

**COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR
SYRIAN ARAB REPUBLIC**

Annual session 2022

Comments by Australia	UNFPA country/regional office response
<p>Australia remains deeply concerned about the situation in Syria and the impact that a decade of conflict has had on the Syrian people. We consider the context analysis does not fully reflect the extent of the crisis, how it has unfolded or acknowledge the Syrian regime’s part in contributing to this dire humanitarian emergency. The context analysis would benefit from presenting the conflict and current situation in a way that is consistent with UN Security Council and General Assembly resolutions. It should reinforce the need for a comprehensive peace process in line with UNSC resolution 2245 to provide an enabling environment for addressing the continuing challenges faced by the Syrian population.</p>	<p>The comment is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence. A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>Australia recommends all UN CPDs emphasise the importance of protecting human rights, especially vulnerable groups such as religious and ethnic minorities, and would welcome an outline of how UNFPA will meet its commitment to monitor compliance with human rights safeguards in line with UN safeguard policies.</p>	<p>The comment is well noted.</p> <p>The protection of human rights is a central focus for UNFPA within its mandate area, specifically the protection of women and adolescent girls from all forms of gender-based violence. Globally, and in Syria in particular, UNFPA leads the GBV subsector and the sub-cluster of the UN protection sector/cluster; and in all aspects of its areas of work, UNFPA champions the rights of women, girls and young people. Given the protracted crisis in Syria, the focus is on protection/GBV needs of women and girls in the context of crises in Syria. Para 8 of the CPD makes reference to human rights within its mandate area. It also explicitly addresses people with disabilities throughout the document.</p> <p>The CPD clearly focuses on enhancing the rights of the most vulnerable people to access SRHR services and comprehensive GBV prevention and response (in particular outputs 1 and 5).</p>

<p>We welcome support for the building of resilience in affected communities but would recommend more community level approaches to ensure a diversity of mechanisms for achieving this.</p>	<p>The comment is well noted.</p> <p>The United Nations and UNFPA in Syria are expanding their area-based and community-based interventions within the context of early recovery and resilience-based programming. Donor support to such initiatives is very welcome, as more donor funding would allow for more community-level interventions.</p> <p>Community-based approaches to address GBV and strengthen gender equality using gender transformative programming are incorporated in the document (see para 23).</p>
<p>Maintaining a strong field presence is essential for the delivery of programs throughout Syria. The draft CPD would benefit from more discussion on the challenges and risks to maintaining that access (including the security environment), not only within the country but across borders. In the context of the challenges, we would welcome more discussion on where in Syria UNFPA plans to focus its activities, the rationale for that focus and an assessment of the needs met relative to the needs in other areas in Syria.</p>	<p>The comment is well noted. We would very much welcome such discussion in any format convenient for Australia.</p> <p>UNFPA chooses its priorities based on the United Nations system-wide needs assessments (HNO-HRP), as well as UNFPA-specific area and thematic assessments, as well as the assessments of other humanitarian actors. Extensive field visits and improved access across Syria allow UNFPA to do verification and conduct assessments of needs in various parts of the country and tailor programmatic interventions in those areas.</p> <p>UNFPA has extensive field experience, with field offices in Aleppo, Homs, Deir Ez-zour and a hub in Qamishli. UNFPA Syria bases its programming on assessments conducted on a regular basis through its field offices, taking into consideration the specific context in the area in which it operates, in order to ensure the relevance of its programming to local needs and service delivery that is human rights based, neutral and impartial, in line with "do no harm" principle. UNFPA has an internal Accountability to Affected Population Task Force to provide technical support to implementing partners and has put in place client feedback mechanisms in its facilities. Throughout the programme cycle UNFPA ensures close engagement with beneficiaries and key stakeholders to inform programme planning, implementation and support monitoring of interventions.</p>
<p>We would welcome discussion on how UNFPA will ensure the integrity of indicators, particularly against Output 6.</p>	<p>Output 6 and related activities are within the core mandate of UNFPA; hence it has an elaborate toolkit globally for supporting socio-demographic studies and research. Such interventions follow the established methodologies. However,</p>

	<p>the context in Syria is making such studies and research riskier and thus it is more difficult to obtain reliable results. UNFPA is planning to engage international technical expertise and skilled academicians including local university professors to mitigate such risks and enhance local technical capacity to manage population- and demography-related research and data required for the UN/UNFPA programming in Syria. UNFPA will also rely on the central bureau of statistics to obtain available data and gaps to ensure that the produced research findings meet local needs.</p> <p>We would very much welcome such discussion in any format convenient for Australia on how UNFPA will ensure the integrity of indicators, particularly against Output 6.</p>
<p>We welcome the commitment to disability inclusion and the collection of disability disaggregated data.</p>	<p>The comment is well noted.</p>

<p>Comments by Belgium</p>	<p>UNFPA country/regional office response</p>
<p>Belgium regrets that with regards to the broader analysis of the reality in Syria today, no reference is made in the draft CPD as to the role of the Syrian regime in causing the humanitarian, social and economic crisis situation it is intended to address. Likewise, we regret the absence of any reference whatsoever to the conflict as well as the need for a sustainable, comprehensive, genuine and inclusive political process. Belgium has clear expectations as to the inclusion of these aspects in the CPD.</p>	<p>The comment is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, it provides an overview of the current situation in the areas of UNFPA mandate - sexual and reproductive health, gender and GBV, young people, and population data. It also looks at the current contextual issues affecting these areas of UNFPA's mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p> <p>Moreover, the CPD is a technical document focused on situating UNFPA's work within the United Nations Strategic Framework and identifying the programmatic priorities of its interventions. The primary priority for UNFPA through this CPD is to secure conditions to provide principled, on-the-ground</p>

	<p>assistance to meet the immediate humanitarian needs of Syrians, prevent a further escalation of needs, and build the resilience of vulnerable communities.</p>
<p>Belgium remains committed to the full implementation of the UN Parameters and Principles for Assistance in Syria and expects the CPD to reflect and monitor this. In this vein, Belgium would seek additional safeguards as to the relationship with ministries and other public entities in the different activities proposed as to ensure that assistance is delivered in a fair, equitable, non-discriminatory and non-politicized manner and that human rights and protection implications are carefully considered.</p>	<p>The comment is well noted.</p> <p>UNFPA is strictly abiding by the principles of neutrality, impartiality, and independence in its operations in Syria. UNFPA is operating both within the United Nations and UNFPA-specific risk management systems and is subject to regular scrutiny by its internal control mechanisms and donors, including annual audits, spot-checks, thematic discussions within the Regional UN-Donor Dialogue Mechanism, and other safeguards.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p> <p>Further, for the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>Moreover, UNFPA assistance is to be prioritized based on the needs of the population, with a particular focus on the needs of vulnerable groups and communities, in a manner that protects human rights as an outcome, and that such assistance be delivered in a fair, equitable, non-discriminatory and non-politicized manner.</p>
<p>Belgium regrets that in terms of risk assessment, para 30 does not reflect in an appropriate manner the serious threat posed to programme delivery as a result of the protracted conflict and violence</p>	<p>The comment is noted.</p> <p>An amendment has been reflected in para 30 to address this comment.</p> <p>The CPD refers to security concerns in the context of its programme implementation and UNFPA applies the “UN Programme Criticality” assessment to its programme interventions to ensure that UNFPA staff and</p>

	<p>partners stay and deliver in all circumstances, except when the risk is rated as “unacceptable”.</p> <p>Further, UNFPA will, as it has for a number of years, continue to carry out systematic and participatory risk assessments and put in place the required mitigation measures for all types of contextual and technical risks. The risks for the UNFPA operations are managed and mitigated both through the risk management system led by the UNRC office, and the UNFPA risk management system, managed as part of UNFPA’s robust internal controls system.</p> <p>More specifically, the UN system in Syria maintains a common risk analysis and collective mitigation measures. These build upon individual agency risk analysis and mitigation measures specific to their particular mandates and operations which are updated on an annual basis or more regularly if needed. The inter-agency Risk Management Working Group has developed a risk register including mitigation measures, which is reviewed and updated on a regular basis. Common risk management and due diligence measures are overseen by the RC/HC with support of the UNCT, Humanitarian Country Team, Programme Management Team, Operations Management Team, and PSEA network in Syria.</p>
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Comments by Denmark	UNFPA country/regional office response
<p>Denmark reiterates its general concerns regarding the UNSF, a number of which are reflected in the UNFPA draft CPD.</p> <p>These include:</p>	<p>This point is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the context also provides an overview of the current situation in the areas of UNFPA mandate - sexual and reproductive health, gender and GBV, young people, and population data. It also looks at the current contextual issues affecting these areas of mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the UNFPA CPD are firmly within the areas of its mandate, and are defined by the principles of humanity, neutrality, impartiality, and independence.</p>

	<p>Moreover, the CPD is a technical document focused on situating UNFPA’s work within the United Nations Strategic Framework and identifying the programmatic priorities of its interventions. The primary priority for UNFPA through this CPD is to secure conditions to provide principled, on-the-ground assistance to meet the immediate humanitarian needs of Syrians, prevent a further escalation of needs, and build the resilience of vulnerable communities.</p>
<p>Insufficiently holistic analyses of the conflict in Syria, its root causes, human rights violations and its realities on the ground, including the dire humanitarian situation in northern Syria. There is a need for deeper and broader analysis of the continued state of conflict in the country and its development since its beginning in 2011, as the basis for any programming. Challenges related to humanitarian access and thereby delivery of humanitarian assistance in line with humanitarian principles should also be elaborated.</p>	<p>UNFPA assistance is to be prioritized based on the needs of the population, with a particular focus on the needs of vulnerable groups and communities, in a manner that protects human rights as an outcome, and that such assistance be delivered in a fair, equitable, non-discriminatory and non-politicized manner. UNFPA adopts a context-sensitive and community-based approach to the delivery of its programming to ensure that inclusive, community-driven priorities and solutions inform UNFPA programming.</p> <p>Para 17 has been amended and now states the following "The new country programme will address the areas of UNFPA assistance that are complementary to the large-scale humanitarian programme delivery within the framework of the humanitarian response plan. The programme will ensure the linkages with the humanitarian response plan, particularly on integrating institutional and community resilience with a more effective humanitarian response, focusing on early recovery interventions in line with UNSCR 2585. UNFPA will continue to focus on reaching the most vulnerable, including people with disabilities and older people, through a range of multi-pronged sexual and reproductive health and comprehensive gender-based violence prevention and response interventions, to ensure that no one is left behind. UNFPA will also implement long term evidence-based community mobilization strategies to address the root cause of GBV through gender transformative programming, addressing the needs of women and adolescent girls."</p> <p>The issues of humanitarian access and humanitarian response are fully elaborated in the HRP, which the CPD links to and complements.</p>
<p>Footnotes regarding reservations on the side of the Syrian regime regarding the UN “Principles and Parameters of UN assistance in Syria”: Adherence to P&P remains essential. We expect all aspects of implementation of the CPD’s and programming to be</p>	<p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has</p>

<p>compliant and within the scope of P&P and the UN/agencies to ensure that adherence is monitored.</p>	<p>neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Further, for the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p>
<p>Denmark is guided, inter alia, by the EU Council Conclusions on Syria from April 2018 in our decision-making and as donor in response to the Syria conflict. The EU Council Conclusions stipulate that “EU assistance must benefit the population of Syria and avoid benefits accruing to the Syrian regime that would legitimise its national and local governance”. CPD references to the strategy plan “Syria 2030” are concerning. Denmark reminds agencies of donor conditionalities, including those of the EU, not to support reconstruction until a political process, on the basis of UN Security Council Resolution 2254, is firmly underway</p>	<p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>Denmark regrets that UNFPA has chosen to include a restrictive terminology when it comes to sexual and reproductive health and rights in the draft CPD. Generally, in the draft CPD, including in the results framework, the document refers solely to “reproductive health” with very few exceptions. This in spite of the fact that outcome indicators in UNFPA’s Strategic Plan refer to “sexual and reproductive health” (for example on page 11, output 5 in the draft CPD). While Denmark recognises that there might be specific cases in which it is relevant solely to speak about reproductive health, Denmark is of the opinion that for the majority of cases in this document there should, as a minimum, be a reference to “sexual and reproductive health”.</p>	<p>The CPD is a key instrument for UNFPA to advance the ICPD Programme of Action. To this end, UNFPA remains committed to promoting sexual and reproductive health. Indeed, the term “sexual and reproductive” health is referenced 8 times in the CPD. It also uses reproductive health, depending on the context, and there are two references to “sexual and reproductive health and rights”. It is worth noting that these references exceed what was in the previous CPD that was approved in 2016.</p> <p>That notwithstanding, the document has been amended to reflect the comment from Denmark throughout the text.</p>
<p>Denmark takes note that the country programme outputs are to a high degree formulated as capacity building outputs, even if they include other important elements, such as for example advocacy around family-planning and prevention of GBV.</p>	<p>The comment is well noted.</p> <p>In the context of Syria, the technical capacity of SRH and GBV service providers remains a major gap across the country, therefore it is prioritized in the framework of the CPD. It is impossible to deliver any services and do programme interventions in Syria, as in any other country, without strengthening</p>

	<p>the capacity of individual service providers and institutions, such as local NGOs which provide SRH and GBV services, health facilities, safe spaces, shelters, and community-based facilities supporting youth integration and empowerment. It is equally not possible to utilize donor resources effectively and efficiently without building the capacity of service providers to manage and provide assurance for the use of those resources.</p>
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<p>Comments by European Union</p>	<p>UNFPA country/regional office response</p>
<p>This is a difficult programme proposal to assess. The UN’s role and position in a country like Syria is complicated and needs to finely balance support for the government (as the recognised authority of a member state) and the role in upholding international laws, defending the rights of people including IDPs and refugees, whose lives and freedoms have been violated, ensuring they defend/ protect the most disadvantaged. The war in Syria continues yet the government – and, it seems, the UN - has started to invest in stabilisation, moving from response to recovery and reconstruction</p>	<p>This comment is well noted.</p> <p>UNFPA, as part of the United Nations system in Syria, is bound by the Security Council resolution 2585, which opens the space for early recovery interventions. UNFPA is by no means engaged in any stabilization and reconstruction activities in Syria.</p> <p>For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>UNFPA in Syria operates with the framework of multiple safeguards, including UN and UNFPA risk management systems, internal controls, the Regional UN-Donor dialogue mechanism, and others.</p>
<p>1. Political concerns: <u>Language that neutralises the protracted war in Syria and the role of the government</u></p> <p>The language referencing the Syrian war is overall very passive and neutral and significantly diminishes the scope, scale and drivers of the long-standing conflict. The language also neutralises the government’s responsibility and role in the war. The programme itself anticipates a shift from supporting refugees, IDPs and marginalised populations to also include support to capacity building of government institutions. We propose to identify nuanced language on the UN’s work (overall) with government institutions also in coordination with other UN agencies.</p>	<p>This point is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises.</p> <p>The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence. UNFPA is by no means engaged in</p>

	<p>reconstruction. It has neither the mandate nor resources, expertise and intention to do any reconstruction work in Syria. The CPD aims to expand the early recovery interventions, in line with the Security Council resolution 2585. These may include humanitarian rehabilitation of critical SRH and GBV facilities at the local level to ensure the access of women, adolescent girls and young people to essential and lifesaving services.</p>
<p>2. Technical/ programmatic issues: <u>Limited reference to gender transformative programming</u></p> <p>Although the programmes defined in outputs 1-5 are including a range of activities, they are weak on the UNFPA’s approach to gender transformative programming approach and addressing structural norms. The links between child marriage, the rights of girls and women, gender-based violence and maternal mortality are not well set out or elaborated.</p>	<p>The CPD was revised (paras 6, 7, 8 and 9) to incorporate the links between child marriage, the rights of girls and women, gender-based violence and maternal mortality.</p>

<p>3. We note that the proposed programme begins the shift from response to recovery and reconstruction. As such, we find the document does not sufficiently reference the significant reforms needed in the health system to build a primary health care approach based on community engagement, health promotion and prevention (including SRHR) and through cost-effective approaches such as task shifting, promoting the role of the midwife, and prioritising an essential package of health services for women and children. In light of this, we suggest the document better references plans to develop a national health strategy that addresses the long-standing structural challenges in the health system (a medicalised, urban focused, hospital centred, out-of-pocket payment-oriented system) and how the UNFPA will invest to promote UHC based on a platform of primary health services. These are critical dimensions of Leaving No One Behind and “reaching the furthest first” which are showcased in the UNFPA global strategy plan.</p>	<p>We appreciate the suggestions to support the development of a national health strategy.</p> <p>On 31 March 2022, the National Strategy on Reproductive, Maternal, Neonatal, Child and Adolescent Health, 2022-2025, was launched with support from UNFPA, WHO and UNICEF. The next steps are to facilitate the operational plan and costing of the strategy. The CPD (para 15) has been amended to reflect this recent development.</p>
<p>In addition, while we recognise the range of activities centred on reaching women and men to reduce gender-based violence and adverse SRHR related health outcomes (notably preventable maternal mortality), we consider that the causes of these challenges to be under-diagnosed and the approaches adopted in the programme document are overly silent on gender-transformative programming modalities. We recognise that the role of the UNFPA is to balance vision and opportunity which means the space for operationalising gender transformative programming may not always be clear. But a stronger commitment is vital and would be consistent with the UNFPA global strategy (2022-2025).</p>	<p>This is well noted.</p> <p>UNFPA appreciates the suggestion to better reflect this in the CPD. UNFPA is strongly committed to gender-transformative programming and has initiated several pilots including but not limited to a pilot project on social norms change to prevent GBV and the ‘female drivers project’ to support transportation for beneficiaries. UNFPA chairs the UN Gender Working Group and Reproductive Health Sub-working group and actively supports advocacy, information and knowledge sharing on gender-transformative initiatives between agencies and with key stakeholders.</p> <p>The CPD document was revised (paras 10, 17, 19, 23) to further elaborate the adoption of the gender-transformative programming to address GBV and enhance gender equality.</p>
<p>Lastly, the proposed outputs are possibly over focused on counting the numbers of trainings or reports or other deliverables.</p>	<p>The last comment is well noted.</p> <p>UNFPA develops annual plans as well as monitoring plans to follow up on the progress of the CPD implementation and measure the progress towards the set</p>

<p>The M&E plan has a range of important outcomes (maternal deaths which can only be measured periodically) but also many that in and of themselves seem less informative. We suggest that there is a need to more clearly measure UNFPA investments into building equity and increased access to essential SRHR services by those most vulnerable and in need.</p>	<p>indicators. The measurement of the output indicators is also carried out during the midyear review and the country program evaluation which were included in the annexes of the CPD (costed evaluation plan of the CPD).</p>
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<p>Comments by France</p>	<p>UNFPA country/regional office response</p>
<p>France has concerns with regards to many aspects of this country programme. We request UNFPA to take the following comments into account and thoroughly review the document.</p>	<p>This comment is well noted.</p>
<p>The CPD should better reflect the reality of the ongoing conflict as well as the impact of 11 years of conflict. Responsibilities of the Syrian regime in war crimes, crimes against humanity and corruption should be further highlighted. Crisis-sensitive programming should be taken into account especially in regard to the “do no harm” principle. The ongoing political process and the framework of UNSCR2254, including mediation from the UNSG special envoy for Syria, should also be reflected in the text as a political solution for a sustainable peace. The need for the establishment of rule of law and fight against impunity is not reflected in the analysis.</p> <p>France would therefore like to see these elements taken into account, including an explicit reference to the UNSCR 2254, throughout the document and in particular in the contextual analysis.</p>	<p>This point is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p> <p>Moreover, the CPD is a technical document focused on situating UNFPA’s work within the United Nations Strategic Framework and identifying the programmatic priorities of its interventions. The primary priority for UNFPA through this CPD is to secure conditions to provide principled, on-the-ground assistance to meet the immediate humanitarian needs of Syrians, prevent a further escalation of needs, and build the resilience of vulnerable communities.</p> <p>UNFPA Syria bases its programming on assessments conducted on a regular basis through its field offices, taking into consideration the specific context in the area</p>

	<p>in which it operates, in order to ensure the relevance of its programming to local needs and service delivery that is in line with "do no harm" principle.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p> <p>Moreover, UNFPA assistance is to be prioritized based on the needs of the population, with a particular focus on the needs of vulnerable groups and communities, in a manner that protects human rights as an outcome, and that such assistance be delivered in a fair, equitable, non-discriminatory and non-politicized manner.</p>
<p>Compliance with the UN Parameters and Principles (P&P) is an essential element in the implementation of this CPD. The reservations expressed by the Syrian authorities (see footnote 1) are a cause for concern. Strict compliance should be mentioned in the risk analysis, given the position expressed by the Syrian regime.</p> <p>According to the P&P, “Assistance must be prioritized based on the needs of the population rather than on government driven”: assistance must be prioritized based on the needs of the population with a particular focus on the needs of vulnerable groups and individuals, in a manner that protects human rights as an outcome for all UN action in Syria.</p> <p>We are therefore concerned that the assistance of the UN in Syria could be defined according to the Syrian regime’s needs and</p>	<p>This comment is well noted.</p> <p>For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>UNFPA in Syria operates with the framework of multiple safeguards, including UN and UNFPA risk management systems, internal controls, the Regional UN-Donor dialogue mechanism, and others.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the</p>

development strategy (Strategy “Syria 2030”) and to the extent to which the UN system would seek to benefit Damascus/line Ministries through national capacity building, given the high level of corruption that is not mentioned in the CPD, and with the risk this gives a sense of normalization, which is not acceptable. Early recovery and resilience programs should focus on communities and on the local level.

In line with the P&P, “Life-saving humanitarian needs remain enormous in Syria and assistance delivery through the most direct routes remains critical”: assistance should more than ever remain focused on meeting the enormous humanitarian needs of the population. Given the current circumstances, we believe it is too early to go further than resilience and early recovery. In addition, development activities would strengthen the Syria regime’s institutions at the expense of the protection of Human Rights.

Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”

The needs of Syrian people, and in the case of UNFPA the needs of women, adolescent girls, and young people specifically, are defined by UN independent need assessments, such as Humanitarian Needs Overview (HNO), Multi-sector needs assessment (MSNA), and assessments of the humanitarian partners. UNFPA strictly follows those assessments when designing its interventions. The “Syria 2030” document provides a broad priorities framework and neither defines needs nor directs UN assistance in Syria.

As well as the wider UNCT’s Approach to Resilience Assistance – is focused on the local, community level. Moreover, it adopts a community-driven, bottom-up approach, in which community priorities – identified through extensive, inclusive dialogue between communities and local authorities – inform UNFPA programming in targeted areas. This ensures that assistance is prioritized based on the needs of the population, with a particular focus on the needs of vulnerable groups and communities, and that UNFPA programming abides by the Parameters and Principles’ call for a “human-rights based approach to programming, including participation, empowerment, local ownership and sustainability”, and that such assistance “must be delivered in a fair, equitable, non-discriminatory and non-politicized manner”.

As per the UNFPA policy definition, national capacity building covers strengthening the technical capacity of SRH and GBV service providers, which includes local and national NGOs (e.g. the IPPF member Syrian Family Planning Association/ SFPA), community midwives and volunteers, academic institutions, and technical staff of line ministries dealing with various aspects of SRH and GBV services.

However, UNFPA has never advanced and will not advance any funding to the staff of the line ministries to implement the UNFPA programme of assistance. The UNFPA supported services are delivered only via local, national and international NGOs, UN agencies and other humanitarian actors. There are multiple safeguards and oversight mechanisms in place for UNFPA, such as audits, spot-checks, evaluations, monitoring visits, etc, to minimize the risks of misuse of the funds by implementing partners.

<p>The intervention framework of the UNFPA should be better explained in relation to the implementation of UNSCR2254 as well as the intervention sectors of early recovery (water, sanitation, health, shelter) and restricted to local actors. In this respect the indication para 17 that “The programme will focus.... in line with the humanitarian-development continuum.” is too vague and should be rephrased</p>	<p>The comment is well noted.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p> <p>Para 17 has been revised to better reflect the link between humanitarian and early recovery interventions.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>References to sanctions including “external factors” should be deleted (paragraph 1).</p>	<p>This language is fully aligned with the Strategic Framework and is in line with the requirement to derive CPDs from the Strategic Framework (or equivalent).</p>
<p>Outputs 3, 4, 5, 6 (pages 6 and 7) explicitly include national capacity building</p> <p>This capacity building goes beyond the mandate of the funds and programs in Syria related to the implementation of the unanimously adopted UNSCR 2254. It also does not comply with the UN Parameters and Principles as well.</p> <p>As a result, France would like to see these outputs modified to comply with UNSCR2254</p>	<p>The explanation of the national capacity development is provided above, and it is in compliance with the Security Council resolution 2254, as it is focusing on the technical capacity of service providing institutions, such as local and national NGOs, sexual and reproductive health facilities, GBV safe spaces, shelters, community well-being centres, among others.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>It states on page 8 “This includes strengthening national statistical capacities, including the capacity for routine age- and sex-</p>	<p>Supporting capacity for disaggregated data is an essential and indispensable part of humanitarian and early recovery programming in Syria. Only by using the</p>

<p>segregated data collection, to ensure effective monitoring, evaluation and voluntary national reporting on the country's progress towards the achievement of the Sustainable Development Goals.</p> <p>Strengthening national capacity building is not consistent with UNSCR2254. If strong attention is to be paid to data to monitor and measure the impact of UNFPA actions, this should be done as proposed by UNDP in its CPD through close work with other UN departments and agencies.</p>	<p>disaggregated population data can the needs and areas of needs be identified, attributed and, finally, targeted through programme interventions. The data collection, analysis and management allows UNFPA to identify and address the GBV, protection and SRHR needs. Therefore, this core component of UNFPA is very important and does require technical engagement and strengthening the capacity to manage UNFPA programme data with the statistical institutions. UNFPA will be engaging other partners and external expertise as well.</p> <p>CPD implementation will use the monitoring plan to track the implementation progress. Coordination with other UN agencies in the monitoring of the CPD is reflected in the CPD, page 8.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>The UN has documented the systemic practice of sexual and gender-based violence by the regime. This should be reflected in UNFPA CPD. Paragraph 6 and 8 should be revised accordingly in order to be in line with the reality of Syria</p>	<p>This comment is well noted.</p> <p>GBV is one of the major issues within the context of protracted crises in Syria. It is perpetuated by multiple actors and has multifaceted manifestations. The CPD refers to the GBV as a multidimensional phenomenon, as it is not possible to name all parties or single out one party who is engaged in GBV in Syria. The CPD is designed to address the prevention and management of GBV consequences in its multiplicity and complexity, while maintaining the neutrality, impartiality, and independence of its interventions (ref: para 23).</p>
<p>Contextual analysis should make a clear reference to the political, administrative and security obstacles for a voluntary, safe and dignified return of refugees</p>	<p>The UNFPA CPD contextual analysis focuses on the areas of its mandate, namely SRH, GBV, population data and well-being and skills of young people. UNFPA ensures that its services are available and accessible for all people in need, including refugees and IDPs in all locations where it supports service provision and area-based / community level resilience and early recovery interventions.</p> <p>UNFPA adopts a context-sensitive and community-based approach to the delivery of its programming to ensure that inclusive, community-driven priorities and solutions inform UNFPA programming.</p>

Comments by Germany	UNFPA country/regional office response
<p>CPDs are overall well drafted and address the right priorities in light of the multiple challenges in the SYR context.</p>	<p>This comment is well noted and appreciated.</p>
<p>However, the CPDs do only partly reflect the current situation in SYR. There is no mention of the conflict which is in its 12th year or the role of the SYR regime in causing the extreme challenges that the UN programmes try to address.</p>	<p>This point is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p> <p>Moreover, the CPD is a technical document focused on situating UNFPA’s work within the United Nations Strategic Framework and identifying the programmatic priorities of its interventions. The primary priority for UNFPA through this CPD is to secure conditions to provide principled, on-the-ground assistance to meet the immediate humanitarian needs of Syrians, prevent a further escalation of needs, and build the resilience of vulnerable communities.</p> <p>UNFPA in Syria operates with the framework of multiple safeguards, including UN and UNFPA risk management systems, internal controls, Regional UN-Donor Dialogue Mechanism, and others.</p>
<p>The CPDs also reflect the reservations of the SYR regime regarding the UN Parameters and Principles. We suggest to underline that the full implementation of UN Parameters and Principles is key to the UN engagement for the SYR population.</p>	<p>UNFPA operates fully in line with the current “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p>

	<p>For the first time, the Parameters and Principles of UN Assistance are explicitly referenced in the CPD which, if adopted, will become the accountability framework for UNFPA operations in Syria.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
Continued conflict and violence pose serious threats to UN programme implementation. It would be appropriate to reflect these aspects more carefully in the CPD's risk management.	<p>The comment is noted.</p> <p>An amendment has been reflected in para 30 to address this comment.</p>
Please refer to current data on humanitarian needs based on the HNO for 2022 that reflects a reports increase of humanitarian needs.	<p>The comment is well noted.</p> <p>In order to align with the Strategic Framework, data in the CPD references the 2021 HNO.</p>
Germany welcomes legal improvements in the status of women as mentioned in paragraph 6. However, this should be contrasted with adverse practices that impede the realization of such improvements of rights which, according to our assessment, affect the whole country and not only specific governorates that are further specified in paragraph 8 as “parts of the country that were influenced by designated terrorist groups”.	<p>The comment is well noted.</p> <p>The text in para 8 has been revised to reflect the comment</p>
The Principles and Parameters of United Nations Assistance in Syria apply to all measures of the United Nations in Syria and should not be limited to early recovery as suggested in paragraph 15.	<p>The comment is well noted.</p> <p>While the footnote has changed, the language on the Parameters and Principles of UN Assistance is aligned verbatim with the Strategic Framework. However, it is absolutely understood that the Parameters and Principles applies to the entirety of UN assistance to Syria, including all UNFPA activities under the proposed new CPD. UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p>
The UNSF is highlighting the methodology of an ‘area-based approach’ as a tool for reinforcing integrated participatory and	<p>The comment is well noted.</p>

<p>conflict-sensitive local planning for activities concerning resilience and early recovery should be mentioned as guiding principle under this CPD as well.</p>	<p>The ‘area-based approach’ is reflected in the CPD, in para 18 now says "While still in a protracted humanitarian crisis, Syria is gradually transitioning in some geographic areas to early recovery, where the resilience of people and communities has become key for operationalizing the humanitarian-development continuum, in line with the UNSCR2585. Due to the prevailing context, the country programme will utilize advocacy and policy dialogue, knowledge management, capacity building and service-delivery modalities, using area-based planning approaches. The programme will widely benefit from solutions generated by the UNFPA Syria Innovation Lab. The innovative models of programme delivery and service provision will be tested and scaled up jointly with UNFPA partners in Syria."</p>
<p>Potential risks to the implementation to UNFPA’s programme, as to all UN programmes in Syria, include Human Rights violations. This should be mentioned amongst potential risks in paragraph 30. Safeguards against Human Rights violations should also be mentioned amongst the criteria for the selection of implementing partners.</p>	<p>The comment is well noted.</p> <p>UNFPA CPD will enhance the rights of the affected population to access comprehensive SRHR services and information in coordination with other UN agencies and local community through increasing the demand and supply of quality SRHR services without discrimination, with a special focus on the most vulnerable population. The CPD text has been revised (ref: para 4) to incorporate the comment</p> <p>UNFPA strictly follows the global standards and procedures for the selection of its implementing partners. These are checked against the list of partners on a UN “blacklists”, including for human rights abuses.</p>

<p>Comments by Netherlands</p>	<p>UNFPA country/regional office response</p>
<p>SF-level comments</p> <p>The Netherlands wishes to thank the UN agencies for their continued engagement and appreciates the adjustments that were made in the final stages based on grave concerns of The Netherlands and other donors. However, the Netherlands reiterates some serious concerns regarding the UN Strategic Framework for Syria (Framework). The Netherlands, joined by other member states, has previously expressed strong objections</p>	<p>This comment is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and</p>

<p>to the narrative of the Framework and concerns that it could undermine country level UN programs designed to help alleviate suffering of the Syrian people. The Netherlands is disappointed that the final Framework ignores the fact that conflict is the main cause of Syrians’ suffering today. The document does not use the word “conflict” to describe the situation in Syria since 2011</p>	<p>GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p>
<p>The Netherlands reiterates its call for a political solution and emphasises that no normalisation, lifting of sanctions or reconstruction will be possible until the Syrian regime engages in a political transition, in the framework of UNSCR 2254 and the Geneva process. The Netherlands will not support UN programs that engage in reconstruction, and we will keep holding the UN to the commitments it has made within the “Parameters and Principles of UN Assistance in Syria.” Support to early recovery activities is strictly limited to early recovery activities as clearly defined under the HRP.</p>	<p>This comment is well noted.</p> <p>For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>UNFPA in Syria operates with the framework of multiple safeguards, including UN and UNFPA risk management systems, internal controls, Regional UN-Donor dialogue mechanism, and others.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p> <p>UNFPA, as part of the UN system in Syria, is bound by the Security Council resolution 2585, which opens the space for early recovery interventions.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>The Netherlands shares concern that the principle of ‘non-refoulement’ is not included in the Framework, where Pillar III ‘(...) resilient return’ mentions returns. Any discussion on returns should explicitly express the importance of ‘non-refoulement’. Conditions in Syria do not currently allow for safe and sustainable refugee returns. It is essential that the principle of non-refoulement is respected; that any refugee returns are voluntary, safe, informed, and dignified; and that the key concerns of the majority of Syrian refugees regarding a return</p>	<p>The UNFPA CPD is strictly focusing on its mandate areas and its derivation from the SF is limited to the areas of its mandate, namely SRH, GBV, population data and well-being and skills of young people. UNFPA ensures that its services are available and accessible for all people in need, including refugees and IDPs in all locations where it supports service provision and area-based / community level resilience and early recovery interventions.</p>

<p>home are addressed, including their personal safety and that of their families.</p>	
<p>CPD-level comments & questions</p> <p>The Netherlands remains concerned that a CPD based on a flawed Strategic Framework can have serious implications for UN activities and programmes in the country. Can UNFPA provide explanation and clear measures on how it intends to address this and mitigate any risks associated with implementing this CPD on the basis of the UN Strategic Framework for Syria?</p>	<p>The United Nations and UNFPA have been operating in the very high-risk environment of Syria for the last decade. A number of internal and external safeguards and controls have been established and will continue to operate during the period of the SF and CPD implementation. These include but are not limited to robust risk management systems, internal and external oversight mechanisms, the Parameters and Principles of UN Assistance in Syria, full compliance with UNSCR 2254 and UNSCR 2585 which guide our work and accountability, as well as a Regional UN-Donor Dialogue Mechanism that provides a platform for discussing the full scope of issues of concern to the UN and Member States.</p>
<p>For the Netherlands, at the core of any UN engagement in Syria is adherence to “Parameters and Principles of UN Assistance in Syria,” including the principles of neutrality, humanity, impartiality, and independence for life-saving humanitarian assistance and early recovery and resilience activities. This also counts explicitly for the work of UNFPA as it plans to implement the new CPD. However, Footnote 17 (“The Government of the Syrian Arab Republic does not accept the document titled ‘Parameters and Principles of UN Assistance in Syria,”) effectively renders implementation with adherence to the Parameters and Principles impossible. Can UNFPA provide clear explanations and assurances on how it intends to address this and implement the CPD within the framework set by the Parameters and Principles?</p>	<p>In addition to the response to the previous question, it should be noted that the Parameters and Principles reinforce most of the principles that the UN has been adhering to in Syria and other countries. UNFPA has all the required safeguards and internal and external control and oversight mechanisms to implement the CPD in Syria in full compliance with the Parameters and Principles.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p> <p>Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p>
<p>Pressure from the regime to deviate from UN values and principles is a serious risk. Can UNFPA provide clear information and assurances that a risk mitigation system is in place to resist any pressure from the regime; to continue to work and implement the CPD fully aligned with UN values and principles; to report any instances of pressure to the Executive</p>	<p>UNFPA has been operating in the high-risk environment of Syria for the last decade. In Syria, both the United Nations and UNFPA have established entire risk management systems that have a number of components that ensure mitigation and management of the risks. These also include regular internal and external audits, spot-checks, monitoring visits, oversight and internal control mechanisms, to mention a few highlights. UNFPA is furthermore committed to maintaining an</p>

<p>Board; and to address practices of government corruption, diversion of aid to favoured communities and profiting from exchange rate arbitrage?</p>	<p>open dialogue with Member States on the CPD throughout the implementation period.</p> <p>UNFPA further actively participates in the UN inter-agency Risk Management Working group, which oversees the risk register and mitigation measures at inter-agency level. The UN system in Syria maintains a common risk analysis and collective mitigating measures. These build upon individual - agency risks analysis and mitigating measures specific to their particular mandates and operations which are updates on a regular basis. Common risk management and due diligence measures are overseen by the RC/HC with support of the UNCT, Humanitarian Country Team, Programme Management Team, Operations Management Team, and PSEA network in Syria.</p> <p>UNFPA has strengthened its operational capacities around finance and procurement to reduce and mitigate any risks of wrongful diversion of resources in these areas through improved due diligence and appropriate risk identification and mitigation measures in responsible party selection, procurement and human resource processes. It ensures that its personnel and partners are conscious of the controls that need to be applied.</p>
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Comments by Sweden	UNFPA country/regional office response
<p>The programme rationale is relevant and looks at the main issues that women and girls face and that are related to UNFPA's niche and mandate, however, focus on GBV is very low and not well articulated especially the service provision (prevention and response of GBV)</p>	<p>The comment is well noted.</p> <p>The CPD has been revised (paras 3, 4, 10, 17, 23) to better incorporate gender equality and GBV comprehensive prevention and response</p> <p>The paragraphs on GBV have been expanded accordingly (ref: paras 17 and 19).</p>
<p>If we look at the amount of information related to reproductive health and compare it to the amount of info related to GBV in the programme rationale. What is the reason for this? This could be telling about UNFPA's priorities and based on our follow up with 5 different country offices, usually the RH programming is way better than the GBV programming delivered. We would want to hear UNFPA reflections on this. We would also urge UNFPA to</p>	<p>In Syria and elsewhere, UNFPA is committed to advancing the ICPD Programme of Action and sexual and reproductive health, in line with its mandate and expertise. The CPD therefore has a strong focus on promoting various aspects of sexual and reproductive health.</p> <p>At the same time, in Syria, the GBV component is equally as large as SRH under the humanitarian response programme and given the context in which UNFPA operates. To better address the needs of women and girls in Syria, UNFPA is</p>

<p>develop their needs assessment that will enable them to develop the GBV related info in the programme rationale.</p>	<p>strengthening integrated SRH/GBV service provision, whilst using health as an entry point to provide GBV services.</p> <p>Globally and in Syria, UNFPA leads the GBV sub-sector under the Protection Cluster, as well as champions GBV mainstreaming across all sectors and humanitarian actors. UNFPA is also leading the RH working group to support the advocacy on the integration of RH and GBV services This CPD is complementary to the UNFPA humanitarian response. GBV is the second largest component of the proposed programme, and this is a common approach for UNFPA in most countries.</p> <p>The SRH component has been revised (para 17) to better reflect the additional elements of the SRH component.</p>
<p>The same comment is applicable to the programme priorities (and hence the logframe) where the first three outputs are related to RH, however, when it comes to the outputs related to GBV, they only talk about the strengthened institutional capacity to prevent and respond to GBV (output 4) and the improved capacities of the key institutions and partners to address discriminatory social practices and ensure women’s empowerment and gender equality (outcome 5).</p> <p>However, nothing is clearly articulated about the service provision itself for response mainly (prevention is mainly covered in the work on policy and laws however no specific activities at community level to address the prevention aspect of GBV). As for the log frame, same comment is applicable.</p> <p>It is very clear that a PD should be strategic and general, but the comment above is still applicable and including service provision for GBV clearly articulating what is to be done should be included, just the same way it was done for RH.</p>	<p>The comments are well noted.</p> <p>UNFPA delivers its major GBV humanitarian response under the HRP. The CPD is complementary to the HRP/humanitarian response in addressing the elements and gender and GBV priorities that are not covered under the HRP. This is done to avoid duplications. The complementarity of both is reflected in an update to para 17 of the CPD.</p> <p>Community-based GBV interventions using gender transformative programming are reflected in the programme document. The population data component of the CPD supports the generation and dissemination of demographic data and also the relevant data on SRH, gender, GBV and youth components, including for planning, monitoring, and reporting purposes.</p>
<p>UNFPA tends to say women’s empowerment and gender equality in their CPD instead of clearly articulating GBV as one of their clearly articulated mandates, hence, we would like to know if there is a specific reason for this. We are aware that Syria is a</p>	<p>UNFPA has a strong mandate on both gender equality and empowerment of women and GBV. Gender equality is absolutely key for achieving UNFPA’s three transformative results as reflected in the UNFPA Strategic Plan 2022-2025.</p>

<p>sensitive and challenging context however not to the extent of barely mentioning GBV.</p>	<p>Therefore, output 5 of the CPD focuses on gender equality, given the Syrian context and priorities, and the absence of UNW in Syria.</p> <p>UNFPA delivers its major GBV humanitarian response under the HRP. The CPD is complementary to HRP/humanitarian response in addressing the elements of gender and GBV priorities that are not covered under the HRP. This is done to avoid duplications. The complementarity of both is reflected in an update to Para 17 of the CPD.</p>
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<p>Comments by Turkey</p>	<p>UNFPA country/regional office response</p>
<p>Turkey, along with other member states, has expressed its strong concerns regarding the UN Strategic Framework 2022-2024 for Syria and objected to the narrative of this document, which does not correctly reflect the current situation in the country and the ongoing conflict, where the Syrian regime is responsible for the devastating socio-economic and humanitarian situation in the country.</p> <p>The Strategic Framework ignores the fact that the enormous social and economic problems as well as the destruction of critical civilian infrastructure in Syria are the direct result of the regime’s ongoing war against its own people. The entire narrative is shaped around the idea that there is no culprit behind the situation. As such, the Framework reflects the views of the Syrian regime, rather than the needs of the Syrian people and reproduces and supports the discourse of the regime.</p>	<p>This comment is well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p>
<p>The UNFPA CPD draft has the same shortcoming in context analysis. This, in turn, could hinder proper risk management and undermine country level implementation, whose sole focus should be addressing the needs and alleviating the suffering of the Syrian people in the face of an ongoing conflict.</p> <p>In order to do that, the UN must maintain the consistency and coherence of its overall engagement in Syria, in line with “One</p>	<p>This comment is well noted. As noted in paras 10, 11, and 28-32, UNFPA places high importance on its diverse partnerships with all UN partners. UNFPA will proactively engage in different working groups established at the country level to enhance programmatic and operational coherence of “one UN”. In that regard, UNFPA is part of the UN Country Team, the Humanitarian Country Team, the Programme Management Team, and the Operations Management Team, where it</p>

<p>UN” approach. Different pillars of the system cannot employ contradicting policies. How does the UNFPA plan to ensure this?</p>	<p>supports the reform agenda, and will be an active member in various other system-wide working groups and task forces.</p> <p>UNFPA is part of the UN joint programmes implemented in Syria and also promotes a joint approach to context-sensitive area-based early recovery in the field that leverages the resources and comparative advantages of different UN agencies in delivering more integrated and impactful early recovery assistance in prioritized areas.</p> <p>For its part, the UNFPA CPD is complementary to the UNFPA humanitarian response under the Syria HRP where the needs of all Syrians are addressed across the whole of Syria, including through cross-line and cross-border mechanisms. The CPD is focusing on the areas of the mandate that are not or are partially covered under the HRP/humanitarian response.</p>
<p>It is crucial that the UN, including its funds and programs, both at the planning and implementation phases, reflect the views, expectations and the needs of all Syrian people. This is also a requirement of the “Whole-of-Syria” approach, which was established by the Organization itself in response to the humanitarian situation.</p> <p>UN programming cannot overlook the needs of millions of Syrians by treating the regime as the only counterpart or beneficiary of its assistance, in particular when it is unclear what the regime is expected to deliver in exchange for this assistance.</p> <p>Given the serious problem of regime’s corruption and diversion of international aid for its own purposes, close monitoring and meticulous risk management, with full institutional transparency and all necessary safeguard measures are essential. How does the UNFPA plan to ensure this?</p> <p>It is also crucial that the issue of early recovery is implemented without discrimination for all Syrians in need throughout the country, the majority of whom live outside the control of the regime. How does the UNFPA plan to ensure this?</p>	<p>UNFPA ensures that its services are available and accessible for all people in need, including refugees and IDPs in all locations where it supports service provision and area-based / community level resilience and early recovery interventions.</p> <p>The CPD, as noted above, is derived from and aligned with the Strategic Framework in line with the QCPR and UNDS reform requirements. It is the primary programming framework for UNFPA. For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p>

<p>Well-intentioned efforts of the UN or its frameworks and program documents cannot be allowed to become instruments in the attempts of the regime to create a false impression of normalcy or a post-conflict narrative for Syria.</p> <p>The ultimate objective in Syria is a Syrian-led and Syrian-owned political transition in order to end the conflict, which is a UN facilitated process in line with Security Council resolution 2254.</p>	<p>Please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p> <p>The early recovery interventions are clearly guided by the Parameters and Principles of the UN Assistance to Syria, as stated both in the SF; the SF language is used verbatim in the UNFPA CPD. These interventions are/ will be implemented in all areas where UNFPA has access to, including cross-line areas. However, the scale of these interventions is very limited due to lack of funding and difficulties related to the cross-line access. UNFPA is hoping that Member States will support scaling up these interventions across the country. It is also clear that there will be certain areas and pockets where the emergency humanitarian interventions will be prioritized, based on the needs and the local context, including through cross-line and cross-border assistance.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>What are the concrete steps to be taken by the UNFPA to implement the CPD in line with UN’s Parameters and Principles for Assistance in Syria, when they are not accepted by the major recipient, namely the regime?</p> <p>The central, transformative promise of the 2030 Agenda for Sustainable Development and its SDGs is to leave no one behind. How does the UNFPA plan to implement the CPD without leaving any Syrian behind, in the context of an ongoing conflict where the main responsible of the aggravated problems that the UN Agencies are trying to address is the regime itself?</p>	<p>UNFPA has been operating in the high-risk environment of Syria for the last decade. In Syria, the UN and UNFPA both have established robust risk management systems that have a number of components that enable mitigation and management of the risks. These also include regular internal and external audits, spot-checks, monitoring visits, oversight and internal control mechanisms to mention some highlights.</p> <p>The Regional UN-Donor Dialogue Mechanism serves as an important mechanism for oversight and addressing the issues of concern for the UN Member States.</p> <p>See the response above on complementarity of HRP/UNFPA Humanitarian Response, including cross-line and cross-border and CPD.</p>

Comments by United Kingdom	UNFPA country/regional office response
<p>The United Kingdom reiterates its serious concerns regarding certain aspects of the UN Strategic Framework for Syria (Framework), particularly the absence of language around the</p>	<p>These comments are well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from</p>

<p>armed conflict and that Syria is not yet assessed as safe for refugees to return. The document contains outdated data or information, or pivotal information is omitted entirely.</p> <p>The CPDs, like the Strategic Framework, are lacking important references to the armed conflict and the resulting humanitarian crisis. We agree with the US that the CPDs’ country and community context analyses which inform both the public and its own program decision-making should reflect stakeholders’ input and the impact of armed conflicts on the country and local communities.</p>	<p>the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p>
<p>We welcome the emphasis on humanitarian early recovery being part of the UN’s response in Syria alongside emergency humanitarian relief, especially to ensure the implementation of the paragraphs related to early recovery projects contained in Security Council resolution 2585 (2021). Early recovery must be delivered firmly within our political red lines of no reconstruction until the conditions of a political settlement under 2254 have been met.</p>	<p>This comment is well noted.</p> <p>UNFPA operates fully in line with the “Parameters and Principles of UN Assistance in Syria”. UNFPA remains fully bound by the Parameters and Principles and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form.</p> <p>UNFPA, as part of the UN system in Syria, is bound by the Security Council resolution 2585, which opens the space for early recovery interventions.</p> <p>For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>The early recovery interventions are clearly guided by the “Parameters and Principles” of the UN Assistance to Syria, as stated both in the SF and verbatim in the UNFPA CPD. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p>
<p>The implementation of the UN’s humanitarian operations must adhere to “Parameters and Principles of UN Assistance in Syria,” including the principles of neutrality, humanity, impartiality, and independence for life-saving humanitarian assistance and early recovery and resilience activities. This includes securing access</p>	<p>UNFPA has been operating in the high-risk environment of Syria for the last decade. In Syria, the UN and UNFPA both have established the entire Risk management systems that have a number of components that ensure mitigation and management of the risks. These also include regular internal and external audits, spot-checks, monitoring visits, oversight and internal control mechanisms</p>

<p>to the geographies of Syria to reach the most vulnerable Syrians affected by conflict. Footnote #17, which reads “The Government of the Syrian Arab Republic does not accept the document titled ‘Parameters and Principles of UN Assistance in Syria,” raises significant questions about how the UN will secure the necessary permissions and access for principled aid delivery. The UK requests an explanation of how the UN will overcome the resistance of the Government to continuously improve its principled delivery.</p>	<p>to mention some. The Regional UN-Donor Dialogue Mechanism serves as an important mechanism for oversight and addressing the issues of concern for the UN Member States.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
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<p>Comments by United States of America</p>	<p>UNFPA country/regional office response</p>
<p>Overarching</p> <p>The United States reiterates its serious concerns regarding the UN Strategic Framework for Syria (Framework). While we acknowledge this is a document agreed to by the UN and host government, it underpins agency specific Country Program Documents (CPDs), which require Executive Board approval and implicate financial contributions to the work of UN agencies.</p> <p>The United States, joined by other member states, has expressed strong objections to the narrative of the Framework and concerns that it could undermine country level UN programs designed to help alleviate suffering of the Syrian people.</p> <p>We are disappointed that the final Framework by the UN and Assad regime retains language we find unacceptable. The UN Strategic Framework ignores the fact that conflict – and specifically, the Assad regime’s brutal war against its own people – is the main cause of Syrians’ suffering today. The document does not even use the word “conflict” to describe the situation in Syria since 2011.</p> <p>Nothing in the Framework alters the provisions of UN Security Council Resolution 2254, which was agreed unanimously by the</p>	<p>These comments are well noted.</p> <p>The CPD for the Syrian Arab Republic, as is the case for other CPDs and in line with the QCPR and UNDS reform requirements, is aligned with and derived from the Strategic Framework, as validated by the RC. As per the guidance for CPD development, the CPD primarily provides an overview of the current situation in the areas of UNFPA’s mandate - sexual and reproductive health, gender and GBV, young people, and population data while also looking at contextual issues affecting these areas of UNFPA’s mandate, such as economic and social conditions, humanitarian and other crises. The results and interventions provided in the CPD are firmly within the areas of the UNFPA mandate, defined by the principles of humanity, neutrality, impartiality, and independence.</p> <p>UNFPA adopts a context-sensitive and community-based approach to the delivery of its programming to ensure that inclusive, community-driven priorities and solutions inform UNFPA programming.</p>

<p>Security Council, and remains the agreed-upon international path for a political solution to the Syrian conflict.</p> <p>The United States firmly supports the work of the Commission of Inquiry, IIM, and other UN bodies, that are working to investigate crimes committed inside Syria by the Assad regime and other actors. The United States remains committed to promoting accountability for the regime’s atrocities, and we reiterate our willingness to impose U.S. sanctions on regime officials who commit atrocities. There can be no lasting political solution in Syria absent justice.</p> <p>The Framework will not change U.S. policy regarding assistance in Syria – including our opposition to government-led reconstruction in Syria in the absence of a political solution. The United States will not fund UN programs that engage in reconstruction, and we will keep holding the UN to the commitments it has made within the “Parameters and Principles of UN Assistance in Syria.”</p> <p>The 2022-2024 UN Strategic Framework is not representative of the realities on the ground and is not reflective of the work being done by UN actors. Moreover, the document is full of dated statistics and information, and has not been updated.</p> <p>From the perspective of the United States, UN agency CDPs based on a fundamentally flawed Framework could have implications for UN activities on the ground. We expect UNFPA to provide a clear explanation as to how it intends to mitigate the risk associated with the implementation of this CPD vis a vis the Strategic Framework in the following areas:</p>	
<p>First, the CPD and its implementation should adhere to the “Parameters and Principles of UN Assistance in Syria,” including the principles of neutrality, humanity, impartiality, and independence for life-saving humanitarian assistance and early recovery and resilience activities. Footnote #1, which reads “The Government of the Syrian Arab Republic does not accept the</p>	<p>For the first time, “the Parameters and Principles of UN Assistance in Syria” are explicitly referenced in the CPD.</p> <p>The early recovery interventions are clearly guided by the “Parameters and Principles” of the UN Assistance to Syria, as stated both in the SF and verbatim the UNFPA CPD. UNFPA remains fully bound by the Parameters and Principles</p>

<p>document titled ‘Parameters and Principles of UN Assistance in Syria,.’” effectively negates the possibility of implementing the CPD within the guidance of these Parameters and Principles. The United States requests the deletion of Footnote #1 and seeks clear assurances and explanations from UNFPA as to how it intends to implement this CPD in line with the Parameters and Principles.</p>	<p>and has not and will not engage in any activity that is in violation of the UNSCR 2254 and the Parameters and Principles document. UNFPA has neither a mandate, nor capacity, resources and intention to engage in reconstruction in any form. Also please note that Footnote 1, referring to the Parameters and Principles, has been revised to state: “The Government of the Syrian Arab Republic was not consulted on the “Parameters and Principles of UN Assistance in Syria.”</p>
<p>Second, UNFPA country and community context analyses to inform both the public and its own program decision-making must reflect all stakeholders’ input and the impact of armed conflicts on the country and local communities.</p>	<p>Moreover, UNFPA assistance is to be prioritized based on the needs of the population, with a particular focus on the needs of vulnerable groups and communities, in a manner that protects human rights as an outcome, and that such assistance be delivered in a fair, equitable, non-discriminatory and non-politicized manner.</p>
<p>Third, UNFPA management must recognise and acknowledge that the regime is responsible for the continued conflict and violence also poses serious risks to UNFPA work in country through pressure and threats to deviate from UN values and principles. UNFPA management must institute a system to mitigate such risks and to resist regime pressure and report to the Board whenever it happens. This also includes risk mitigation efforts to address well-documented examples of government corruption, diversion of aid to favoured communities, and profiting through exchange rate arbitrage.</p>	<p>UNFPA has been operating in the high-risk environment of Syria for the last decade. In Syria, the UN and UNFPA both have established entire risk management systems that have a number of components that enable mitigation and management of the risks. These also include regular internal and external audits, spot-checks, monitoring visits, oversight and internal control mechanisms to mention some. The Regional UN-Donors dialogue serves as an important mechanism for oversight and addressing the issues of concern for the UN Member States.</p>
<p>Fourth, no development or reconstruction activities can take place that will genuinely benefit the Syrian people, not the regime, until all Syrians have reached a comprehensive peace process and an inclusive political settlement in line with Security Council Resolution 2254. The United States would like a clear explanation as to how the UNFPA intends to implement this CPD in line with Resolution 2254.</p>	<p>Both UNFPA humanitarian response and early recovery interventions are explicitly guided by the Principles and Parameters of UN Assistance to Syria. UNFPA has never been and will not be involved in any reconstruction work in Syria. In fact, the scale of early recovery interventions is very limited due to lack of funding and difficulties related to the cross-line access.</p> <p>A reference to UNSC resolution 2254 has also been added to the CPD (see footnote 2).</p>
<p>Comments</p> <p>Throughout the CPD, the term ‘crisis’ is utilized but it must be clearly specified as the ‘humanitarian crisis’ and where applicable, the ‘protracted conflict’ to adequately and genuinely</p>	<p>The comments are well noted.</p> <p>All specific technical and programmatic comments have been carefully reviewed and addressed as much as possible, given the CPD text limitations.</p>

<p>represent the context and the operating environment. This is required also to frame the UNFPA response consistent with UNFPA’s internal humanitarian response country tiering system and associated parameters on permissible activities and related access to funding; including for transparency of process. In terms of consistency of systematic approach across CPDs, this minimization is problematic as other CPD contexts may legitimately refer to different types of crises (although not necessarily widespread) impacting a country context so the use here is not adequately precise. The United States considers this an egregious omission.</p>	<p>The CPD has been revised (paras 1, 2, 5, 7, 18) to reflect the humanitarian crisis instead of the crisis.</p>
<p>Programme Rationale</p> <p>The presentation of the health data including on sexual and reproductive health and rights should be referencing humanitarian standards including through the use of the Minimum Initial Service Package (known as the MISP) to ensure that the essential SRHR services are covered.</p>	<p>The CPD refers to MISP. Para 20 has also been updated to “scaling up from the Minimum Initial Service Package (MISP) towards comprehensive sexual and reproductive health services in areas where only minimal reproductive health services are provided.”</p>
<p>Paragraph 4: Please address and clarify in further detail the context of internally displaced persons, and whether the comment is suggesting that IDPs are not having their fertility and contraception needs met, and if so, why is that happening. Please clarify that access to SRH services for IDPs are covered.</p>	<p>Para 4 has been revised to reflect the comment.</p>
<p>Paragraph 5: Please specify the term humanitarian crisis where crisis is referenced.</p>	<p>Para 5 has been revised to address the comment.</p>
<p>Paragraph 6: Please specify to what age the minimum age of marriage was increased to.</p>	<p>Para 6: The minimum age of marriage at 18 has been added.</p>
<p>Paragraph 7: Please add ‘due to the ongoing humanitarian crisis’ at the end of sentence.</p>	<p>In para 7 “along with the humanitarian crisis” was added at the beginning of the sentence.</p>

<p>Paragraph 8: Regarding the sentence which asserts ‘in parts of the country that were influenced by terrorist groups,’ please better clarify the current status of these groups and whether they are no longer present or remain a threat.</p>	<p>Para 8 has been revised to highlight that women in general and especially women residing in the areas governed by the terrorist designated groups. The sentence refers to the past influence of such terrorist groups (incl. ISIL). While these may no longer be present, they have left a lasting impact on women and girls and the social norms in those areas.</p>
<p>Paragraph 13: The key lessons learned from the evaluation of the country programme appear to primarily focus on the maternal health outcomes with regard to the health status of women and girls. How did the evaluation consider integrated access to sexual and reproductive health services that connect to but also go beyond emergency obstetric care?</p>	<p>Para 13: Based on the findings of the country programme evaluation, the integration of services is well reflected in the CPD and considered as key approach to enhance the resilience of the most vulnerable population targeted through this programme.</p>
<p>Programme Priorities and Partnerships: Paragraph 15: Regarding the sentence related to ensuring the implementation of early recovery projects, does UNFPA implement early recovery programming? The tables included at the end do not present activities that are associated with early recovery. If not, this sentence should be edited specifically for UNFPA programming.</p>	<p>Para 15: UNFPA implements early recovery programmes in cooperation with UN agencies using area-based approaches to meet the needs for reproductive health and GBV services, strengthen gender equality and improve youth empowerment and integration. This is well reflected in the whole document.</p>
<p>Paragraph 18: Recommend the following edits: ‘While still in a protracted humanitarian crisis, there is heightened focus on implementing early recovery programs Syria is gradually transitioning in some geographic areas to early recovery, where the resilience of people and communities has become key for operationalizing the humanitarian-development continuum.’ Transitioning in this context is misleading. There are still humanitarian needs across Syria and a need for early recovery does not obviate the need for other types of humanitarian assistance.</p>	<p>Para 18: The CPD has been revised to add: “in line with the UNSCR 2585” (also in paras 15, 17), and the text is clear that transitioning is limited: “... Syria is gradually transitioning in some geographic areas to early recovery, where the resilience of people and communities has become key for operationalizing the humanitarian-development continuum”.</p>
<p>Paragraph 19 should specific ‘access to reproductive health services’ not lack of reproductive health.</p>	<p>Para 19: The text has been- revised as suggested.</p>
<p>Output 1: Recommend it specify ‘sexual and reproductive health and rights services’</p>	<p>Output 1 has been revised as suggested.</p>

<p>Paragraph 20: Encourage a broader framing of the improvement of quality services to include reproductive health services, including high-quality and safe family planning services. Noting that commodity availability is only one aspect of a health system's capacity and resilience to offer high-quality FP services. It would be helpful to have a better understanding of how the MISIP is currently being applied in Syria.</p>	<p>Para 20 has been revised as suggested. It has been updated to “scaling up from the Minimum Initial Service Package (MISP) towards comprehensive sexual and reproductive health services in areas where only minimal reproductive health services are provided.”</p>
<p>Output 2: Paragraph 21: Missing word ‘death’ after maternal. Recommend (a) be broadened to include communication on sexual and reproductive health services including maternal health and family planning. Please clarify or elaborate on whether the reference to community-based approaches are new in general or new in the Syrian context.</p>	<p>Para 21: The text has been revised to add “mortality” and revised as per the comment.</p>
<p>Output 3: Paragraph 22. Regarding reference to youth friendly spaces, consider emerging evidence on the shift toward establishing adolescent-responsive contraceptive services (ARCS), which is emerging as a more scalable and sustainable way to meet adolescents’ needs for contraceptive information and services than stand-alone models of adolescent-friendly services.</p>	<p>Para 22: Please note that youth-friendly spaces provide a range of services including SRHR services and information based on the particularity of the local context. This approach is being adopted gradually considering the cultural sensitivity in some areas in the country.</p>