis-affected youth often also suffer from isolation, limited social trust and income, and inadequate access to health services, including sexual and reproductive health services; this contributes to increases in negative coping mechanisms, including drug addiction, which consequently diminishes their social participation and inclusion. As a result of the crisis, young women are often left unsupported, with shortages of resources, and subject to physical abuse and sexual exploitation, since a high number of young men, including family breadwinners, have migrated or been displaced, or have perished. While the sexual and reproductive health of young people and gender-based violence services are integrated in the overall provision of social and health services, there is a limited focus on services tailored for the most affected young people.

5. Although gender-based violence was not uncommon prior to the current crisis, the negative impact of the crisis has made Syrian women and girls more vulnerable to the various forms of gender-based violence, including child, early and forced marriage, domestic violence and sexual violence. Adolescent girls and women are exposed to exploitation, abuse, sexual slavery and international trafficking. Sexual violence has also been reported against men, women, adolescents and even children. The crisis led to an increase in the number of female-headed households, who have consequently assumed more responsibilities and heavier workloads to support their families in the

absence of men from the home and the community. Outside the home, in some areas, Syrian women and adolescent girls face increased risks and multiple forms of vulnerability, negatively affecting the enjoyment of their rights, including their reproductive rights. Economic insecurity, the perception that marriage will provide protection for girls in an unstable environment, and lack of alternative opportunities contribute to a dramatic increase in child, early and forced marriage.

## **II. Past cooperation and lessons learned**

6. The seventh country programme was evaluated in 2010, prior to the onset of the crisis. Its achievements are as follows: (a) increased awareness of population issues, leading to political debate and policy commitment, including through preparation of the Syrian Government's first population report; (b) increased availability and enhanced utilization of data on reproductive health issues, youth needs and concerns and domestic violence, due to enhanced national capacity in these areas; (c) scaled-up focus on quality standards of reproductive health, including emergency obstetric care; (d) provision of strategic support for national gender mainstreaming efforts and coordination mechanisms; (e) increased voluntarily counselling and testing for HIV/AIDS; and (f) expanded humanitarian response and interventions to meet the increased demand for reproductive health and gender-based violence services.

7. UNFPA implemented humanitarian programmes during 2011-2014 under the framework of consecutive Syrian Arab Republic Humanitarian Assistance Response Plans and, in 2015, under the framework of the Strategic Response Plan for the Syrian Arab Republic. Meanwhile, longer-term development-related programme interventions have been halted, with some exceptions. Safe and unimpeded access in the country remains a significant challenge for UNFPA due to widespread insecurity and conflict, shifting front lines and other constraining conditions; this also affects the implementation capacity of humanitarian partners.

8. Since 2010, a series of studies, humanitarian needs assessments, response plan monitoring and mission reports indicate the following: (a) the need to establish and expand partnerships with civil society and the private sector to increase the access of crisis-affected people to reproductive health and gender-based violence; (b) building the capacity of local partners to engage in more specialized programme implementation enables delivery of humanitarian aid to areas with limited access, (c) improving social protection mechanisms is important to enhance the status of crisis-affected people; (d) the use of a third-party monitoring approach allows local entities to monitor the quality of humanitarian response such as the reproductive health voucher programme; and (e) studies, operational research and frequent needs assessments in an evolving environment are required to more accurately inform response planning and decision-making.

## **III. Proposed programme**

9. The proposed two-year country programme has been designed in cooperation with the Government of the Syrian Arab Republic (Ministry of Foreign Affairs and Expatriates, Planning and International Cooperation Commission, Ministry of Health, Ministry of Higher Education, Ministry of Social Affairs, Central Bureau of Statistics and Syrian Commission for Family Affairs and Population), and civil society partners, including the Syrian Arab Red Crescent and the Syrian Family Planning Association. The programme is aligned with the national development priorities and the United Nations Strategic Framework 2016-2017, while taking the evolving situation of the country into consideration. The overall programme strategies will complement the Strategic Response Plan and the indicators of both documents will converge.

10. The proposed country programme will be implemented primarily in crisis-affected areas, including those hosting high concentrations of internally displaced populations, targeting both displaced persons and host communities, with a particular

focus on women and young people. The target populations will be identified through selection criteria determined in close coordination with protection, health and other sectoral groups. The programme aims to strengthen institutional capacity and the resilience of communities while continuing to deliver services to meet the urgent and protracted humanitarian needs of the affected population.

11. Building on the humanitarian response carried out by the country office over the last five years, the country programme will support provision of reproductive health services and protection of reproductive rights, averting further deterioration of maternal health, increasing antenatal and postnatal care, improving contraceptive prevalence, addressing the needs of young people and combatting gender-based violence. The United Nations declared a system-wide 'level three' emergency in the Syrian Arab Republic in early 2013, and humanitarian needs have continued to grow since. Therefore, UNFPA modes of engagement will include service delivery, in addition to targeted capacity development and, at a limited scale, knowledge management and advocacy.

12. The programme will focus on (a) improving access to high-quality reproductive health care (b) scaling-up gender-based violence prevention and response; and (c) supporting capacities to collect and use gender- and age-disaggregated data for tailoring response and recovery programming. It will integrate delivery of reproductive health and gender-based violence services and information through support to partners to operate mobile teams, medical points, health centres and hospitals, and women-friendly and youth-friendly spaces. Targeting young people as well as population and development areas of concern, especially for early recovery, and evidence-based data for programming and monitoring in humanitarian contexts, will be crosscutting themes, integrated in both outcomes.

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

13. Output 1: Increased capacity of the health system to deliver quality integrated reproductive health services, particularly for the people affected by the crisis, including host communities and displaced population, with a special focus on young people. Strategies include (a) supporting the restoration of integrated reproductive health services, including rehabilitation of maternal health centres affected by the crisis; (b) supporting increased availability and accessibility of youth-friendly and high-quality reproductive health services, tailored to the needs of crisis-affected populations; (c) supporting timely availability reproductive health equipment, medicines and supplies, including contraceptives to strengthen services delivery to crisis-affected population; (d) developing capacities of health service providers to cater for existing and emerging reproductive health needs; and (e) strengthening participation of the private sector in the areas of capacity building and service delivery; (f) engaging with communities to raise awareness on reproductive health issues and ensuring adequate community feedback; and (g) supporting and expanding national capacity on data collection, needs assessments and other operational research targeting displaced populations, their needs, and population mobility and structure changes, to improve the integration of population and reproductive health issues into local plans and programmes.

#### **B. Outcome 3: Gender equality and women's empowerment**

14. Output 1: Strengthened capacity of implementing partners to prevent and respond to gender-based violence, with a special focus on vulnerable women in humanitarian settings. Strategies include (a) developing the capacity of governmental and non-governmental institutions, including the Ministry of Health, Ministry of Social Affairs, Syrian Family Planning Association, Syrian Commission of Family Affairs and Population, Syrian Arab Red Crescent and other non-governmental organizations on gender-based violence prevention and response; (b) supporting availability of and access to comprehensive gender-based violence response services; (c) strengthening

the multisectoral response to gender-based violence, including health, psychosocial and legal response; (d) supporting advocacy efforts to integrate gender-based violence prevention and response in population and development sectoral plans and service delivery; (e) supporting data collection through need assessments and operational research to inform evidence-based programming and monitoring; (f) documenting national best practices in addressing gender-based violence.

15. Output 2: Strengthened capacity of community leaders and young people to advocate against gender-based violence, including child, early and forced marriage. Strategies include (a) engaging the media to play a positive role in communication and information related to gender-based violence, to promote positive social change; (b) engaging young men to create a supportive community environment to combat all forms of gender-based violence; (c) building capacity of youth change agents to reinforce positive social norms, attitudes and behaviours at community level; (d) involving policymakers, community leaders and other stakeholders to generate a gender-receptive social and political environment and combat all forms of gender-based violence, with particular focus on child marriage; and (e) increasing the awareness of women and girls of available gender-based violence prevention and response services.

16. Considering the evolving situation, the above two outcomes should be understood to represent the primary components of the broader population and development priorities in the Syrian Arab Republic.

#### **IV. Programme management, monitoring and evaluation**

17. The country office relies on the 2014 partnership plan to facilitate the implementation of the programme, using both national and direct execution modalities. The Planning and International Cooperation Commission, in cooperation with the Ministry of Foreign Affairs and Expatriates, is responsible for the overall coordination of cooperation with the United Nations system, including UNFPA. The programme will be implemented by competitively selected partners identified by UNFPA and the Government, based on relevance to the programme and capacity for high-quality implementation. Main partners include but will not be limited to the Ministry of Health, Ministry of Higher Education, Ministry of Social Affairs, Central Bureau of Statistics and the Syrian Commission for Family Affairs and Population, along with national non-governmental organizations, community-based organizations as well as academic institutions. UNFPA will continue to actively participate in established sectoral working groups and humanitarian coordination forums, and provide leadership for the gender-based violence working group.

18. Monitoring and evaluation of the programme will be conducted in accordance with the country programme monitoring and evaluation plan. Monitoring might be constrained due to the dynamic security situation; however, the monitoring and evaluation plan will include third-party monitoring, considered to be a viable means of implementing the plan in cases where direct access is not feasible.

19. The country office includes staff funded from the UNFPA institutional budget that perform management and development effectiveness functions. UNFPA will mobilize around \$8 million in support of the country programme implementation, utilizing all modes of engagement, including advocacy, knowledge management, capacity building and service delivery. UNFPA will allocate resources for staff members who provide expertise and support to implement the programme. UNFPA will seek through its internal and external networks technical support, as required.

## RESULTS AND RESOURCES FRAMEWORK FOR SYRIAN ARAB REPUBLIC (2016-2017)

<p><b>National priority:</b> Responses to people's basic needs: water, sanitation, health, housing, energy, and sustainable livelihoods and education. Institutional needs: to enhance institutional performance in analysis, planning, implementation, monitoring and reporting.</p> <p><b>United Nations Strategic Framework outcome:</b> Basic and social services and infrastructure restored, improved and sustained for self-supporting, living, enabling and promoting enhanced resilience. Targeted institutions have mechanisms to develop, implement and monitor evidence-based policies, strategies, plan and resilience programmes.</p> <p><b>Indicator:</b> Percentage of families with access to health services aggregated by governorate. <i>Baseline:</i> 50 per cent; <i>Target:</i> 60 per cent. Number of targeted institutions with operational evidence-based mechanisms developed for generating national policies and resilience programmes. <i>Baseline:</i> 0; <i>Target:</i> 2</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b> Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline:</i> 50 per cent; <i>Target:</i> 60 per cent</li> <li>Contraceptive Prevalence Rate (for all methods) <i>Baseline:</i> 36 per cent; <i>Target:</i> 60 per cent</li> </ul>	<p><u>Output 1:</u> Increased capacity of the health system to deliver high-quality integrated reproductive health services, particularly for the people affected by the crisis, including host communities and displaced populations, with a special focus on young people</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of maternal health centres supported to provide basic emergency obstetric and newborn care services in accordance with established protocols <i>Baseline:</i> 12; <i>Target:</i> 18</li> <li>Number of health facilities supported with reproductive health equipment, medicines and commodities <i>Baseline:</i> 200; <i>Target:</i> 300</li> <li>Number of health workers trained to deliver RH services including emergency obstetric and newborn care <i>Baseline:</i> 80; <i>Target:</i> 160</li> <li>Number of women receiving reproductive health services (including antenatal and postnatal care, emergency obstetric and newborn care and family planning services) <i>Baseline:</i> 650,000; <i>Target:</i> 1,000,000</li> </ul>	<p>Ministry of Health; Ministry of Higher Education; Syrian Arab Red Crescent; Syrian Family Planning Association; faith-based organizations; non-governmental organizations; United Nations Children Fund; World Health Organization; International Medical Corps; Central Bureau of Statistics; Y-PEER</p>	<p>\$4.2 million (\$1.8 million from regular resources and \$2.4 million from other resources)</p>
<p><b>National priority:</b> Community needs: infrastructure, reenergizing productive sectors, including women's participation in local economic development, return of internally displaced persons and socioeconomic integration in rural areas; (b) Institutional needs: enhance institutional performance in analysis, planning, implementation, monitoring and reporting</p> <p><b>United Nations Strategic Framework outcome:</b> Households and communities benefit from sustainable livelihood opportunities, including economic recovery and social inclusion. Targeted institutions have mechanisms to develop, implement and monitor evidence-based policies, strategies, plan and resilience programmes</p> <p><b>Indicator:</b> Proportion of population living in extreme poverty. <i>Baseline:</i> 64.7 per cent; <i>Target:</i> 64.7 per cent. Number of targeted institutions with operational evidence-based mechanisms developed for generating national policies and resilience programmes. <i>Baseline:</i> 0; <i>Target:</i> 2</p>				
<p><b>Outcome 3: Gender equality and women's empowerment</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Gender equality national action</li> </ul>	<p><u>Output 1:</u> Strengthened capacity of implementing partners to prevent and respond to gender-based violence, with a special focus on vulnerable women in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of facilities (safe spaces, clinics, facilities providing psychosocial services) supported to provide comprehensive gender-based violence prevention and response services <i>Baseline:</i> 7; <i>Target:</i> 14</li> <li>Number of professionals trained on clinical management of rape <i>Baseline:</i> 8; <i>Target:</i> 20</li> </ul>	<p>Syrian Association of Family Affairs and Population; Syrian Family Planning Association; Ministry of Social Affairs; Ministry of Information; Ministry of <i>Awqaf</i>; Ministry of Health</p>	<p>\$3.6 million (\$0.6 million from regular resources and \$3.0 million from other resources)</p>

<p>plans that integrate reproductive rights with specific targets and national public budget allocations <i>Baseline: No; Target: Yes</i></p>	<p><u>Output 2:</u> Strengthened capacity of community leaders and young people to advocate against gender-based violence, including child, early and forced marriage</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of community awareness raising campaigns that promote gender equality and addressing gender-based violence <i>Baseline: 5; Target: 10</i></li> <li>• Number of specialized non-governmental organizations and associations that are active in community mobilization to combat child marriage and gender-based violence <i>Baseline: 4; Target: 8</i></li> <li>• Number of youth-targeted awareness campaigns addressing the issue of child, early and forced marriage <i>Baseline: 0; Target: 2</i></li> </ul>	<p>Syrian Association of Family Affairs and Population; Syrian Family Planning Association; Y-PEER; Ministry of Health; Ministry of Information; Ministry of Awqaf; Levantina; Syrian Arab Red Crescent; Central Bureau of Statistics</p>	<p>\$2.0 million (\$0.4 million from regular resources and \$1.6 million from other resources)</p>
---	---	--	---	--