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Population Fund and the United  
Nations Office for Project Services**

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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Lebanon**

Proposed indicative UNFPA assistance:	\$16 million: \$2.174 million from regular resources and \$13.826 million through co-financing modalities or other resources
Programme period:	Three years (2023-2025)
Cycle of assistance:	Fifth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2025

## I. Programme rationale

1. Lebanon today is at a pivotal juncture. It is under exceptional macro-financial duress due to the country's most devastating financial and economic crisis, compounded by the COVID-19 pandemic and the devastating port of Beirut explosions. The data that is available shows losses in economic activity and fiscal revenues, as well as higher inflation and poverty rates, exacerbating a range of political, social and environmental issues that are inflicting significant human suffering while also increasing risks of conflict and instability. The people of Lebanon are enduring an accumulation of structural crises. The ongoing economic and financial meltdown is rooted in an economic model that has failed to promote sustainable development. The crisis is occurring while the country still deals with the effects of the Syrian war. The mass exodus of 1.5 million Syrian refugees fleeing the war and seeking refuge in Lebanon has become a protracted refugee crisis, with Lebanon hosting, for over a decade, the highest number of refugees per capita in the world. The existence of Syrian refugees, like Palestinian refugees in Lebanon for over seven decades, continues to lack a legal framework that organizes their presence. The multiple crises have increased threats to peace by deepening the polarization among Lebanese political and sectarian groups and increasing tensions between the Lebanese and refugees. The current economic meltdown, coupled with the economic impact of the COVID-19 pandemic, exposed the country's social welfare system and intensified the need for a comprehensive social protection system that is both inclusive and rights-based, as the only adequate protection from such shocks.
2. Lebanon's real gross domestic product (GDP) per capita status recently changed to 'lower-middle-income' – its first drop since 1998. The multidimensional poverty rate in Lebanon has doubled, from 42 per cent of the population in 2019 to 84 per cent in 2022, while more than 90 per cent of Syrian refugees live in poverty. Recent indications are that 60 per cent of the almost 1 million people aged 15-24 years are unemployed, with the grim prospect of dramatic rises in unemployment and heightened job insecurity. An estimated 400,000 Lebanese nationals, mostly young and skilled, are reported to have emigrated by late summer 2021, and around 90 per cent of Lebanese with dual citizenship have left the country. Data from 2019 shows that an estimated 10 per cent of the Lebanese population lives with a form of disability, including physical, sensory, intellectual or mental disabilities, while 10-23 per cent of the refugees who have fled Syria since 2011 suffer from one form of disability (2018). Furthermore, more nuanced vulnerability analyses have shown that the GDP rates are also catching layers of marginalization, such as those in the regions most distanced from the capital, namely in the southern and northern parts of the country. Ensuring a link between macroeconomic planning related to economic recovery and 'leaving no one behind' is critical to re-establishing economic recovery with any long-term viability.
3. The country's challenges are twofold: a dearth in essential service delivery due to the brain drain; and a huge gap in the infrastructure needed to ensure basic social services. Most public social protection services are delivered by the private sector, including sexual and reproductive health and rights (SRHR) and gender-based violence (GBV), and the perception of public service quality is often poor although there has been a recent shift in accessing basic public services due to the unaffordability of private-sector services. Where mounting poverty is a concern, strengthening the public services is paramount.
4. The impact of the economic and fiscal crisis in the country has had a direct bearing on the provision and sustainability of basic and social services. The depletion of resources and fuel shortages have further compounded the crisis. Government hospitals are experiencing significant shortfalls in various resources and medical supplies, including reproductive health commodities. This is further magnified by the brain drain of the healthcare workforce, with more than 10 per cent of midwives, 20 per cent of nurses and around 40 per cent of doctors having already left the country. Health facilities across the country experience constant power outages for hours, with little or no backup. A sharp devaluation of the national currency has hiked the cost of medicines for drug distributors and pharmacies, resulting in prolonged shortages of basic drugs, medication and medical supplies, affecting the delivery of health and social services countrywide.
5. Earlier improvements in reducing the maternal mortality ratio (16 per 100,000 live births in 2020) were reversed (47 per 100,000 live births in 2021) among both Lebanese citizens and Syrian refugees. While the COVID-19 pandemic and related complications may be responsible for two-

thirds of this rise within one year only, the rest may be due to the challenges in the health system and the economic crisis. A 2021 study by UNFPA Lebanon on the impact of the economic crisis and the COVID-19 pandemic on access to reproductive health revealed that around 84 per cent of women to antenatal care was affected due to the economic crisis, an almost complete reversal from 2004, when 95 per cent of women had access to antenatal care. The same study revealed that more than 50 per cent of women reported that the COVID-19 pandemic affected their access to SRHR services.

6. The condition of women, including pregnant and lactating women, is rapidly deteriorating. In 2021, around 70 per cent of pregnant Lebanese and Syrian women could not secure their daily basic food and nutrition requirements, putting them at various health risks, including malnutrition, with more than 60 per cent reporting anaemia during pregnancy. Period poverty is on the rise. According to reports published in 2021, the prices for sanitary pads have increased by 400 per cent since 2019, and 66 per cent of girls are not able to afford them. The contraceptive prevalence rate has shown a sharp decline (from 54 per cent in 2010 to 35 per cent in 2021), with only 17 per cent of women engaging in family planning discussions with a health care provider. In 2004 (the latest figures available), the unmet need in family planning was estimated at 12.4 per cent; however, given the current crisis and the maternal mortality ratio and contraceptive prevalence rate trends, there is a strong assumption that the unmet need is currently higher.

7. Lebanon has deep-rooted and structural gender inequalities that are reflected in its ranking of 119 out of 146 countries in the World Economic Forum Gender Gap report of 2022. Although national prevalence data on violence against women is not available, call volumes on domestic violence hotlines have soared, and anecdotal evidence across the country indicates that the risks have increased, with strong indications of an increase in prevalence and severity of violence. A recent assessment revealed that 44 per cent of the women are witnessing increased violence and have reported feeling less safe in their homes since the start of the COVID-19 pandemic. At the service level, the most reported forms of gender-based violence are physical assault, psychological and emotional abuse, and sexual violence. Even though higher numbers of violence have been reported, underreporting remains a concern because of the stigma associated with GBV, compounded by other obstacles in seeking help, like rising transportation and telecommunication costs and other specific barriers for vulnerable women. The highest levels of GBV, including a significant incidence of child marriage, has been reported among Syrian refugees. The trend shows a sharp increase, with 20 per cent of Syrian girls aged 15-19 years reported to be married in 2021, compared to 6 per cent of Lebanese girls and women aged 20-24 years married before the age of 18.

8. The scarcity of updated data at national and subnational levels continues to be a challenge. The fragmented national statistical system data has hampered adequate programming and forecasting of national and sectoral plans. The country has continuously suffered from a weak civil registration and vital statistics system and the absence of a population census since 1932. Lebanon is presently experiencing a demographic transition, with an increasing cohort of younger and older populations, delayed marriage, and a sustained trend of falling fertility rates. However, the country may find it challenging to make use of any demographic dividends due to the multiple socio-economic challenges and the lack of adequate policies.

9. The current challenges that Lebanon faces need to be addressed through a multi-pronged programme approach that will respond to the most essential individual needs caused by the acute crisis, targeting particularly the most vulnerable, while also investing in resilient institutions and sustainable policies. The programme will strengthen systems and community preparedness while allowing for flexibility, considering the unpredictable nature of the context. It will build on existing good practices and lessons learned from past programmes and the recommendations of several thematic and sector evaluations, scaling up service provision in an integrated and comprehensive manner. An evaluation of the GBV integrated programme in sexual and reproductive health (SRH) has indicated that services need to be integrated in a manner that makes the services non-fragmented and user-friendly, through a “one-stop shop” model. For the integration to be sustained, it needs to be well supported with the necessary practical resources and effective service-quality monitoring.

10. An evaluation of the family planning counselling programme has shown that midwives who received such training were able to apply the knowledge gained via the training programme throughout their daily work practice. The challenge in providing family planning counselling to women remains the workload and shortage in availability of midwives; therefore, there is a need to institutionalize the provision of family planning counselling services. Further, the evaluation of the telehealth SRH services provided by UNFPA and its partners clearly indicated the significant added value was targeting women who would not have sought health services or medical care at the health centres or clinics. The awareness sessions were particularly valued, given their contribution to increasing the level of knowledge about SRHR among a wide audience, while engaging municipalities and key communities to maximize the dissemination of SRHR messages.

11. Lessons learned from the past country programme on the COVID-19 response suggest that leveraging multiple partnerships at the onset of the crisis can reinforce the position of UNFPA as the lead SRHR agency in developing and rolling out guidelines on COVID-19 and pregnancy (with medical associations), targeting 400 health facilities and reaching more than 1,500 health care providers, creating mixed networks (midwives) and a community-based workforce (social workers and community leaders) to detect, monitor and manage pregnancy cases and providing overall advice and guidance on the interagency coordination on reproductive health and COVID-19 programming and advocacy. UNFPA will leverage its comparative advantage to support normative and policy frameworks in SRHR and GBV, strengthen institutional capacities in GBV/SRHR, foster evidence-based SRHR and GBV programming (through targeted knowledge management), and provide leadership in interagency coordination.

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

12. The new country programme will capitalize on previous investments, while emphasizing the humanitarian-development-peace continuum, to meet the SRHR needs of women and adolescent girls and mitigate and address GBV. It aims at strengthening institutional capacities and fostering resilience, at national and community levels, to restore GBV/SRHR basic services, reinforce stability, promote a ‘social contract’ approach and contribute to transformational sustainable development and peace in the country. The two-pronged programme will meet the immediate health/protection needs of the most vulnerable population and strengthen recovery measures in the medium term.

13. The programme is aligned to the priorities highlighted under the relevant national strategies, in line with the Lebanon Crisis Response Plan, the Emergency Response Plan and the Lebanon Reform, Recovery and Reconstruction Framework, and responds to the key challenges on SRHR and GBV as articulated in the Common Country Analysis. It is derived from the United Nations Sustainable Development Cooperation Framework, 2023-2025, and will contribute to two strategic priority areas – People and Peace – as well as SDGs 1, 3, 5, 10 and 16. The programme is aligned to the UNFPA Strategic Plan, 2022-2025, and the programme priorities are adequately aligned with the voluntary commitments on ICPD+25 made in Nairobi in 2019.

14. The programme will support the Government’s efforts to reduce maternal mortality (in view of the recent upsurge), reduce the unmet need for family planning, and bolster prevention and response to increasing gender-based violence and harmful practices, including intimate partner violence, domestic violence and child marriage. It will support government efforts aimed at bridging the data production, analysis and dissemination gaps and at articulating context-specific medium-term policies. While there is no national development plan in Lebanon, the programme will aim to respond to relevant priorities articulated within related national/sector policies/strategies (on social protection, youth, health, older persons, ending violence against women and for persons with disabilities).

15. To ensure the programme responds to national priorities and is aligned with ongoing planned interventions, UNFPA engaged in a wide consultation process with more than 50 stakeholders, including representatives from line ministries, civil society organizations and United Nations

agencies. This consultative process also allowed UNFPA to identify synergies and opportunities for several collaborations.

16. UNFPA will partner with key stakeholders, namely line ministries and public institutions, including the Ministry of Public Health, Ministry of Social Affairs, Ministry of Youth and Sports, Ministry of Interior and Municipalities, the Central Administration of Statistics and the National Commission for Lebanese Women, for overall guidance. Other partnerships will be cultivated/nurtured with professional associations, syndicates, women and youth organizations, academia and research institutes for the provision of technical assistance and the generation of relevant evidence. For the execution of interventions, UNFPA will expand its partnership base in the target areas with local and international NGOs, youth and women coalitions as well as faith-based organizations. Although the private sector has been considerably affected by the economic crisis Lebanon has been facing since 2019, UNFPA will strive to partner with specific companies, particularly in telecommunication, to assess the potential for partnership for a wider reach, such as increasing women's and young people's access to SRHR information through digital technology. Potential collaboration will be explored with the World Bank on health and protection. The country office will also explore partnering with Arab financial institutions, such as the Saudi Fund for Development, the Kuwait Fund and the Islamic Development Bank, for leveraging the comparative advantage of UNFPA into supporting health and protection systems resilience.

17. The collaboration with the United Nations system that UNFPA established under the past programme has yielded successful outcomes, such as the development and endorsement of the national youth action plan with UNICEF; the generation of evidence with related advocacy and support to the women, peace and security agenda with UN-Women; the capacity assessment of the National Statistical Office with UNDP; and the youth empowerment interventions following the Beirut Port explosion with UNESCO and UNODC, among others. In the context of the new programme and in line with the relevant outputs of the UNSDCF, these partnerships will be sustained and expanded to achieve the desired results and targets. UNFPA will also maintain its lead/co-lead role on several inter-agency coordination structures, such as the task forces on the gender-based violence information management system, on sexual and gender-based violence, and on the clinical management of rape survivors, as well as the SRH working group.

18. UNFPA aims to leverage accelerators to recover previous gains and advance progress in achieving the three transformative results. In all interventions, the programme will be guided by the 'leaving no one behind' principle, focusing primarily on the vulnerable populations affected by the multiple crises, including Lebanese women, adolescents and youth, refugees, migrants, persons with disabilities and older persons. The target beneficiaries/communities and the geographical coverage of the programme interventions will be determined in collaboration with implementing partners and based on the findings of the Vulnerability Assessment for Syrians Refugees (2021) and the Multi-Sector Needs Assessment for Lebanese and Migrants (2021), in addition to various relevant surveys and monitoring reports. This approach will contribute to meeting the evolving needs of the most vulnerable and affected populations, ensure responsiveness, localization and sustainability of the interventions to leave no one behind. Acceleration of the three transformative results can only be realized if UNFPA prioritizes preparedness, early warning and anticipatory action and the provision of life-saving interventions, focusing on the complex, fragile context of Lebanon. The country programme will be grounded in a human rights-based approach, realizing the ICPD Programme of Action by supporting behavioural change of practices and norms, including harmful practices that leave women and girls behind, targeting the most marginalized Lebanese, Syrian and migrant workers based on vulnerability rather than nationality or a response plan focus. The programme will adopt innovative ways for strengthening accountability to affected populations and promoting social cohesion within a context of heightened intercommunal tensions.

19. The programme will adopt several modes of engagement, including service delivery for humanitarian response, advocacy and capacity development, thus building resilience and bridging the humanitarian and development continuum by strengthening the health and protection systems and mechanisms to address the immediate needs while enabling the fulfilment of potential future

demands. Potential opportunities for South-South and triangular cooperation will be utilized, particularly with Morocco on strengthening the delivery of a comprehensive SRHR package that includes youth-friendly services.

**A. Output 1: Enhanced capacities and system resilience to provide timely and high-quality access to rights-based and gender-responsive integrated GBV and SRHR services, including adolescent and youth-friendly services, at primary and secondary care levels, throughout the humanitarian-development continuum**

20. The programme, at the immediate level, will ensure the availability, accessibility, affordability of non-discriminatory and high-quality GBV/SRHR services, at primary and secondary care, to vulnerable groups of all nationalities, including, women, adolescents and youth, and people with disabilities, in a safe and supportive environment in targeted communities. The programme will also (a) upgrade health facilities capacities through adoption and delivery of an integrated GBV/SRHR ‘one-stop shop’ service package at preventive and curative levels; (b) strengthen normative and health systems functioning as a sustainable and integral part of universal health coverage, particularly on surveillance and monitoring of health determinants and risk indicators linked, among others, to COVID-19 and emerging epidemics (cholera), maternal and neonatal mortality and morbidity, referral mechanisms, especially regarding the mitigation of COVID-19 among pregnant women, and emergency preparedness contraceptives forecasting; (c) address the brain drain of the health workforce through pre-service capacity building, strengthening midwifery competencies in formal curricula and continuing education and voluntary family planning counselling; developing interactive platforms and modules with academia for reinforcing SRHR and GBV knowledge; engaging young graduating health professionals in GBV/SRHR service provision in community health programmes; filling critical gaps, especially in midwifery care, at selected health facilities; and supporting task shifting of health care providers; and (d) empower young people to exercise their SRH and GBV rights by creating/expanding a critical mass of young peer educators in school and out of school, enhancing youth-friendly services and safe spaces, and providing youth with the skills and knowledge to make informed decisions at personal and community levels.

21. Throughout the programme implementation, UNFPA will promote the adoption of innovative approaches, building on past experiences, such as scaling up telehealth and the use of digital technology, to maximize outreach to the most vulnerable.

**B. Output 2: Strengthened mechanisms and capacities of actors and institutions to mitigate and prevent GBV and harmful practices and advance gender equality and opportunities for adolescents and youth, throughout the humanitarian-development continuum**

22. To ensure vulnerable populations in targeted areas have access to GBV services, the programme, at the immediate level, will support the development of standard operating procedures and protocols and enhance referral mechanisms to respond to GBV cases using a survivor-centered approach as well as strengthen the capacities of GBV personnel to provide an immediate response for urgent and specific needs of survivors and those at risk, specifically the poorest women and girls, and people with disabilities. The programme, at the medium level, will also: (a) strengthen the regulatory environment through advocacy for adopting/implementing laws and policies and sensitize decision-makers and policymakers on key human rights instruments and gender-transformative approaches across programmatic interventions, within development and humanitarian contexts; (b) reinforce the capacities of GBV actors and providers to ensure services are available and delivered in a confidential, compassionate and non-discriminatory manner; (c) promote community-based GBV programming by engaging civil society and local actors and structures – especially women’s organizations, men’s and boys’ and youth groups – to create a demand for and action on GBV prevention, risk mitigation and response at the grassroots level, scale up girls-centred programming, promote positive masculinities as well as positive gender norms, all aimed at empowering women and adolescent girls to make informed decisions; (d) expand partnerships with women’s and youth groups, academic institutions, faith-based

organizations, parliamentarians, local municipal police forces, as well as the media, to promote gender equality, enhance protection, institutionalize gender norms and advance legislations that end discrimination against women and girls (including domestic violence and child marriage) and promote social cohesion; and (e) advocate for the development and implementation of a youth, peace and security agenda as an imperative to prevent all forms of violence and promote peaceful societies.

23. Throughout the programme implementation, UNFPA will ensure the adoption of innovative approaches building on past experiences such as scaling up social and economic asset package, family formation approach and counselling.

**C. Output 3: Strengthened national statistical system, to generate and disseminate high-quality and timely multisectoral, disaggregated and harmonized data for evidence-based policymaking, at national and subnational levels, and for ICPD/SDG monitoring**

24. The programme, at the medium level, will: (a) enhance the availability of administrative data as well as harmonized, segregated and updated population and demographic datasets and projections by identifying statistical gaps as well as policy, system and technical bottlenecks, at national and subnational levels, emphasizing civil registration and vital statistics; (b) enhance and standardize knowledge generation and sharing systems, repositories and networks among data-producing entities, ensuring an effective, accessible and updated knowledge base for critical datasets in the country and for monitoring population/sectoral policies/strategies as well as ICPD/SDG indicators and the voluntary commitments on ICPD+25; (c) strengthen the generation of evidence, including ethical GBV data, behavioural studies on GBV/SRHR, as well as megatrends (impact of climate change on women's access to SRHR; youth, especially on migration; ageism; intimate partner violence), to inform programme and policy interventions in the context of the humanitarian-development continuum; and (d) advocate for the establishment of a national GBV data collection system to support periodic large-scale surveys on demographics, health and GBV prevalence, as well as a long-overdue population census.

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

25. UNFPA, under the overall coordination of the Prime Minister's Office and with the Council for Development and Reconstruction as the main counterpart, will implement, monitor and evaluate the programme, following UNFPA guidelines and procedures. The country programme will be implemented through key line ministries, public administrations and civil society organizations. The partners will be selected based on their comparative advantage and capacity to deliver high-quality programmes. Due diligence, including for the harmonized approach to cash transfers, will be adopted in a coordinated manner with United Nations agencies, with measures in place to mitigate any financial risks.

26. Due to the protracted humanitarian crisis in the country, UNFPA will ensure its engagement in and compliance with the UNCT/HCT contingency planning and preparedness plans. The UNFPA business continuity plan will be regularly updated and operationalized, as relevant. Likewise, the country office will ensure close monitoring and follow-up to the implementation of the organizational minimum preparedness actions. In the event of any new emergency or humanitarian crisis, UNFPA would reprioritize its activities, in consultation with the Government and partners, to respond to the emerging needs.

27. UNFPA identified several risks that might affect the realization of the key results of the country programme: political instability, with a deadlock in formation of a government; further economic deterioration, causing continuous high inflation and devaluation of the local currency; shortage of electricity and fuel; continued outmigration of the workforce, particularly health care providers, resulting in a depletion of human resources in dispensaries at national and periphery levels; exacerbation of conflicts, violence, insecurity and community tensions over limited resources; donor reductions in funding due to re-prioritization due to emerging global and regional crises and conflicts; and the continued impact of the COVID-19 pandemic or potential new disease outbreaks.

28. Risk mitigation strategies include: continuous advocacy and policy dialogue for positioning the ICPD, the SDGs and the voluntary commitments on ICPD+25 on the national agenda; development of multi-year workplans, to be endorsed by government; adoption of UNCT decisions on strengthening institutional capacity building and risk reduction; continuous investment in capacity development for medical students and graduating healthcare workers; transition of activities to local communities; adoption of virtual approaches and modalities, including e-health provision, due to mobility restrictions; intensifying resource mobilization with traditional and new donors, including strategic partnerships with the private sector; developing the capacity of implementing partners in emergency response, including the use of related tools and approaches; compliance with guidance on security issues; and reinforcing the ‘One UN’ approach, namely joint programming, joint monitoring and joint fundraising, among others.

29. To provide the needed support and assistance for implementing and monitoring the programme, UNFPA revisited the human resource structure and identified prospective needs based on existing capacities and the required additional expertise at programme, technical and operational levels. Additional strategic alliances will be established with academic institutions and scientific associations for a timely and adequate response to growing demands in the complex, fragile context. The UNFPA Regional Office for the Arab States and UNFPA headquarters will provide additional support, as needed.

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

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

31. UNFPA will continue to actively be involved, as a member and lead/co-lead, in various relevant interagency coordination mechanisms to ensure full alignment with the UNSDCF monitoring and evaluation systems, tools and processes, including the working group on evaluation and on data and statistics. To provide evidence for decision-making and subsequent programming, UNFPA will conduct evaluations at the programme and thematic levels, including on joint initiatives with relevant United Nations agencies under the UNSDCF and the Lebanon Crisis Response Plan.

32. Drawing on the lessons learned from the previous country programme, this programme cycle will be supported by a robust monitoring and evaluation plan aligned with UNFPA policies, procedures and guidelines as well as results-based management principles and standards. Specific monitoring tasks will consist of establishing project-related coordination mechanisms and protocols for reviewing and adjusting the annual workplans, where relevant and required; regular and ad-hoc meetings with the implementing partners to review progress, discuss and overcome challenges, with regular financial monitoring of the various funds against key deliverables; reviewing progress and final reports submitted by the implementing partners; close follow-up of services and goods delivered by suppliers; field visits to the implementing partner sites of activity; and, annual review meetings, with the participation of all stakeholders concerned.

33. Under the previous programme cycle, the country office developed tracking tools and systems used for monthly monitoring of implementing partners’ targets. Those tools will be further improved and expanded, with continuous training, coaching and guidance of the partners. Furthermore, UNFPA and its partners will ensure the adoption of tools for capturing best practices of various programme components – particularly for pilot and innovative interventions – with the aim to scale up, expand and institutionalize those interventions.

34. To expand the availability of data and enhance data quality for improved targeting of interventions, UNFPA will engage in and support joint interagency assessments and reviews, including for the Common Operational Dataset. Since various thematic and sectoral evaluations conducted during the previous programme cycle commended the systematic needs assessments adopted by the UNFPA country office prior to any new intervention in collaboration with the local

actors, UNFPA will continue (and strengthen) this practice to best address the identified needs of the beneficiaries and ensure localization of the activities. UNFPA will also ensure substantive contribution to reports under the Universal Periodic Review and the Convention on the Elimination of Discrimination against Women through the UNCT consolidated input, in accordance with UNFPA guidelines.

35. UNFPA will ensure mechanisms are in place for project and programme monitoring, to enhance the accountability of the implementing partners. This will be achieved through harmonization of data collection systems and processes and by providing close support to partners to establish protocols for ensuring data quality, timeliness and sustainability.

## RESULTS AND RESOURCES FRAMEWORK FOR LEBANON (2023-2025)

<b>NATIONAL PRIORITY:</b> Improved lives and well-being for all people in Lebanon.				
<b>UNSDCF OUTCOME:</b> People. 2. Strengthened provision of and equitable access to quality services, including basic services.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. The reduction in unmet needs in family planning has accelerated. 2. The reduction in preventable maternal deaths has accelerated. 3. The reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio <i>Baseline: 13.8 (2019); Target: 15 (2025)</i></li> <li>• Proportion of service delivery points reporting no stock out of any contraceptives <i>Baseline: 100% (2021); Target: 100% (2025)</i></li> </ul> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of need met for midwifery professionals for sexual, reproductive, maternal, new-born and adolescent health care <i>Baseline: 25% (2022); Target: &gt;75% (2025)</i></li> <li>• Proportion of health facilities (at the first level of referral in the health system and any instance before that) owned and run by the Government that provide the comprehensive package of sexual and reproductive health services <i>Baseline: 25%; Target: 50%</i></li> <li>• Country has national standards for the provision of sexual and reproductive health services to adolescents aged 10-19 years <i>Baseline: No; Target: Yes</i></li> </ul>	<p><u>Output 1:</u> Enhanced capacities and system resilience to provide timely and high-quality access to rights based and gender-responsive integrated GBV and SRHR services, including adolescent and youth-friendly services, at primary and secondary care levels, throughout the humanitarian-development continuum</p>	<ul style="list-style-type: none"> <li>• Number of health facilities implementing the nationally contextual GBV/SRHR integrated package <i>Baseline: 0 (2021); Target: 85 (2025)</i></li> <li>• Percentage of maternal near-miss cases reported <i>Baseline: 0 (2021); Target: 70% (2025)</i></li> <li>• Number of primary healthcare outlets that use innovative platforms, including digital technologies, to provide a comprehensive youth and adolescent-friendly SRHR package <i>Baseline: 0 (2021); Target: 5 (2025)</i></li> <li>• Percentage of midwives with capacities to provide high-quality and culturally appropriate family planning counselling <i>Baseline: 30% (2021); Target: 50% (2025)</i></li> <li>• Number of beneficiaries who received high-quality GBV/SRHR services (disaggregated by nationality, sex/gender, age, disability) <i>Baseline: 60,000; Target: 240,000</i></li> <li>• Percentage of users reporting satisfaction with SRHR/GBV services provided (disaggregated by gender, nationality, age, disability) <i>Baseline: 0 (2021); Target: 85 (2025)</i></li> </ul>	<p>Ministry of Public Health; Ministry of Social Affairs; professional and scientific associations; academic institutions; NGOs; United Nations organizations</p>	<p>\$9.2 million (\$0.8 million from regular resources and \$8.4 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Improved lives and well-being for all people in Lebanon				
<b>UNSDCF OUTCOME:</b> Peace 1: Strengthened inclusive social contract grounded in human rights to enhance good governance, effective and accountable institutions, and women's participation.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. The reduction in unmet needs in family planning has accelerated. 2. The reduction in preventable maternal deaths has accelerated. 3. The reduction in gender-based violence and harmful practices has accelerated.				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Legal frameworks in place to promote, enforce and monitor equality and non-discrimination based on sex <i>Baseline: 27.27; Target: 30</i></li> <li>• <u>UNFPA Strategic Plan outcome indicator(s):</u></li> <li>• The country rolled out a social norm empowerment package that supports women and girls to become agents of change promoting egalitarian gender beliefs, social and gender norms <i>Baseline: No; Target: Yes</i></li> <li>• The country has a functional diversity-inclusive community platform in reflective dialogue towards eliminating discriminatory social and gender norms as well as gender-based violence and harmful practices that affect girls and women <i>Baseline: No; Target: Yes</i></li> <li>• The country has a functioning interagency coordination mechanism or platform to address gender-based violence <i>Baseline: Yes; Target: Yes</i></li> </ul>	<p><u>Output 2:</u> Strengthened mechanisms and capacities of actors and institutions to mitigate and prevent GBV and harmful practices and advance gender equality and opportunities for adolescents and youth throughout the humanitarian development continuum</p>	<ul style="list-style-type: none"> <li>• Number of prioritized municipalities that incorporated gender equality, SRHR and GBV prevention in their local policies, plans and programmes in line with international human rights standards <i>Baseline: 0 (2021); Target: 10 (2025)</i></li> <li>• Number of governmental entities that have a documented plan/strategy to mitigate/respond to gender-based violence, with special attention to vulnerable groups <i>Baseline: 0 (2021); Target: 2 (2025)</i></li> <li>• A functional national mechanism in place to engage men's and boys' organizations/networks/ coalitions promoting positive masculinities that actively advocate for achieving gender equality <i>Baseline: No (2021); Target: Yes (2025)</i></li> <li>• Number of marginalized adolescent girls (aged 10-19 years) benefiting from UNFPA-supported girl-centred programmes that build their life skills and assets <i>Baseline: 400; Target: 1,200</i></li> <li>• Number of interventions with academic and educational institutions, and faith-based or youth-led/women-led organizations to mainstream gender/GBV concepts, sexual and reproductive rights, bodily autonomy <i>Baseline: 3; Target: 7</i></li> <li>• A multisectoral GBV coordination mechanism at national and subnational levels is in place and operational <i>Baseline: No (2021); Target: Yes (2025)</i></li> <li>• Youth, peace and security action plan developed <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Ministry of Social Affairs, Ministry of Interior and Municipalities, National Commission for Lebanese Women; professional associations, academic institutions; NGOs; United Nations organizations</p>	<p>\$4.2 million (\$0.5 million from regular resources and \$3.7 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Sustained peaceful and inclusive society for participatory and equitable development				
<b>UNSDCF OUTCOME:</b> Peace. 1. Strengthened inclusive social contract grounded in human rights to enhance good governance, effective and accountable institutions, and women's participation. Peace 2. Strengthened security, stability, justice and peace.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> 1. The reduction in unmet needs in family planning has accelerated. 2. The reduction in preventable maternal deaths has accelerated. 3. The reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Proportion of children under 5 years of age whose births have been registered with a civil authority, by age <i>Baseline: 98.9; Target: 99.5</i></li> </ul>	<p><u>Output 3:</u> Strengthened national statistical system, to generate and disseminate high-quality and timely multisectoral, disaggregated and</p>	<ul style="list-style-type: none"> <li>• Functional monitoring systems for tracking and reporting on ICPD- SDG and voluntary ICPD+25 commitments in place <i>Baseline: No; Target: Yes</i></li> <li>• Framework for the enhancement of the civil registration and vital statistics system is operational. <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Central Administration of Statistics; academia, research institutions;</p>	<p>\$2.4 million (\$0.7 million from regular resources and \$1.7 million from other</p>

<ul style="list-style-type: none"> <li>• Number of adopted national action plans on women, peace and security, with monitoring indicators <i>Baseline: 1; Target: 2</i> <u>UNFPA Strategic Plan outcome indicator(s):</u></li> <li>• Country collects, maps and reports disaggregated data (including by age, sex, race, ethnicity, wealth, disability and other 'leaving no one behind' factors) on the incidence of gender-based violence and harmful practices <i>Baseline: No; Target: Yes</i></li> <li>• The country produces regular key population data outputs, including subnational population projections; routine vital statistics reports; census reports on youth, migrants, older persons, and populations living with disability; and population mega-trends, such as mobility, urbanization and climate vulnerability <i>Baseline: No; Target: Yes</i></li> <li>• The country has a national strategic plan on civil registration and vital statistics that has adopted a life-course approach to strengthened civil registration and vital statistics systems, including birth, marriage, divorce and death, following the United Nations Principles and Recommendations on Vital Statistics Systems and as part of an integrated approach to strengthened population data systems <i>Baseline: No; Target: Yes</i></li> </ul>	<p>harmonized data for evidence-based policymaking, at national and subnational levels, and for SDG monitoring.</p>	<ul style="list-style-type: none"> <li>• Number of governmental entities that have capacities to generate, analyse, utilize and disseminate quality administrative population data and statistical products <i>Baseline: 0; Target: 3</i></li> <li>• Number of policy briefs on evolving megatrends developed and disseminated <i>Baseline: 0; Target: 3</i></li> </ul>	<p>NGOs; United Nations organizations</p>	<p>resources) Programme coordination and assistance: \$0.3 million from regular resources</p>
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