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UNFPA – Country programmes and related matters

DRAFT

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
Programme period:	Three years (2021-2023)
Cycle of assistance:	Ninth
Category per decision 2017/23:	Orange
Alignment with the UNSDCF Cycle	United Nations Strategic Framework, 2021-2023

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.6	4.5	6.1
Outcome 2	Adolescents and youth	0.5	1.5	2.0
Outcome 3	Gender equality and women's empowerment	0.9	3.4	4.3
Outcome 4	Population dynamics	0.5	1.0	1.5
Programme coordination and assistance		0.6	0.7	1.3
Total		4.1	11.1	15.2

I. Programme rationale

1. Since 2011, the Syrian Arab Republic has been affected by a crisis that has had a profound impact on the social and economic situation in the country. Prior to the crisis, Syria was a middle-income country with a population of approximately 21.1 million. By 2019, according to the Central Bureau of Statistics, the population was 22.1 million, with the number of internally displaced persons (IDPs) at 4 million and the number of spontaneous IDPs returnees and self-organized refugee returnees estimated to be 291,000 and 96,253, respectively. As of March 2020, the estimated number of people in need of assistance reached 10 million, including 6 million in acute need. Around 3.1 million people are estimated to be living with a disability, in addition to those experiencing the emotional and mental consequences of the protracted crisis.

2. Before the crisis, the Syrian economy performed robustly with the annual gross domestic product growth averaging 5.1 per cent. The crisis has undermined the key pillars of the economy, including oil exports, local industry and agriculture, and adversely affected tax revenue. In 2013, two years into the crisis, the gross domestic product had already dropped by 44.2 per cent, with a total cumulative loss of \$119.7 billion. 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 males) and was even higher for young females (reaching 85.4 per cent).

3. The estimated population growth rate is 2.9 per cent; the total fertility rate across the country is 4.0. However, significant disparities in fertility rates exist among governorates, especially those receiving a high number of internally displaced people, which place them at different stages of the demographic transition.

4. In 2019, the maternal mortality ratio was 58 deaths per 100,000 live births, as per official data. This figure represents an increase from before the crisis, due to many factors, including damaged infrastructure and health facilities, inadequately qualified health staff, limited safe access to reproductive and maternal health services, and reproductive health commodity shortages. The shortages are attributed to unilateral coercive measures¹ imposed on the importation of health commodities and a sharp drop in domestic production. 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 and is expected to exceed 20 per cent in 2020. According to the 2018 Integrated Multipurpose Socio-demographic Survey, 78 per cent of deliveries were attended by skilled personnel. Given the magnitude of the 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.

5. Syria 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 and introducing marriage contracts to protect the rights of women. Nevertheless, certain practices, particularly in some governorates, still impede the realization of rights for women and adolescent girls. A large number 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. Moreover, the social structure has been affected by the demographic and economic changes as a result of the displacement and migration of a large number of the population.

6. Women and girls in Syria are disproportionately affected by various types of gender-based violence, such as child, early and forced marriage, sexual violence and domestic violence.

¹ Please see [A/HRC/39/54/Add.2](#).

Displaced women and girls, including those living in camps and shelters, face a higher risk of gender-based violence. Economic hardship and lack of livelihood opportunities, contribute to an increase in the negative coping practices, such as child, early and forced marriage. In parts of the country that were influenced by designated terrorist groups, women have experienced serious curtailment of their human rights, including inhibited freedom of movement, the right to work, the right to study and the right to social participation.

7. Adolescents and youth aged 10-24 years comprise 33 per cent of the total Syrian population. The crisis has severely impacted their lives as is demonstrated by school and university dropouts, child, early and forced marriage of girls, teenage pregnancy rates, as well as high unemployment rates. At present, there is limited quantitative data on adolescents and youth, including their knowledge, attitudes and practice around 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.

8. UNFPA has a strong field presence that enables it to work throughout the country. Through coordination with diverse partners, including United Nations agencies, and skilled knowledge and expertise, UNFPA is well positioned to support the delivery of high-quality sexual and reproductive health services, to increase gender-responsive service delivery and to contribute to positive health outcomes for women and girls. UNFPA is committed to working with the Government and partners to address the data gap by supporting the production and utilization of age- and sex-disaggregated data to enhance evidence-based policy development.

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

10. The previous country programme supported the: (a) increase in awareness of reproductive health, gender-based violence and youth issues; (b) generation of data to feed into technical discourse and policy work through Integrated Multipurpose Socio-demographic Survey and other studies; (c) engagement of parliamentarians in analysing population trends, as well as advocacy and policy dialogue on population issues; (d) initiatives on equipping youth with life skills and public participation; (e) enhancement of national capacities in data analysis and utilization for policy formulation; (f) building the capacity of implementing partners to respond to 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.

11. 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 a robust tool for adoption of policies and effective humanitarian response; (b) systematic engagement of community and religious leaders is essential for women's empowerment, gender-based violence prevention and response, as well as better inclusion of youth; (c) reducing maternal mortality requires a holistic approach to identifying the 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 and can be used as an entry point for the improvement of social cohesion; (e) expanding partnerships is essential for reaching out to people by affected violence, including women and youth, and for the monitoring of the humanitarian response; and (f) improving the quality of integrated services, focusing on the most vulnerable groups, is essential for achieving the programme outputs and outcomes.

II. Programme priorities and partnerships

12. 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 will contribute to the realization of the national development and humanitarian response priorities and the Strategic Framework of cooperation between the Syrian Arab Republic and the United Nations. The common chapter of the strategic plans 2018-2021 of UNDP, UNFPA, UNICEF will be jointly implemented for improved maternal and adolescent health, empowerment of women and girls, integrated education programmes, addressing gender-based violence and promoting the availability and use of disaggregated data for sustainable development. The country programme will strongly contribute to the national commitments made by the Syrian Government at the ICPD25 Summit in Nairobi 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) follow up on the identification and enactment of relevant legislation and laws. As the Decade of Action begins, the programme will also support the attainment of the ICPD-related SDG indicators and the realization of the three UNFPA transformative results.

13. During the implementation of the previous country programme, UNFPA established and expanded its partnerships with national and international stakeholders in the policy, capacity building and service delivery areas. In coordination with the Ministry of Foreign Affairs and Expatriates, the Planning and International Cooperation Commission will coordinate review and reporting on the progress in implementation and evaluation of the new country programme with different line ministries, academia, and non-governmental organizations. UNFPA will coordinate with different partners to ensure the realization of programme targets through the preparation of annual work plans that are implemented using both national execution and direct execution modalities. The scope of work of each partner will be identified in coordination and complementarity with other partners, and is outlined in the resource mobilization and partnership plan developed.

14. The new country programme will address the areas of UNFPA assistance that are complementary to the large-scale humanitarian programme delivery in the framework of the humanitarian response plan. The programme will focus on the linkages with the humanitarian response plan, in particular on integrating institutional and community resilience with more effective humanitarian response, in line with the humanitarian-development nexus. UNFPA will continue to focus on reaching the most vulnerable, including people living with disabilities and older people, through multi-pronged reproductive health and comprehensive gender-based violence prevention and response interventions to ensure that no one is left behind. Programme criteria include: the UNFPA comparative advantage, relevance to the Syrian context, complementarity with other United Nations programmes and sustainability and effectiveness. Implementing partners will be selected based on their technical and operational capacity and proven record of delivering on the UNFPA mandate.

15. While still in a protracted 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 nexus. Due to the prevailing context, the country programme will utilize advocacy and policy dialogue, knowledge management, capacity building and service-delivery modalities. The programme will widely benefit from solutions generated by the UNFPA Syria Innovation Lab. The innovative models of programme delivery and service provision would be tested and scaled up jointly with UNFPA partners in Syria.

16. The overall goal of this country programme is to enhance the well-being and resilience of targeted beneficiaries especially women, adolescent girls and youth, as well as people living with disabilities and older people. The elimination of harmful practices will be the overarching strategy for the programme to address the root causes of harmful practices, the lack of reproductive rights, reproductive health and gender equality, as well as the insufficient

empowerment of adolescents and youth to fulfil their aspirations. All UNFPA interventions will apply a gender-transformative approach across the thematic areas. The program will prioritize meeting the needs of the most vulnerable people, including people with disabilities and elderly people.

A. Sexual and reproductive health

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

18. Strategies include: (a) capacity building of public and local non-governmental organizations to provide high-quality maternal health services; (b) strengthening emergency obstetric care; (c) enhancing referral mechanism 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 reproductive health and family planning facilities; (f) strengthening public-private partnerships in the areas of capacity building, coordination, integration and standard setting; (g) introducing 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 the universal health coverage, including for people living with disabilities; and (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.

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

20. Strategies include: (a) improving information and communication on 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 address unmet family-planning needs; (d) engaging with community and religious leaders in community awareness campaigns; (e) capacity development of media professionals on reproductive health, and using social media to increase the awareness on reproductive health issues and service; and (f) linking awareness interventions with the humanitarian response, targeting the most vulnerable groups, with high-quality reproductive, maternal health and family planning services strengthened.

B. Adolescents and youth

21. *Output 1. Strengthened capacity of national institutions and young people, especially adolescent girls on life skills, wellbeing and social inclusion.*

22. Strategies include: (a) strengthening capacity of strategic partners engaged in youth empowerment, resilience and humanitarian response; (b) strengthening 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 living 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) conduct demographic dividend analysis to advocate on better youth empowerment and social inclusion

C. Gender equality and women's empowerment

23. *Output 1. Strengthened institutional capacity at national, subnational and community level to prevent and respond to gender-based violence, including child, early and forced marriage.*

24. Strategies include: (a) improving the coordination mechanism to respond to gender-based violence; (b) building the capacity of respective institutions and actors on prevention and

response to gender-based violence, including child, early and forced marriage; (c) supporting advocacy for comprehensive gender-based violence response at the policy and service-delivery levels; (d) promoting gender-transformative and culturally sensitive approaches to gender-based violence response and mainstreaming; (e) establishing mechanisms for longer-term support to survivors of gender-based violence, including linking the response with livelihood initiatives; (f) enhance the awareness of targeted population on prevention and response of gender based violence to promote conducive social practices and change harmful behaviours and attitudes, and (e) supporting monitoring, data collection and utilization, including through the gender-based violence management information system.

25. *Output 2: Improved capacities of the key institutions and partners to address discriminatory social practices and ensure women's empowerment and gender equality.*

26. Strategies include: (a) supporting adoption of the national gender equality plan, in line with the national programme of empowering women; (b) supporting development and implementation of a national response plan on child, early and forced marriage, in line with the national commitments made at the 2019 Nairobi Summit; (c) sensitizing and building the capacity of community leaders and policy-makers 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; (d) building the capacity of implementing partners in monitoring and tracking sexual and reproductive health and reproductive rights; (e) engaging community and religious leaders, 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 special focus on combating child, early and forced marriages and strengthening the resilience of women and girls.

D. Population dynamics

27. *Output 1: Strengthened national and subnational capacities to generate and utilize sociodemographic data in the formulation of public policies and programmes.*

28. 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; (b) supporting national partners, including universities and the media, in developing education and communication strategies on population-related issues; and (c) generating evidence on the Nairobi Summit commitments 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

29. The UNFPA country office will operate from Damascus, with field offices in Aleppo, Homs, Deir-Ez-Zor and Al-Hasakeh, and 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 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.

30. In order to strengthen risk mitigation, UNFPA will apply the harmonized approach to cash transfers in collaboration with other United Nations agencies, selecting 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-assessment, spot checks, monitoring visits, regular review meetings and audits.

31. UNFPA will continue to support the United Nations 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.

32. 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.

33. Potential risks to the implementation of the programme include humanitarian emergencies, such as ongoing security concerns, and the COVID-19 pandemic. These risks contribute to a compromised health system and increased 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. UNFPA will conduct regular environmental scanning and assess operational and programme criticality risks, in collaboration with implementing partners and other United Nations agencies.

34. 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.

35. The programme will be nationally executed. If necessary, national execution may be replaced by direct 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.

36. 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

37. UNFPA and the Government of the Syrian Arab Republic will carry out annual programme reviews and field monitoring visits and conduct 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 national entities. An annual report will be prepared and submitted to the Planning and International Cooperation Commission, Department of Cooperation with International Organizations, in order to assess the progress of the programme implementation in coordination with other stakeholders. The country office and implementing partners will collect data that are disaggregated by age and sex, as well as on the most vulnerable people, including persons with disabilities and elderly people, to assess the progress of the country programme implementation. UNFPA will participate in the United Nations Strategic Framework monitoring and evaluation processes. This country programme will be monitored to track its contribution to the national commitments that were made by the Government of the Syrian Arab Republic at the Nairobi Summit in November 2019.

38. Aiming to demonstrate accountability to stakeholders on performance in achieving development results and on invested resources, the Syrian Arab Republic country office will conduct a country programme evaluation in 2023 to support evidence-based decision-making and to contribute key lessons learned.

39. The Government and UNFPA will collaborate with other United Nations organizations and key bilateral partners to strengthen monitoring and evaluation capacities and systems at national and subnational levels in order to improve national reporting. This includes strengthening national statistical capacities, including capacity for routine age- and sex-segregated data collection, in order to ensure effective monitoring, evaluation and voluntary national reporting on the country's progress towards the attainment of the Sustainable Development Goals.

RESULTS AND RESOURCES FRAMEWORK FOR SYRIAN ARAB REPUBLIC (2021-2023)

NATIONAL PRIORITY: Human development (social, educational and cultural formation)				
UNITED NATIONS STRATEGIC FRAMEWORK (UNSF) OUTCOME INVOLVING UNFPA: The people in Syria, especially the most vulnerable, have improved equitable inclusive and safe access to basic quality services in social care, health, nutrition, education, wash, housing and infrastructure				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services				
UNSF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSF Outcome 1 indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline (2014):</i> 58 deaths per 100,000 live births; <i>Target (2023):</i> 50 per 100,000 life birth) • Contraceptive prevalence rate <i>Baseline (2018):</i> 63% for modern methods; <i>Target (2023)</i> 63% for modern methods <p>Related UNFPA Strategic Plan:</p> <ul style="list-style-type: none"> • Maternal mortality ratio. <i>Baseline:</i> 2018 (216), <i>Target 2021</i> (135), <i>Target 2030</i> (Ended preventable maternal deaths (Sustainable Development Goal target for maternal mortality ratio - 70) • Number of women who have utilized integrated sexual and reproductive health services. <i>Baseline:</i> 2018 (53 million), <i>Target 2021</i> (60 million), <i>Target 2030</i> (100 million) • Proportion of births attended by skilled health personnel, <i>Baseline 2018</i> (78%), <i>Target 2021</i> (Not available), 2030 (Universal coverage) • Contraceptive prevalence rate. <i>Baseline 2018</i> (63%), <i>Target 2021</i> (63.8%), 2030(65.5%) 	<p>Output 1: Enhanced capacity and resilience of the health system to deliver high-quality reproductive health rights and services, with special focus on maternal health and family planning</p>	<ul style="list-style-type: none"> • Number of public institutions at governorate levels that have functional MSDR in place <i>Baseline :0 Target: 5</i> • Number of reproductive health professionals trained on SRH services provision guidelines <i>Baseline (2020): 0; Target (2023): 1,800</i> • Availability of a Rights based, gender sensitive, National comprehensive Sexuality Education module for Community Health Workers that is aligned with international standards <i>Baseline (2020): No; Target (2023): Yes</i> • Number of health professionals trained on SRHR related topics <i>Baseline (2020): 0; Target (2023): 100</i> 	<p>Ministry of Health; Ministry of Higher Education and Scientific Research; Bureau of Central Statistics; Syrian Arab Red Crescent; IPPF-affiliated Family Planning Association; non-governmental organizations (NGOs); UNICEF; WHO; local NGOs</p>	<p>Regular resources: \$1.1 million; other resources: \$2.5 million</p>
		<p>Output 2: Increased awareness of and demand for reproductive health services, with focus on the most vulnerable groups in the crisis-affected areas</p>	<ul style="list-style-type: none"> • Number of women who received reproductive health care services, including family planning <i>Baseline (2020): 0; Target 2023: 850,000</i> • Percentage of newly pregnant women who attend at least 4 antenatal care visits <i>Baseline (2020): 0; Target (2023): 75%</i> • Percentage of C-section among first-time pregnancies in public facilities <i>Baseline (2019): 49%, Target (2023): 35 %</i> 	<p>Ministry of Health; Ministry of Information; Ministry of Awqaf; Ministry of Higher Education and Scientific Research; Syrian Arab Red Crescent; Syrian Family Planning Association; UNICEF; WHO.</p>
NATIONAL PRIORITY: Human development (human, educational, cultural formation)				
UNSF OUTCOME INVOLVING UNFPA: The people in Syria, especially the most vulnerable populations, benefit from sustainable, inclusive and equitable socio-economic development, livelihoods, and decent employment opportunities, sustainable agriculture for food and nutrition security, sustainable industry, social protection, sustainable energy and natural resources				

RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.				
<p>UNSF Outcome 1 indicators:</p> <ul style="list-style-type: none"> National youth strategy developed and implemented in a participatory manner. <i>Baseline (2019): No</i> <i>Target (2023): Yes</i> Percentage of youth satisfaction from UNFPA supported project <i>Baseline (2019): 70%</i> <i>Target (2023): 90%</i> <p>Related UNFPA Strategic Plan</p> <ul style="list-style-type: none"> Number of countries that engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies. <i>Baseline :2018 (55),</i> <i>Target: 2021 (101), 2030 (123)</i> 	<p>Output 1: Strengthened capacity of national institutions and young people, especially adolescent girls on life skills, wellbeing and social inclusion</p>	<ul style="list-style-type: none"> Number of national plans and strategies addressing youth needs and concerns <i>Baseline 2020: 6; Target 2023: 8.</i> Number of young people with increased knowledge and skills to make informed choices about their life. <i>Baseline (2019): 1,909; Target (2023): 5,000</i> Number of centres supported to provide integrated youth-friendly services. <i>Baseline (2019): 5; Target (2023): 8</i> Number of implemented projects aligned with the Adolescent and Youth Strategy. <i>Baseline (2019): 0; Target (2023): 4</i> 	<p>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; UN Volunteers (UNV); UNICEF</p>	<p>Regular resources: \$0.5 million; other resources: \$1.5 million</p>
NATIONAL PRIORITY: Human development (social, human, educational, cultural formation)				
UNSF OUTCOME INVOLVING UNFPA: The people in Syria, especially the most vulnerable populations, live in a safe, peaceful and cohesive society, and benefit from increased protection, responsive local governance, access to justice, built on respect for human rights, rule of law, women empowerment and gender equality				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Strategic Plan Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
<p>UNSF Outcome indicator(s):</p> <ul style="list-style-type: none"> Percentage of people disaggregated by age and sex who have improved attitudes and behaviours on gender equality <i>Baseline (2019): Not Available; Target (2023): 60%</i> Percentage of reduction in early marriage. <i>Baseline (2019): 13%;</i> <i>Target (2023): 10% (among the number of registered marriages per year)</i> 	<p>Output 1: Strengthened institutional capacity at national, sub national and community levels to prevent and respond to gender based violence, including child, early and forced marriage</p>	<ul style="list-style-type: none"> Number of facilities targeting the communities including men and boys that provide a “one stop shop” for comprehensive GBV services. <i>Baseline (2019):8 Target (2023): 16</i> Number of reproductive health and gender-based violence service providers trained on clinical management of rape <i>Baseline (2019):0; Target (2023):150</i> 	<p>IPPF-affiliated Syrian Family Planning Association; Ministry of Social Affairs; Ministry of Information; Ministry of Awqaf; Ministry of Higher Education and Scientific Research; Syrian Commission for Family Affairs and Population; Planning and International Cooperation Commission</p>	<p>Regular resources: \$0.6 million and other resources \$1.6 million</p>

<p>Related UNFPA Strategic Plan Outcome indicator(s):</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 2018 (N/A), Target 2021(N/A) Target 2030(N/A)</i> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline 2018 (52%), Target 2021 (67%) 2030(100)</i> 	<p>Output 2: 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 local institution sensitized on gender rights and equality. <i>Baseline (2019): 7; Target (2023): 14</i> Number of community mobilization campaigns promoting gender equality. <i>Baseline (2019): 4; Target (2023): 16</i> Number of specialized NGOs and associations implementing a systematic plan to mobilize community in support of gender equality <i>Baseline (2020): 2; Target (2023): 5</i> Number of Government personnel, media staff, and People's Assembly members trained on CEDAW convention. <i>Baseline (2019):0; Target (2023): 180</i> Number of media products (films, material, messages and advertisement) <i>Baseline (2019): 4; Target (2020): 12</i> 	<p>Syrian Commission for Family Affairs and Population; IPPF-affiliated Syria Family Planning Association; Ministry of Social Affairs and Labour; Ministry of Information; Ministry of Awqaf; Planning and International Cooperation Commission</p>	<p>Regular resources: \$0.3 million; other resources: \$1.8 million</p>
<p>NATIONAL PRIORITY: Human development (social, educational, and cultural formation)</p>				
<p>UNSF OUTCOME: The people in Syria, especially the most vulnerable populations, benefit from sustainable, inclusive and equitable socio-economic development, livelihoods, and decent employment opportunities, sustainable agriculture for food and nutrition security, sustainable industry, social protection, sustainable energy and natural resources management</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Outcome 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p>				
<p>UNSF Outcome indicator(s):</p> <ul style="list-style-type: none"> Analytical demographic report with a special focus on UNFPA areas of work is prepared and disseminated. <i>Baseline (2019): Yes Target (2023): Yes</i> <p>Related UNFPA Strategic Plan Outcome indicators:</p> <ul style="list-style-type: none"> Proportion of countries that have a national urban policy or regional development plan that responds to population dynamics. <i>Baseline 2018 (79%) Target (2021):89%), (2030) 95%</i> 	<p><u>Output 1:</u> Strengthened national and subnational capacities to generate and utilize sociodemographic 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: No; Target: Yes</i> Number of Government personnel with the knowledge and skills on policy and programmes formulation based on socio-demographic data. <i>Baseline (January 2020): 0; Target (2023): 75</i> National statistical development strategy established to improve the quality of data generated and disseminated. <i>Baseline (2019): No; Target (2023): Yes</i> 	<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 Population Studies; academia; concerned ministries; Parliament; think-tanks; United Nations agencies.</p>	<p>Regular resources: \$0.5 million; other resources: \$1 million</p>