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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Syrian Arab Republic

Proposed indicative UNFPA assistance:	\$15.2 million: \$4.1 million from regular resources and \$11.1 million through co-financing modalities or other resources
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Programme period: 2022-2024

Cycle of assistance: Ninth

Category: Tier II

Alignment with the UNSDCF Cycle

United Nations Strategic Framework, 2022-2024

I. Programme rationale

1. Since 2011, the Syrian Arab Republic has been affected by a humanitarian crisis that has severely impacted the social and economic situation in the country. Prior to the crisis, the Syrian Arab Republic was a middle-income country with a population of approximately 21.1 million. The crisis has had a profound impact on society, with continued high levels of internal displacement, including 6.67 million internally displaced persons, with limited return movements in areas where hostilities have lessened, and security and stability have improved. According to the United Nations, 5.6 million registered Syrian refugees remain outside the country. The Syrian Government has reported that over 1 million refugees returned to Syria between 2016 and 2020. For the same period, the United Nations High Commissioner for Refugees (UNHCR) reported 267,170 returnees. In 2021, an estimated 13.4 million people in Syria need humanitarian assistance, with their needs increasingly exacerbated by the economic decline. Around 3.7 million people are estimated to be living with a disability, in addition to those experiencing the emotional and mental consequences of the protracted crisis. The Government continued to subsidize basic commodities and services, particularly bread, food supplies, electricity and drinking water, and sought to maintain subsidies for all components of household support despite the economic effects of the crisis, the impact of external factors and the higher costs.

2. Before the humanitarian crisis, the Syrian economy performed robustly, with a gross domestic product growth averaging 5.1 per cent annually. The humanitarian crisis has undermined the key pillars of the economy, including oil exports, the local industry and agriculture, and adversely affected tax revenue. The gross domestic product has declined by 44.2 per cent and the Syrian Pound has lost 78 per cent of its value since October 2019; at the same time, there have been steep price increases for staple goods. Moreover, the economy has been severely affected by an unprecedented decline in the balance of payments, trade and budget deficit. The public debt burden has increased, compounded by extremely high inflation, volatile exchange rates, negative savings, and low investments. The official unemployment rate reached 30.3 per cent in 2018 (54.9 per cent among females and 17.5 per cent among males) and was even higher for young females (reaching 85.4 per cent).

3. Unemployment is exacerbated by the effects of the COVID-19 pandemic and has contributed to an increased risk of violence. Prevention and mitigation measures in response to COVID-19 have resulted in a notable increase in reported gender-based violence incidents, particularly for domestic violence; women and girls have had limited access to reproductive health and gender-based violence prevention and response services.

4. The estimated population growth rate is 2.1 per cent per year; the total fertility rate is 4 children per woman. However, significant disparities in fertility rates exist among the governorates, especially those receiving a high number of internally displaced people, which place them at different stages of the demographic transition. Displacement increases the need for sexual and reproductive health and rights services and information, including access to contraception, which may have been disrupted, as well as comprehensive prevention of and response to gender-based violence.

5. In 2019, the maternal mortality ratio was 58 deaths per 100,000 live births, as per official data presented during the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development (ICPD+25). This figure represents an increase from before the humanitarian crisis, due to many factors, including damaged infrastructure and health facilities, a severe shortage of qualified health staff (including obstetricians, gynaecologists, midwives and anaesthesiologists), inadequately qualified health staff, limited safe access to sexual and reproductive and maternal health services, and reproductive health commodity shortages. The contraceptive prevalence rate is estimated to be 60.4 per cent (2018 Integrated Multipurpose Socio-demographic Survey) and the unmet need for family planning was estimated at 14.5 per cent in 2009; it is expected to exceed 20 per cent in 2020. Given the magnitude of the humanitarian crisis, some reproductive health indicators demonstrate the resilience of the health system and the readiness of the humanitarian response that prevented an even more drastic deterioration of indicators. At the same time, a gap in reliable data poses a challenge in providing the most up-to-date figures to inform policy and service provision.

6. The country has made tangible steps to improve the status of women: by enacting new legislation, including the Personal Status Law; increasing the minimum age of marriage to 18 years; and introducing marriage contracts to protect the rights of women. Nevertheless, certain practices, particularly in some governorates, still impede the realization of the rights of women and adolescent girls. A large part of the Syrian population has been exposed to different risks – including an increase in harmful practices, such as child, early and forced marriage – as a negative coping mechanism.

7. Moreover, the social structure has been affected by the demographic and economic changes because of the displacement and migration of a large part of the population. Along with the ongoing humanitarian crisis, economic hardship and the lack of livelihood opportunities contribute to a potential increase in negative coping practices, such as child, early and forced marriage.

8. Women and girls are affected in varying degrees by the different types of gender-based violence. Women, especially those residing in areas affected by terrorist groups, have experienced serious curtailment of their basic human rights, and high levels of gender-based violence. Recent formative research on shifting social norms also revealed that economic challenges are one of the main triggers for different forms of gender-based violence (GBV), including intimate partner violence and early marriage.

9. Adolescents and youth aged 10-24 years comprise 33 per cent of the total Syrian population. The crisis has severely impacted their lives, as demonstrated by the high levels of school and university dropouts, child, early and forced marriage of girls and high teenage pregnancy rates, as well as the high unemployment rates. The high rates of early and forced marriage are triggered by economic challenges and contribute to early pregnancy, resulting in increased maternal health complications, including maternal and neonatal mortality, maternal morbidity, rapid repeat pregnancy and limited uptake of contraception. Currently, there is limited quantitative data on adolescents and youth, particularly related to their knowledge, attitudes and practice around sexual and reproductive health, gender-based violence and education. More data is required to develop robust programmes that address the issues of adolescents and youth in a holistic manner.

10. UNFPA has a strong field presence that enables it to work throughout the country. UNFPA leads the gender-based violence subsector and reproductive health working group under the health sector. Through coordination with diverse and relevant partners, including other United Nations agencies, and skilled knowledge and expertise, UNFPA is well positioned to support the delivery of high-quality sexual and reproductive health and gender-based violence services, to increase gender-responsive service delivery and to contribute to positive health outcomes for women and girls. UNFPA is committed to coordinating with the Government and relevant partners in maintaining a multisectoral GBV service delivery approach, working on shifting social norms using the gender-transformative programming and also addressing the data gap by supporting the production and utilization of age- and sex-disaggregated data to enhance evidence-based policy development; this, in turn, would help the targeted population to access better the social and health services, including those related to reproductive health and comprehensive gender-based violence prevention and response.

11. The 2019 country programme evaluation identified lessons learned and good practices, which have informed the formulation of the new country programme. UNFPA has conducted regular thematic assessments, an evaluation of the humanitarian response, and regular project monitoring, including the collection of qualitative and quantitative data from implementing partners, as well as research and studies in cooperation with United Nations agencies, including the Integrated Multipurpose Socio-demographic Survey, and on gender barriers of accessing the labour market and the protection of the status of older people. All these sources have contributed to the design of the new country programme.

12. The previous country programme supported (a) increasing awareness of reproductive health, gender-based violence and youth issues; (b) generating data to feed into technical discourse and policy work through the Integrated Multipurpose Socio-demographic Survey and other studies; (c) engaging parliamentarians in analysing population trends as well as advancing advocacy and policy dialogue on population issues; (d) initiatives on equipping youth with life skills and increasing their public participation; (e) enhancing national capacities in data analysis and utilization for policy formulation; (f) building the capacity of relevant implementing partners to respond to the increased demand for reproductive health services, including emergency obstetric care; and (g) mitigating the negative consequences of the crisis for the survivors of gender-based violence.

13. Key lessons learned, based on the findings of the evaluation of the country programme, are: (a) age- and sex-disaggregated data and evidence that are based on sound research and needs assessments are robust tools for adoption of policies and effective humanitarian response; (b) the systematic and continuous engagement of influential community figures is essential for women's empowerment, gender-based violence prevention and response, as well as for a better inclusion of youth; (c) reducing maternal mortality requires a holistic approach to identifying gaps and introducing measures to improve the referral system for emergency obstetric care and to establish a national maternal death surveillance and response system (d) programming for youth should ensure their timely and systematic engagement throughout the process; this can be used as an entry point for the improvement of social cohesion; (e) expanding partnerships is essential for reaching out to people affected by violence, including women and youth, and for the monitoring of the humanitarian response; and (f) improving the quality of integrated sexual and reproductive health, GBV and youth services, focusing on the most vulnerable populations, is essential for achieving the programme outputs and outcomes.

II. Programme priorities and partnerships

14. UNFPA and the Government of the Syrian Arab Republic have developed the proposed programme in consultation with local communities, non-governmental organizations, academia, youth groups, and other United Nations organizations. The programme is based on the UNFPA comparative advantage, its relevance to the Syrian context, its complementarity with other United Nations programmes, and its sustainability and effectiveness. The programme will contribute to the realization of the national priorities and the Strategic Framework of cooperation between the Syrian Arab Republic and the United Nations. The country programme will contribute to the following pillars of the National Plan of Syria, 2030: Pillar 1 (Administrative reforms and promoting integrity); Pillar 3 (Growth and development); and Pillar 4 (Human development). The country programme will also contribute to four outcomes of the United Nations Strategic Framework (UNSF): Outcome 1 (Improved, equitable, inclusive and safe access to quality basic services); Outcome 2 (Better access for people, especially the most vulnerable, to social protection services, sustainable livelihoods, and inclusive and equitable socio-economic recovery); Outcome 3 (Improved living conditions of displaced people, returnees and affected communities); and Outcome 4 (Vulnerable people's resilience is enhanced through increased institutional responsiveness in planning and providing services).

15. The country programme's priorities, content and direction are anchored in the United Nations Strategic Framework, 2022-2024, its country priorities and context analysis. The national standards and principles that the Syrian Arab Republic has included in its first National Voluntary Report on the Sustainable Development Goals for 2020 will be applied to the Strategic Framework on the basis of, and together with, the relevant "Parameters and Principles of UN Assistance in Syria",¹ to ensure the implementation of the paragraphs related to early recovery projects contained in United Nations Security Council resolution 2585 (2021). As the Decade of Action advances, the programme will also support the achievement of the ICPD-related SDG indicators and the realization of the three UNFPA transformative results – zero preventable maternal mortality; zero unmet needs for family planning; and zero gender-based violence, including early marriage. These transformative results are integrated in the country programme outputs, strategies statements, and the results framework. The country programme will strongly contribute to supporting the voluntary national commitments made by the Syrian Government related to ICPD+25 in 2019: (a) reducing the rate of early marriage from 13 per cent to 5 per cent; (b) enhancing women's access to modern family-planning methods; (c) reducing the maternal mortality ratio, from 58 per 100,000 live births to below 34 per 100,000 live births; and (d) following up on the identification and enactment of relevant legislation and laws. In this context, UNFPA will advocate for and contribute to the implementation of the National Strategy on Reproductive, Maternal, Neonatal, Child and Adolescent Health, 2022-2025.

16. During the previous country programme, UNFPA established and expanded its partnerships with national and international stakeholders in policy, capacity building and service delivery areas. In coordination with the Ministry of Foreign Affairs and Expatriates, the Planning and International

¹ The Government of the Syrian Arab Republic was not consulted on the "Parameters and Principles of UN Assistance in Syria".

Cooperation Commission will coordinate with the different line ministries, academia and non-governmental organizations the review and reporting, on a quarterly basis, on the progress in implementation and evaluation of the new country programme. Through the preparation of annual workplans, UNFPA will coordinate with its different partners to ensure the fulfilment of programme targets. The scope of work of each partner will be identified in coordination and complementarity with other relevant partners; it is outlined in the resource mobilization and partnership plan that has been developed.

17. 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 Security Council resolution 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 causes of GBV through gender-transformative programming, addressing the needs of women and adolescent girls.

18. 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 Security Council resolution 2585.² 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.

19. The overall goal of this country programme is to enhance the safety, health, well-being and resilience of targeted beneficiaries, especially women, adolescent girls and youth, people with disabilities and older people. The elimination of harmful practices will be the overarching strategy for the programme to address the root causes of GBV and harmful practices and the limited access of sexual and reproductive rights. UNFPA aims to improve gender equality, access to sexual and reproductive health services, prevent and respond to gender-based violence and empower adolescents and youth to fulfil their aspirations. All UNFPA interventions will apply a gender-transformative approach across the thematic areas. The programme will prioritize meeting the needs of the most vulnerable people, including people with disabilities and the elderly.

A. Output 1. Enhanced capacity and resilience of the health system to deliver high-quality sexual and reproductive health rights and services, with a special focus on maternal health, and family planning

20. Strategies to reduce preventable maternal mortality and unmet need for family planning include: (a) supporting capacity building of public and local non-governmental organizations to provide high-quality maternal health services; (b) strengthening access to high-quality sexual and reproductive health services, including emergency obstetric care and family planning services; (c) enhancing referral mechanisms among primary, secondary and tertiary levels of reproductive health services; (d) strengthening supply-chain and warehouse management to ensure ‘last-mile’ distribution; (e) strengthening contraceptive commodities management to ensure uninterrupted availability at sexual and reproductive health and family planning facilities; (f) strengthening public-private partnerships in capacity building, coordination, integration, quality assurance and standard-setting; (g) introducing a maternal death surveillance and response system for efficient planning and reduced maternal mortality and morbidity; (h) improving individual and health system resilience where sexual and reproductive health and rights are reflected in universal health coverage, including for people with disabilities; and

² In addition, the United Nations' engagement is also guided by United Nations Security Council resolution 2254.

(i) 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.

B. Output 2. Increased awareness of and demand for reproductive health services and commodities, with a special focus on the most vulnerable populations in crisis-affected areas

21. Strategies to reduce preventable maternal mortality and unmet need for family planning include: (a) improving information and communication on sexual and reproductive health services, including maternal health and family planning; (b) increasing awareness of the target populations on the accessibility and availability of health services and reproductive health commodities; (c) testing new community-based approaches to increase access to essential SRH services including pre and postnatal care, safe delivery and addressing unmet family-planning needs; (d) engaging with community influential figures in advocacy campaigns; (e) capacity development of media professionals on sexual and reproductive health, and using social media to increase the awareness on sexual and reproductive health issues and services; and (f) linking awareness interventions with the humanitarian response, targeting the most vulnerable populations, with high-quality reproductive, maternal health and family planning services strengthened.

C. Output 3. Strengthened capacity of national institutions and young people, especially adolescent girls, on life skills, well-being and social inclusion

22. Strategies include: (a) strengthening the capacity of strategic partners engaged in youth empowerment, resilience and humanitarian response; (b) strengthening the institutional capacity of implementing partners, including youth-friendly spaces; (c) promoting youth well-being and healthy lifestyles; (d) supporting the life skills of youth, including youth with disabilities, to improve their resilience and livelihoods; (e) building the capacity of youth to engage in policy dialogues; (f) integrating youth needs and priorities in key national plans and programmes; and (g) conducting demographic dividend analysis to advocate on better youth empowerment and social inclusion.

D. Output 4. Strengthened institutional capacity at national, subnational and community levels to prevent and respond to gender-based violence, including child, early and forced marriage

23. Strategies to reduce gender-based violence include: (a) improving the coordination mechanism to respond to gender-based violence, using survivor-centred and multisectoral approaches; (b) building the capacity of respective institutions and actors on provision of comprehensive and high-quality gender-based violence prevention and response services to GBV survivors including child, early and forced marriage; (c) supporting advocacy in risk mitigation and access to comprehensive gender-based violence response at policy and service-delivery levels; (d) promoting gender-transformative and culturally sensitive approaches to gender-based violence response and mainstreaming; (e) establishing mechanisms for long-term, evidence-based community mobilization strategies using gender-transformative programming, including linking them with livelihood initiatives; (f) enhancing the awareness of targeted populations on prevention of and response to gender-based violence to promote conducive social practices and shifting negative behaviours and attitudes, and (e) supporting monitoring, data collection and utilization, including through the gender-based violence information management system.

E. Output 5. Improved capacities of the key institutions and partners to address discriminatory social practices and ensure women's empowerment and gender equality

24. Strategies to reduce gender based violence include: (a) supporting the adoption of a national gender equality plan, in line with the national programme of empowering women; (b) supporting the development and implementation of a national response plan on child, early and forced marriage, in line

with the national voluntary commitments made at ICPD+25; (c) sensitizing and building the capacity of influential people in the local communities and policymakers on gender-equality principles, in accordance with the Convention on the Elimination of All Forms of Discrimination against Women Security Council resolution 1325 (2000) on women peace and security, and the overall guidance of 2030 Agenda for Sustainable Development; (d) building the capacity of relevant implementing partners in monitoring and tracking sexual and reproductive health and reproductive rights; (e) engaging influential community figures, as well as men and adolescent boys, in efforts to prevent child, early and forced marriages and promote gender equality; (f) building the capacity of non-governmental organizations, the media and local authorities to enhance gender equality, with a special focus on combating child, early and forced marriages and strengthening the resilience of women and girls.

F. Output 6. Strengthened national and local capacities to generate and utilize socio-demographic data in the formulation of public policies and programmes

25. Strategies include: (a) advocating for and strengthening the capacity of public institutions to analyse and use geo-referenced and disaggregated socio-demographic data, including in humanitarian settings, for the design and implementation of public policies and humanitarian response programmes; (b) supporting relevant national partners, including universities and the media, in developing education and communication strategies on population-related issues; and (c) generating evidence on the voluntary national commitments on ICPD+25 that strengthen the linkages between population dynamics and programming on the Sustainable Development Goals, as well as reporting on their progress.

III. Programme and risk management

26. The UNFPA country office will operate from Damascus, with field offices in Aleppo, Homs, Deir-Ez-Zor and Qamishli, as well as further field outreach in all other governorates. Human resources include national and international staff to support programme implementation. UNFPA field offices will regularly monitor field activities and provide quality assurance, in line with the results framework. The country office will seek technical support from national, regional and international consultants and institutions, as well as the UNFPA Arab States Regional Office and UNFPA headquarters.

27. To strengthen risk mitigation, UNFPA will apply the harmonized approach to cash transfers, in collaboration with other United Nations agencies, selecting relevant implementing partners based on their comparative advantage and ability to deliver high-quality results. Quality assurance activities will be conducted on an ongoing basis, including micro-assessments, spot checks, monitoring visits, and regular review meetings and audits. UNFPA will apply a range of risk mitigation measures as part of the United Nations and UNFPA risk management systems.

28. UNFPA will continue to support the United Nations development system reform process by engaging jointly with United Nations agencies in programme coordination and monitoring mechanisms established through the United Nations Strategic Framework, to promote integration and synergies.

29. The resource mobilization and partnership strategy will outline diversified and innovative financing approaches, including through non-traditional donors, South-South cooperation and joint initiatives with United Nations agencies.

30. Potential risks to the implementation of the programme include humanitarian emergencies, such as ongoing security concerns, violence, the humanitarian crisis and the COVID-19 pandemic. These risks contribute to a compromised health system and increase economic and social stress. Limited access to some areas of the country can also be a potential risk for programme delivery, especially to the most vulnerable populations. UNFPA will conduct regular environmental scanning and assess operational and programme criticality risks, in coordination with the relevant implementing partners and other United Nations agencies. Implementing partners will be selected based on their technical and operational relevance and proven record of delivering on the UNFPA mandate.

31. UNFPA has developed a sound theory of change identifying the programmatic risks and a risk mitigation plan, which will be monitored and updated on an ongoing basis to effectively prepare for and safeguard against various risks during the implementation of the programme.

32. The programme will be implemented by relevant national and international partners in coordination with the concerned government bodies. If necessary, this may be replaced by direct UNFPA execution for part or the entire programme, to enable UNFPA to respond to force majeure situations. The harmonized approach to cash transfers will be used in a coordinated fashion with other United Nations agencies to manage financial risks. Cost definitions and classifications for programme and development effectiveness will be charged to the concerned projects.

33. This country programme document outlines UNFPA contributions to national priorities and serves as the primary framework of accountability to the Executive Board for results 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 defined in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

34. UNFPA and the Planning and International Cooperation Commission, as the government coordinating agency, will conduct quarterly programme reviews and regular field monitoring visits as well as thematic and end-of-cycle country programme evaluations. The country office will develop a monitoring and evaluation plan and related tools for periodic progress reviews and monitoring with relevant national entities. An annual report will be prepared and submitted to the Planning and International Cooperation Commission, in the Department of Cooperation with International Organizations, to assess the progress of the programme implementation in coordination with other stakeholders. The country office and relevant implementing partners will collect data that are disaggregated by age and sex, and on the most vulnerable people, including persons with disabilities and the elderly, to assess the progress of the country programme implementation. UNFPA will participate in the United Nations Strategic Framework monitoring and evaluation. This country programme will be monitored to track its contribution to the voluntary national commitments made by the Government of the Syrian Arab Republic related to ICPD+25.

35. Aiming to demonstrate accountability to stakeholders in achieving programme results and on invested resources, the country office will conduct a country programme evaluation in 2023 to support evidence-based decision-making and to generate key lessons learned.

36. The Syrian Government and UNFPA will coordinate with other United Nations organizations and key bilateral partners to strengthen monitoring and evaluation capacities and systems at national and local levels to improve national reporting. This includes strengthening national statistical capacities, including the capacity for routine age- and sex-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.

RESULTS AND RESOURCES FRAMEWORK FOR SYRIAN ARABIC REPUBLIC (2022-2024)

<p>NATIONAL PRIORITY: Human development, growth and development.</p>				
<p>UNITED NATIONS STRATEGIC FRAMEWORK (UNSF) OUTCOME INVOLVING UNFPA: Outcome 1: Improved equitable, inclusive and safe access to quality basic services. Outcome 3: Improved living conditions of displaced people, returnees and affected communities. Outcome 4: Vulnerable people's resilience is enhanced through increased institutional responsiveness in planning and providing service.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated.</p>				
UNSF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSF Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality rate (per 100 000 live births) <i>Baseline: TBD;</i> <i>Target: 54 (2024)</i> • Annual rate of reduction of maternal mortality • Maternal mortality rate (per 100 000 live births) <i>Baseline: TBD (2021);</i> <i>Target: 54 (2024)</i> • Unmet need for family planning rate for women aged 15-49 years (married or in a union) <i>Baseline: TBD (2022);</i> <i>Target: 12% (2024)</i> <p><u>Related UNFPA Strategic Plan indicator(s):</u></p> <ul style="list-style-type: none"> • Output 1. Enhanced capacity and resilience of the health system to deliver high-quality sexual and reproductive health rights and services, with a special focus on maternal health and family planning • Output 2. Increased awareness of and demand for reproductive health services, with a focus on the most vulnerable populations in the crisis-affected areas 		<ul style="list-style-type: none"> • Number of public institutions at governorate levels that have functional maternal death surveillance and response systems in place <i>Baseline: 0 (2021); Target: 5 (2024)</i> • Number of reproductive health professionals trained on sexual and reproductive health services provision guidelines <i>Baseline: 0 (2021); Target: 1,800 (2024)</i> • Availability of comprehensive sexuality education module prepared under the supervision of the Ministry of Health <i>Baseline: No (2021); Target: Yes (2024)</i> • Number of health professionals trained on sexual and reproductive health and rights related topics <i>Baseline: 0 (2021); Target: 100 (2024)</i> <ul style="list-style-type: none"> • Number of women who received reproductive health care services, including family planning <i>Baseline: 0 (2021); Target: 850,000 (2024)</i> • Number of services provided for pregnant woman by the Ministry of Health <i>Baseline: 156,220 (2021); Target: 300,000 (2024)</i> • Percentage of newly pregnant women who attend at least four antenatal care visits <i>Baseline: 0% (2021); Target: 75% (2024)</i> • Percentage of C-section among first-time pregnancies in public facilities <i>Baseline: 49% (2019); Target: 35% (2024)</i> • Number of national studies conducted to measure unmet needs for family planning <i>Baseline: 0 (2021); Target: 1 (2022)</i> 	Ministry of Health; Ministry of Higher Education and Scientific Research; Bureau of Central Statistics; Syrian Arab Red Crescent; International Planned Parenthood Federation (IPPF)-affiliated Syrian Family Planning Association; non-governmental organizations (NGOs); UNICEF; World Health Organization (WHO); relevant local NGOs	\$3.95 million (\$1.1 million from regular resources and \$2.85 million from other resources)

NATIONAL PRIORITY: Human development. Growth and development. Administrative reform and strengthening integrity.				
UNSF OUTCOME INVOLVING UNFPA: Outcome 1: Improved equitable, inclusive and safe access to quality basic services. Outcome 2: Better access for people, especially the most vulnerable, to social protection services, sustainable livelihoods and inclusive and equitable socio-economic recovery. Outcome 3: Improved living conditions of displaced people, returnees and affected communities. Outcome 4: Vulnerable people's resilience is enhanced through increased institutional responsiveness in planning and providing services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSF Outcome indicators:</u> <ul style="list-style-type: none"> Unemployment rate, by sex, age and persons with disability <i>Baseline: (2018): Female:62%; Male:38%; Youth:59%</i> <i>Target: (2024): Female:55%; Male:30%; Youth:55%</i> <u>Related UNFPA Strategic Plan indicator(s):</u> <ul style="list-style-type: none"> The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: Yes (2021); Target: Yes (2024)</i> 	Output 3. Strengthened capacity of national institutions and young people, especially adolescent girls, on life skills, well-being and social inclusion	<ul style="list-style-type: none"> Number of national plans and strategies addressing youth needs and concerns <i>Baseline: 6 (2021); Target:8 (2024)</i> Number of young people with increased knowledge and skills to make informed choices about their life (disaggregated by areas of displacement and return) <i>Baseline: 0 (2021); Target:5,000 (2024)</i> Number of centres supported to provide integrated adolescent and youth-friendly services <i>Baseline: 5 (2021); Target:8 (June 2024)</i> <i>Baseline for Ministry of Health facilities: 11 (2021); Target:16 (2024)</i> Number of implemented projects aligned with the Adolescent and Youth Strategy <i>Baseline: 0 (2021); Target:4 (2024)</i> 	Ministry of Health; Revolutionary Youth Union; National Union of Syrian Students; IPPF-affiliated Syrian Family Planning Association; Planning and International Cooperation Commission (PICC); Syrian Commission for Family Affairs and Population; People's Assembly; Central Statistical Bureau; Ministry of Awqaf; Ministry of Higher Education and Scientific Research; Ministry of Information; Ministry of Social Affairs and Labour; Ministry of Local Administration and the Environment; academia; local authorities; UNDP; United Nations Volunteers (UNV); UNICEF	\$2 million (\$0.5 million from regular resources and \$1.5 million from other resources)
NATIONAL PRIORITY: Human development. Growth and development. Administrative reform and strengthening integrity.				
UNSF OUTCOME: Outcome 1: Improved equitable, inclusive and safe access to quality basic services. Outcome 2: Better access for people, especially the most vulnerable, to social protection services, sustainable livelihoods, and inclusive and equitable socio-economic recovery. Outcome 3: Improved living conditions of displaced people, returnees and affected communities. Outcome 4: Vulnerable people's resilience is enhanced through increased institutional responsiveness in planning and providing services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSF Outcome indicators:</u> <ul style="list-style-type: none"> Number of women who marry before the age of 18 	Output 4. Strengthened institutional capacity at national, local and community levels to	<ul style="list-style-type: none"> Number of facilities targeting communities, including men and boys, which provide a one-stop shop for comprehensive gender-based violence services. <i>Baseline: 8 (2021); Target: 16 (2024)</i> 	IPPF-affiliated Syrian Family Planning Association; Ministry of Social Affairs; Ministry of Information; Ministry of Awqaf; Ministry of Higher Education and	\$2.5 million (\$0.6 million from regular resources and \$1.9 million

<p><i>Baseline:</i> 26,886 (2020); <i>Target:</i> 20,000 (2024)</p> <ul style="list-style-type: none"> Number of legislation and strategies that support gender equality <i>Baseline:</i> 6 (2020); <i>Target:</i> 10 (2024) <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline:</i> Yes (2021); <i>Target:</i> Yes (2024) 	<p>prevent and respond to gender-based violence, including child, early and forced marriage</p> <p>Output 5. Improved capacities of the key institutions and partners to address discriminatory social practices and ensure women's empowerment and gender equality</p>	<ul style="list-style-type: none"> Number of reproductive health and gender-based violence service providers trained on clinical management of rape <i>Baseline:</i> 0 (2021); <i>Target:</i> 150 (2024) Number of medical and reproductive health students trained in clinical management of rape <i>Baseline:</i> 0 (2021); <i>Target:</i> 200 (2024) 	<p>Scientific Research; Syrian Commission for Family Affairs and Population; Planning and International Cooperation Commission</p>	<p>from other resources)</p>
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NATIONAL PRIORITY: Human development. Growth and development. Administrative reform and strengthening integrity.

UNSF OUTCOME INVOLVING UNFPA: Outcome 1: Improved equitable, inclusive and safe access to quality basic services. Outcome 2: Better access for people, especially the most vulnerable, to social protection services, sustainable livelihoods and inclusive and equitable socio-economic recovery. Outcome 4: Vulnerable people's resilience is enhanced through increased institutional responsiveness in planning and providing services

RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNSF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSF Outcome indicators:</p> <ul style="list-style-type: none"> Number of mechanisms for monitoring the ICPD based Sustainable Development Goals in place <i>Baseline:</i> 0 (2021); <i>Target:</i> 2 (2024) <p>Related UNFPA Strategic Plan Outcome indicator(s):</p>	<p>Output 6: Strengthened national and local capacities to generate and utilize socio-demographic data in the formulation of public policies and programmes</p>	<ul style="list-style-type: none"> Action Plan of Population and Housing Census available <i>Baseline:</i> No (2021); <i>Target:</i> Yes (2024) Number of Government personnel with the knowledge and skills on policy and programme formulation based on socio-demographic data <i>Baseline:</i> 0 (2021); <i>Target:</i> 75 (2024) National statistical development strategy established to improve the quality of data generated and disseminated <i>Baseline:</i> No (2021); <i>Target:</i> Yes (2024) 	<p>Planning and International Cooperation Commission (PICC); Central Bureau of Statistics; Syrian Commission for Family Affairs and Population Parliament; Ministry of Social Affairs and Labour; Civil Registration; Ministry of Local Administration; Ministry of Higher Education and Scientific Research; Higher Institute for Demographic and Programme coordination</p>	<p>\$1.5 million (\$0.5 million from regular resources and \$1 million from other resources)</p> <p>_____</p>

<ul style="list-style-type: none">● Countries that have achieved:<ul style="list-style-type: none">(a) 100 per cent birth registration;(b) 80 per cent death registration <p><i>Baseline: No (2021); Target: Yes (2024)</i></p>			Population Studies; academia; concerned ministries; Parliament; think-tanks; United Nations agencies	and assistance: \$0.6 million from regular resources
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