



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

Distr.: General  
5 December 2022

Original: English

**First regular session 2023**

30 January to 3 February 2023, New York

Item 10 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for State of Palestine**

Proposed indicative UNFPA assistance:	\$30.8 million: \$4 million from regular resources and \$26.8 million through co-financing modalities or other resources
Programme period:	Three years (2023-2025)
Cycle of assistance:	Seventh
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2025

## I. Programme rationale

1. The occupied Palestinian territory remains in a deeply protracted crisis and Palestinians live in a situation of vulnerability and structural disadvantage emanating from the ongoing occupation. The situation is further compounded by internal Palestinian political complexities, economic crisis, falling aid inflows and recurrent hostilities. Poverty rates have risen significantly over the past decade, reaching 29.2 per cent in 2020.<sup>1</sup> Vulnerabilities have been further exacerbated by the COVID-19 pandemic and related mobility restrictions, which overburdened an already-stretched healthcare system and aggravated socioeconomic conditions.

2. The population in Palestine in 2022 was 5.4 million, with 49 per cent female and 2 per cent people with disability.<sup>2</sup> With 3.2 million Palestinians residing in the West Bank and 2.2 million in Gaza,<sup>3</sup> the demographic characteristics and vulnerabilities differ significantly between the two regions. The population is projected to reach 6.9 million by 2030 due to a population growth rate that remains high. This is despite a reduction in the total fertility rate from 5.0 in 1999 to 4.0 in 2021. Rural areas continue to have higher fertility rates (4.4), in comparison to urban areas and refugee camps (3.5).<sup>4</sup> Palestine is a youthful society, with 66 per cent of the population under the age of 30. However, opportunities are limited, with 44 per cent of youth aged 15-29 years unemployed, and female youth being disproportionately impacted.<sup>5</sup>

3. Trends for utilization of modern family planning methods remain virtually unchanged in recent years (from 57 per cent in 2014 to 57.3 per cent in 2019).<sup>6</sup> However, the unmet need for family planning has increased (from 10.9 per cent in 2014 to 12.9 per cent in 2019).<sup>7</sup> Currently, there are insufficient financial and human resources for family planning services and weaknesses in the supply chain and commodity security – with frequent stockouts at Ministry of Health stores. There is inadequate pre-marriage and family planning counselling, and the negative attitudes of service providers towards the use of different family planning methods plays a role in limiting women's choices in Palestine. The provision of adolescent and youth-friendly sexual and reproductive health services and information (including comprehensive sexuality education) is underdeveloped. Women and young persons with disabilities are often prevented from accessing sexual and reproductive health services due to negative social norms, inaccessible facilities, and the lack of skills and knowledge of service providers. Gender discrimination, social norms and 'son preference' also play a determinant role in influencing family planning choices and trends in Palestine.

4. Despite the progress made in reducing maternal mortality from the early 1990s onwards, a noticeable backsliding has occurred in recent years. Since the all-time low in 2017 of 5.9 per 100,000 live births, the maternal mortality ratio gradually worsened – including a significant increase of 67 per cent from 2020 to 2021 (from 28.5 per 100,000 live births to 47.7 per 100,000, partly attributed to the impact of COVID-19).<sup>8</sup> An estimated 78 per cent of maternal deaths in 2020 were considered preventable, subject to availability of timely standardized obstetric care and adequate interventions during the preconception, antenatal and postnatal periods.<sup>9</sup> While over 99 per cent of women deliver in a health facility, assisted by skilled health personnel, there are around 94,000 Palestinian women of reproductive age in severely marginalized locations that continue to be left behind and suffer from a lack of access to sexual and reproductive health services.<sup>10</sup> There are persistent concerns around the quality of care, especially emergency obstetrics, as well as weak adherence to service standards and policy protocols inside hospitals and clinics, in part due to weak regulation.

<sup>1</sup> UNCT, Common Country Analysis (CCA), August 2022, p.4.

<sup>2</sup> PCBS, Press Release on the Occasion of the International Day of Persons with Disabilities, 2021.

<sup>3</sup> PCBS, Indicators (available at: <https://www.pcbs.gov.ps/site/881/default.aspx>).

<sup>4</sup> PCBS, Brief Report on the Palestinian Population at the End of 2021, 3 January 2022.

<sup>5</sup> PCBS, Palestinian Labour Force Survey: 2021 Annual Report, April 2022, p.110.

<sup>6</sup> Idem, p.10.

<sup>7</sup> PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020, Survey Findings Report, January 2021, p.81.

<sup>8</sup> Ministry of Health, 2021 Annual Health Report, June 2022, p.36.

<sup>9</sup> Ministry of Health, National Maternal Mortality Report, 2020, p.35.

<sup>10</sup> OCHA, Draft Humanitarian Needs Overview 2023, unpublished.

5. In 2019, 59 per cent of women and girls reported suffering at least one form of gender-based violence by their husband (52 per cent in West Bank and 70 per cent in Gaza). Of those, 57 per cent experienced psychological violence; 19 per cent physical violence; and 9 per cent sexual violence; while 10 per cent experienced the emerging issue of cyberviolence. One third of the women with disabilities who are married or have been married have experienced violence by their husbands. During the COVID-19 pandemic, domestic violence increased significantly, due to the lockdowns forcing women to spend more time with an abusive partner or immediate relative and the lack of operational support services.<sup>11</sup> The general uptake of multisectoral services on gender-based violence remains very low, with less than two per cent of survivors seeking health care, legal or protection services, due to the weakness of the protection system and the weak national referral system. Adolescent girls face harmful practices, including child marriage, with 13.4 per cent of women aged 20-24 years reporting being married before the age of 18.<sup>12</sup> There are pockets of higher prevalence of child marriage in the most vulnerable communities (for example, in Area C<sup>13</sup> and East Jerusalem). Increasing social conservatism and pervasive gender-unequal social norms are major barriers to achieving the needed progress towards achieving gender equality and women's empowerment in Palestine.

6. Palestinian young people face many challenges affecting their well-being, including inadequate health services and limited participation opportunities in society. Youth are excluded from decision-making and often lack the skills for active engagement<sup>14</sup> towards accelerating the implementation of the Sustainable Development Goals (SDGs). Adolescents and youth have little information and knowledge on sexual and reproductive health and rights, exposing them to higher risks.<sup>15</sup> While HIV/AIDS prevalence remains fairly low, with accumulative cases reaching 125 (with 28 per cent aged 20-29 years), the lack of comprehensive sexual education is likely to lead to increase in incidences of sexually transmitted infections, including HIV/AIDS.

7. The evaluation of the previous country programme (2018-2022) found that, notwithstanding outcome-level performance indicators, UNFPA positively contributed at multiple levels (from policy to service delivery and humanitarian response). For the first time, a national Maternal Review Committee was established, publishing its first maternal mortality review for both the West Bank and Gaza. The increased focus of UNFPA on the clinical management of rape (in terms of building capacity of service providers) resulted in broadening the set of services for gender-based violence survivors. Youth-led networks and organizations that implement health, social and economic programmes reaching adolescent girls at risk of child marriage were supported by UNFPA, which had a positive impact on youth participation and empowerment. UNFPA support was critical in demographic surveys, and numerous specialized studies and assessments, via its partnership with the Palestinian Central Bureau of Statistics (PCBS).

8. Lessons learned and key recommendations from the evaluation of the previous programme and reflections on the COVID-19 response are incorporated into this programme. These include the need to: (a) strengthen national and subnational capacities in resilience focused programming, including emergency preparedness, mitigation, prevention and response – to better reflect the reality of Palestine; (b) strengthen existing governmental and non-governmental monitoring and accountability mechanisms in Palestine – to move from policy creation to scaling-up policy implementation, prevention and enforcement of existing laws related to the International Conference on Population and Development (ICPD) agenda; (c) explore innovative ways, technologies and models of reaching the furthest behind first with high-quality sexual and reproductive health information and services to address geographic and other disparities, including limited access to services as a result of crisis; (d) reinvigorate prevention interventions on child marriage and support adolescent girls through life skills building; and (e) expand the partnership base and build new and innovative partnerships – including with the Palestinian private sector and professional associations.

<sup>11</sup> CCA (2002), p.41.

<sup>12</sup> PCBS, Palestinian Multiple Indicator Cluster Survey 2019-2020, Survey Findings Report, January 2021, p.17.

<sup>13</sup> 'Area C' is terminology according to the 1995 Interim Agreement ("Oslo II"); also, ref: CCA (2022), p. 3.

<sup>14</sup> CCA (2022), p.71.

<sup>15</sup> UNFPA and Juzoor for Health and Social Development. 2020. "Impact of the COVID-19 Outbreak and Lockdown on Family Dynamics and Domestic Violence in Palestine".

## II. Programme priorities and partnerships

9. This new country programme is designed to support the vision of the Government of State of Palestine, and specifically the National Development Plan and the four national sectoral strategies – on gender, health, social development and youth – of the Government for 2021-2023. It will contribute to the achievement of SDGs 3, 4, 5, 10, 16 and 17, and support implementation of the national voluntary commitments on ICPD+25 made in Nairobi in 2019. This programme is derived from the UNSDCF vision that “Palestinians have access to equal opportunities to prosper and realize their human rights in a cohesive, democratic and inclusive society through progressive achievement of the 2030 Agenda and the Sustainable Development Goals”. Programme priorities directly contribute to the delivery of the UNSDCF outcomes 2 (access to services); 3 (governance and accountability); and 4 (natural and cultural resources and climate change). To ensure a national participatory approach, buy-in and ownership, the proposed programme was developed with the Government and in consultation with 175 representatives from governmental and non-governmental organizations, United Nations partners, the private sector, and youth groups. Adolescents and youth, women at risk and people with disabilities were consulted and engaged in the evaluation of the previous programme, informing the proposed programme.

10. Aligned with the UNFPA Strategic Plan, 2022-2025, the vision and focus for the country programme is to urgently accelerate reduction of stagnated unmet needs for family planning and increasingly higher rates of gender-based violence and child marriage, while simultaneously returning to and sustaining earlier gains on maternal mortality. This acceleration will be pursued through four interlinked outputs: (a) improved national policies and accountability mechanisms; (b) higher-quality services; (c) addressing gender and sociocultural norms; and (d) improved skills, capabilities and opportunities for adolescents and youth.

11. These outputs will be delivered using five modes of engagement: (a) advocacy and policy dialogue and support; (b) knowledge management; (c) capacity development; (d) targeted service delivery; and (e) coordination and partnerships.

12. The proposed programme recognizes the unique operating environment and challenges within which it will be implemented, including an ever-evolving humanitarian context. For the past 19 years, the occupied Palestinian territory has concurrently had both humanitarian response and development plans. The new programme will continue to respond to the humanitarian needs of the population within the humanitarian programme cycle and bridge humanitarian and development programming by strengthening emergency preparedness and humanitarian response capacities, while also working on a more sustainable response for improved resilience. It will also focus on vulnerable communities in specific areas in the Gaza Strip, the West Bank and East Jerusalem. The programme focus on policy and accountability (output 1) will contribute to strengthening governance and system resilience, while the focus on service delivery (output 2) will strengthen individual resilience and reduce vulnerabilities. With a strong emphasis on gender transformation and community involvement and inclusion of local knowledge, outputs 3 and 4 will strengthen communities and individuals.

13. The programme will target adolescents and youth, women of reproductive age, women and youth at risk of gender-based violence as well as survivors and will specifically focus on those furthest left behind first – adolescents in rehabilitation centres; women in and returning from prisons; Bedouins; and people with disabilities. Interventions will also include those in marginalized communities, suffering from multidimensional vulnerabilities by geography, as identified in the Common Country Analysis (CCA), such as Area C, East Jerusalem, H2 in Hebron,<sup>16</sup> and the Gaza Strip.

14. The programme will utilize the human rights-based approach as an accelerator to support accountability mechanisms that will improve transparency and empower youth, women and people with disabilities as right holders to hold duty bearers accountable and engage in decision-making in policies related to the three transformative results. A focus on innovation will allow for improved approaches, especially on youth and social norms, where good practices already

---

<sup>16</sup> H2 is terminology according to the 1995 Interim Agreement (“Oslo II”) Agreement; also, ref: CCA (2022), p. 2.

exist. Innovation will help advance the ongoing work on youth-friendly digital applications for sexual and reproductive health and psychosocial support service delivery – which is even more relevant in the Palestinian context due to movement restrictions. This will accelerate access and rights of youth and adolescents to information around sexual and reproductive health and rights and enhance their knowledge that will enable them to make informed decisions about their bodies, lives and well-being. Data and evidence generation will be key to inform decision making and advocacy efforts.

15. As part of the United Nations country team, and to deliver the UNSDCF, the proposed programme will guide the next level of joint programming and collaboration with United Nations entities – especially with UNDP, UNESCO, UNICEF, UNODC, UNRWA, UN-Women, WHO and WFP. UNFPA will continue to contribute to coordinating humanitarian and development work in Palestine through leadership of the gender-based violence (GBV) Sub-Cluster, the United Nations Theme Group on Young People, the Sexual and Reproductive Health Working Group, the Mobile Clinic Working Group and the Adolescent Health Coalition. Existing partnerships with governmental and non-governmental organizations, women-led and youth-led coalitions and platforms will be expanded and further strengthened, while pursuing new partnerships with the private sector, professional associations and academia around the three transformative results – especially focused on geographic areas most in need.

**A. Output 1. Improved national policies and accountability mechanisms for the provision of integrated sexual and reproductive health services and rights to vulnerable women and young people, including the prevention and response to gender-based violence and harmful practices**

16. The pathways to achieving this output include: (a) strengthening, in partnership with the Prime Minister’s Office, the role of the National Population Committee to advocate for the formulation and implementation of rights-based policies that integrate evidence on population dynamics and linkages to national development planning and support new national sectoral strategies in: health, social development, gender equality and youth; (b) providing evidence based policy advice and supporting policy dialogue forums with duty-bearers, including decision-makers in key ministries – Ministry of Health; Ministry of Education; Ministry of Higher Education, Ministry of Social Development; and Ministry of Women Affairs – advocating the position of right holders for reaching the three transformative results; (c) strengthening the capacity of national and local systems, regulatory structures, oversight and accountability mechanisms, at national and local levels, for sexual and reproductive health and rights and prevention of and response to gender-based violence; (d) advocating for expanding the contraceptive method-mix and supporting the introduction of new methods in family planning, by supporting evidence-based data generation, including surveys on public perception; and (e) supporting the production of data and evidence on the three transformative results, including evidence-based financing and investment cases, and policy briefs on the return on investments (costing, impacts and financial gaps), to build a strong foundation for a future shift from funding to financing (which is not possible within the current context).

**B. Output 2. Strengthened capacity of government and non-governmental organizations to provide high-quality services for sexual and reproductive health as well as to address gender-based violence and child marriage, with a focus on those furthest left behind first, including in humanitarian contexts**

17. The pathways to achieving this output include: (a) enhancing the skills, knowledge and capacities of service providers via in-service trainings on various topics related to essential lifesaving sexual and reproductive health services and gender-based violence response and protection services - while ensuring gender and disability mainstreaming; (b) investing in strengthening health and social services systems to ensure the availability and accessibility of integrated, high-quality sexual and reproductive health and gender-based violence services and supplies, especially for the most vulnerable groups, such as women, youth, people with disabilities and Bedouins; (c) focusing on the causes of recent preventable maternal deaths,

undertaking capacity building for all obstetricians at maternity wards at governmental hospitals, including emergency obstetric care; (d) scaling up standards for the delivery of clinical management of rape care services for national use; (e) standardization of academic midwifery education, leading to a unified accreditation system; (f) scaling up in humanitarian contexts the provision of lifesaving inclusive support for gender-based violence survivors and women with disabilities, including through cash voucher assistance, mental health and psychosocial support, and mobile clinics; (g) strengthening emergency preparedness to respond to future shocks or crises; (h) strengthening the forecasting of supply-chain needs and reporting in family planning, as well as supply-chain management for the Ministry of Health and non-governmental organizations (in partnership with WHO, UNICEF and UNRWA); (i) establishing service delivery complaints and satisfaction mechanisms as well as monitoring and supervision mechanisms of services; and (j) supporting inter-agency coordination mechanisms addressing gender-based violence and sexual and reproductive health and rights.

**C. Output 3. Enhanced national mechanisms and community-level capacities to address discriminatory gender and sociocultural norms**

18. This output represents a key shift in this programme – to have a systematic structuring of interventions based on the gender-transformative approach to address social root causes of gender inequality, and thereby promote more equitable outcomes, particularly for Palestinian adolescents and youth. Addressing the linkage with positive masculinity, while ensuring the engagement of men and boys as agents of change, will be key to long-term change. Together with United Nations entities, especially UN-Women, UNFPA will partner with the Government, community-based organizations (including youth- and women led organizations), coalitions and networks, academia, social media influencers, religious leaders and the media to promote innovative and creative ways of engagement.

19. The pathways to achieving this output include: (a) activating national and subnational mechanisms to address social and gender norms and generate of knowledge on perceptions and attitudes, including activating the National Committee to Combat Violence and the Observatory for GBV; (b) establishing a national mechanism/platform, coordinated by the Ministry of Women Affairs, for the engagement of men and boys, to promote positive masculinities and actively advocate for achieving the transformative results; (c) developing and rolling out a social norm empowerment package that supports women and girls to become agents of change, promoting gender equality and social norms; (d) strengthening advocacy capacities of diverse and inclusive national mechanisms, existing community platforms, as well as youth and women-led networks, social movements and active youth groups, to undertake harmonized and effective advocacy campaigns focused on ending child marriage, the enactment of the draft Family Protection Law, and positive masculinities; (e) supporting community-level social movements to advocate for awareness campaigns on gender equality and combating GBV that aim to change behaviours, social norms and practices; (f) establishing networks of positive masculinity champions, engaging men in active fatherhood and initiating ambassadors for behavioural change from social media influencers to lead campaigns on positive masculinities and on promoting gender equality; and (g) mainstreaming gender-based violence prevention for young girls and boys in the formal and informal education systems, through capacity building, campaigns and ‘open days’ activities, including by using the established gender-based violence guidelines and working with selected community-based organizations and universities, to mainstream gender and GBV prevention as part of the education and learning mechanisms.

**D. Output 4. Improved skills, capabilities and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation in sustainable development**

20. The pathways to achieving this output include: (a) providing policy and technical support to the Ministry of Education to review the educational curriculum, with the goal to reintegrate comprehensive sexuality education (CSE), in line with international standards for national adaptation, and also operationalize out-of-school CSE through a curriculum adopted at the national level; (b) scaling-up innovative educational tools, including digital solutions, to accelerate the achievement of the three transformative results; (c) equipping youth with the

knowledge and skills to become leaders and advocate for their rights; (d) initiating and expanding opportunities for meaningful youth community, volunteering and civic participation and representation in good governance and decision-making processes, at community and national levels, including in local councils; (e) improving the agency of adolescent girls, including girls with disabilities, by strengthening their life skills, menstrual hygiene management and protection from child marriage; (f) leading the United Nations coordination and joint programming for young people among the United Nations Theme Group on Young People through a joint United Nations action framework to support the development of the new national youth strategy and the national youth volunteerism service programme, and engage youth in implementation, monitoring and accountability towards achieving the SDGs, including in peace and security, and combatting climate change. This will be achieved by involving youth groups and networks in the planning and implementation of relevant national plans.

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

21. UNFPA and the Government, under the overall coordination of the Prime Minister's Office, will implement, monitor and evaluate the programme, following UNFPA guidelines and procedures. Existing partnerships will be strengthened with line ministries, civil society organizations and women-led and youth-led networks to implement the programme and ensure ownership and sustainability of interventions.

22. As the programme is implemented as part of the UNSDCF, with implementation aligned with annual humanitarian response plans, UNFPA will participate in the regular reviews organized by Resident Coordinator/Humanitarian Coordinator, the UNCT/HCT, as well as bilateral and multilateral collaboration with United Nations entities, to develop joint programmes and coordinate interventions.

23. UNFPA operates through its main office in East Jerusalem, a suboffice in Gaza and a working station in Ramallah. The country office's technical, programmatic and operational structure will be calibrated to ensure there is adequate human resource capacity and skills to deliver programme results effectively, including by building capacity to use evidence for policy dialogue, advocate for enhancing upstream work as well as service-delivery and humanitarian deliverables. The country office will solicit technical support from the UNFPA regional office and headquarters, as well as recruit junior professional officers and United Nations Volunteers staff, as necessary. It will leverage South-South and triangular cooperation and use technological solutions and innovations that address operational challenges and create new opportunities so that the country programme accelerates the impact of UNFPA interventions and reaches the populations furthest left behind.

24. The following risks have been identified for the implementation of this proposed programme: (a) further political deterioration that may create unforeseen needs and divert resources; (b) donor fatigue and shifting priorities to other global events, which could consequently limit funding and financing opportunities for health and social services in the country; (c) external shocks, new humanitarian emergencies, chronic socio-economic impact of the COVID-19 pandemic and newly emerging epidemics; (d) rising conservatism and limited civil society participation; (e) weak legislative frameworks and accountability mechanisms that limit observance of human rights principles.

25. To mitigate these risks, UNFPA will regularly assess the operational, security, and socio-political situation. UNFPA will support national efforts to empower rights holders, particularly women, adolescents, youth and persons with disabilities, in advocating for their rights and adherence to human rights principles. UNFPA will strengthen emergency preparedness planning, in collaboration with the United Nations system, the Government and its implementing partners, for timely and effective response to affected populations in humanitarian contexts, as well as through prepositioning of relief supplies and building the capacity of local communities and service providers to respond to emergencies. UNFPA will focus on strengthening national and subnational capacities of community networks, women and youth-led groups, as well as civil society and community-based organizations, to cope with risks, stresses and shocks. In consultation with the Government, funds may be re-shifted to respond to acute emergencies. As

part of its resource mobilisation plan, UNFPA will broaden its base of resource mobilization partners and visibility to mitigate funding challenges – seeking new and emerging bilateral donors for longer-term development funding and expanding collaboration and synergies with United Nations partners to expand eligibility and visibility for increased and diversified sources of joint programming within the UNSDCF.

26. This country programme outlines UNFPA contributions to achieving national objectives and serves as the primary unit of accountability to the Executive Board for results alignment and resource management at the country level. Accountabilities at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures and secured through the internal control framework.

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

27. Monitoring and evaluation of this programme is guided by results-based management principles and is aligned with the UNFPA Strategic Plan, 2022-2025, and the UNSDCF monitoring and evaluation framework. The country office will use the UNFPA corporate strategic information system to track progress towards planned results, including yearly and quarterly milestones and targets. UNFPA will provide data on its contribution to the UNSDCF outputs and outcomes and support the evaluation of the UNSDCF through the monitoring and evaluation group. It will also prioritize supporting joint analysis and reviews, including for the Gender Equality Sector-wide Action Plan and Voluntary National Reviews.

28. UNFPA and the Prime Minister’s Office will jointly conduct programme annual reviews, in collaboration with implementing partners, to assess progress towards outputs and outcomes and to inform the programme of any corrective actions. In collaboration with the Government and national counterparts, UNFPA will conduct a final country programme review in 2025, which will inform the next programme cycle.

29. UNFPA will also actively participate and contribute to the UNSDCF review process and the final evaluation. Through its engagement in the UNCT-HCT Data Group, UNFPA will work with United Nations agencies to monitor, report, evaluate joint programmes, as well as monitor the implementation of the ‘leave no one behind’ principle. Furthermore, as part of this engagement, UNFPA will contribute to strengthening the capacities of relevant national entities, particularly the PCBS, the Prime Minister’s Office and national SDG committees, to monitor and report on the national commitments to the 2030 Agenda for Sustainable Development.

30. UNFPA will strengthen the capacity of partners in results-based management and monitoring and evaluation, particularly in enhancing results-based monitoring and evaluation systems, as well as in data collection, analysis and reporting and in documenting lessons learned. UNFPA will conduct operational research, baseline studies and thematic evaluations on sexual and reproductive health, gender-based violence and youth. Those assessments will provide evidence and guide programme interventions and will measure progress and change towards planned results.

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

<p><b>NATIONAL PRIORITY:</b> <i>National Development Plan policies:</i> (18) Social protection; (20) Gender Equality and Women’s Empowerment; (21) Youth empowerment; (27) Quality health services; and (28) Citizens’ health and well-being. <i>National Health Strategic Objectives:</i> (1) Ensuring provision of comprehensive health services for all citizens; (2) Enhancing health governance. <i>National Social Development Sectoral Strategic Objectives:</i> (3) Effective national and local social protection measures that protect the poor and marginalized men and women. <i>National Gender Sectoral Strategic Objectives:</i> (1) Eliminating all forms of discrimination and violence against women. <i>National Youth Sectoral Strategic Objectives:</i> (8) Enhancing youth’s health and positive behaviours of healthy lifestyles; (9) Fulfilling youth’s psychosocial health and social wellbeing needs</p>				
<p><b>UNSDCF OUTCOME(S):</b> 2. Palestinians, including the most vulnerable, have equal access to sustainable, inclusive, quality social services, social protection and affordable utilities. 3. Palestinian governance institutions, processes, and mechanisms at all levels are more democratic, rights-based, inclusive, and accountable.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>Related UNFPA Strategic Plan/ UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio (per 100,000 live births) <i>Baseline: 47.7 (2021); Target: 25 (2025)</i></li> <li>• Adolescent birth rate (per 1,000 women aged 15-19 years) <i>Baseline: 48 (2019); Target: 30 (2025)</i></li> <li>• Unmet need for family planning <i>Baseline: 12.9% (2019); Target: 11% (2025)</i></li> </ul>	<p><u>Output 1.</u> Improved national policies and accountability mechanisms for the provision of integrated sexual and reproductive health services and rights to vulnerable women and young people, including the prevention and response to gender-based violence and harmful practices</p>	<ul style="list-style-type: none"> <li>• Number of new national policies, regulations, and sectoral plans in place that address sexual reproductive health and rights, including response to gender-based violence, and preparedness planning <i>Baseline: 0 (2022); Target: 9 (2025)</i></li> <li>• Number of national accountability, oversight, and monitoring mechanisms for the advancement of sexual and reproductive health and rights in place <i>Baseline: 1 (2022); Target: 3 (2025)</i></li> </ul>	<p>UNDP, UNESCO, UNICEF, UNRWA, UN-Women, WHO, Ministry of Health, Ministry of Education and Higher Education, Ministry of Social Development, Ministry of Women Affairs, Higher Council for Youth and Sports, Civil society organizations, women and youth-led coalitions and networks, National Population Committee, PCBS</p>	<p>\$2.2 million (\$0.3 million from regular resources and \$1.9 million from other resources)</p>
	<p><u>Output 2.</u> Strengthened capacity of government and non-governmental organizations to provide high-quality services for sexual and reproductive health, as well as essential services to address gender-based violence and child marriage, with a focus on those left furthest behind first, including in humanitarian contexts</p>	<ul style="list-style-type: none"> <li>• Number of women, adolescents and youth, including people with disabilities, who benefited from life-saving interventions supported by UNFPA in humanitarian settings <i>Baseline: 59,000 (2021); Target: 200,000 (2025); People with disabilities: 4,200</i></li> <li>• Number of women, adolescents and youth, including people with disabilities that received high-quality services related to sexual and reproductive health, prevention and protection from gender-based violence (including services related to mental health and psychosocial support), and harmful practice <i>Baseline: 18,000 (2021); Target: 80,000 (2025); People with disabilities: 1700</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 (2022); Target: Yes (2025)</i></li> </ul>	<p>UNICEF, UNRWA, UNODC, WFP, UN-Women, WHO, Ministry of Health, Ministry of Education and Higher Education, Ministry of Social Development, Ministry of Women Affairs, Civil society organizations, women and youth-led coalitions and networks, Palestinian universities</p>	<p>\$15.4 million (\$1.9 million from regular resources and \$13.5 million from other resources)</p>

<p><b>NATIONAL PRIORITY:</b> <i>National Development Plan policies:</i> (20) Gender Equality and Women’s Empowerment; (21) Youth empowerment; (28) Citizens’ health and wellbeing. <i>National Health Strategic Objectives:</i> (1) Ensuring provision of comprehensive health services for all citizens. <i>National Social Development Sectoral Strategic Objectives:</i> (3) Effective national and local social protection measures that protect the poor and marginalized men and women. <i>National Gender Sectoral Strategic Objectives:</i> (1) Eliminating all forms of discrimination and violence against women. <i>National Youth Sectoral Strategic Objectives:</i> (2) Enhancing training opportunities, capacity development, and skills building for female and male youth; (4) Enhancing and expanding political and civic participation of youth; (5) Enhancing volunteerism amongst adolescents and youth; (6) Promoting gender equality among youth; (7) Strengthening Palestinian national identity among youth; (8) Enhancing youth’s health and positive behaviours of healthy lifestyles; (9) Fulfilling youth’s psychosocial health and social well-being needs</p>				
<p><b>UNSDCF OUTCOME(S):</b> 2. Palestinians, including the most vulnerable, have improved well-being and equal opportunities through access to sustainable, inclusive, quality social services, social protection and affordable utilities. 3. Palestinian governance institutions, processes, and mechanisms at all levels are more democratic, rights-based, inclusive, and accountable. 4. Palestinians have better access to and management of natural and cultural resources, higher resilience and adaptation to climate change and more sustainable food systems.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><b>Other indicator(s):</b></p> <ul style="list-style-type: none"> <li>Proportion of currently married or ever married women and girls aged 15 years and older subjected (at least once) to one type of violence by their husbands in the previous 12 months <i>Baseline: 59% (2019); Target: 44% (2025)</i></li> </ul>	<p><b>Output 3.</b> Enhanced Palestinian national mechanisms and community-level capacities to address discriminatory gender and sociocultural norms – towards gender equality and prevention of gender-based violence and child marriage.</p>	<ul style="list-style-type: none"> <li>Country has rolled out the 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 (2022); Target: Yes (2025)</i></li> <li>Country has a national mechanism to engage men’s and boys’ organizations/ networks/ coalitions promoting positive masculinities that actively advocate for achieving the three transformative results <i>Baseline: No (2022); Target: Yes (2024)</i></li> <li>Number of community members reached in awareness campaigns, supported by UNFPA, tackling social norms issues, including child marriage, GBV, SRH, positive masculinity, gender-equality issues, cyberviolence <i>Baseline: 0 (2022); Target: 80,000 (2025)</i></li> </ul>	<p>UN-Women, UNICEF, Ministry of Social Development, Ministry of Women Affairs, Women and youth-led Coalitions and networks from civil society organizations, religious leaders; PCBS</p>	<p>\$4.1 million (\$0.7 million from regular resources and \$3.4 million from other resources)</p>
	<p><b>Output 4.</b> Improved skills, capabilities and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation in the sustainable development of Palestine</p>	<ul style="list-style-type: none"> <li>Country has operationalized out-of-school comprehensive sexuality education through a national mechanism or strategy <i>Baseline: No (2022); Target: Yes (2025)</i></li> <li>Country has involved adolescents and youth, including youth with disabilities and those affected by other core factors that leave them furthest behind, in the formulation and implementation of policies and programmes related to three transformative results and climate change <i>Baseline: Partially achieved (2022); Target: Fully achieved (2025)</i></li> <li>Number of marginalized girls, including girls with disabilities and girls affected by UNFPA other core furthest behind factors, reached by girl-centred programmes that build their life skills, health, social and economic assets <i>Baseline: 0 (2022); Target: 30,000 (2025)</i></li> </ul>	<p>UNCT, UNDP, UNESCO, UNICEF, UNODC, UN-Women, WHO, FAO, WFP, Youth-led networks and groups, Civil society organizations, Ministry of Education, Ministry of Higher Education, Ministry of Social Development, Ministry of Culture, Higher Council for Youth and Sports, Palestinian universities, PCBS</p>	<p>\$8.7 million (\$0.7 million from regular resources and \$8 million from other resources)</p> <p>Programme coordination and assistance: \$0.3 million from regular resources</p>