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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Country programme document for the State of Palestine

Proposed indicative UNFPA assistance: \$9.1 million: \$4.5 million from regular resources and \$4.6 million through co-financing modalities and/or other, including regular resources

Programme period: Three years (2015-2017)

Cycle of assistance: Fifth

Country classification per decision 2013/31: Yellow

Proposed indicative assistance (in millions of \$):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	2.5	2.3	4.8
Outcome 2	Adolescents and youth	1.0	1.3	2.3
Outcome 4	Population dynamics	0.5	1.0	1.5
	Programme coordination and assistance	0.5	-	0.5
	Total	4.5	4.6	9.1



I. Situation analysis

1. In November 2012, the United Nations General Assembly welcomed the State of Palestine as a non-member observer State. The recent past has witnessed a resumed Israeli-Palestinian peace process alongside continued political division between the West Bank and Gaza.

2. The Palestinian Authority has made progress in building state institutions, yet its viability is challenged by serious financial constraints. Humanitarian needs remain in Gaza, Area C (62 per cent of the Israeli-administered West Bank), the seam zones, East Jerusalem, and communities affected by the separation wall beyond the reach of the Palestinian Government. A high proportion (26 per cent) of Palestinians are considered poor, with variations between 18 per cent of the population in the West Bank and 39 per cent in Gaza.

3. According to data by the Palestinian Central Bureau of Statistics, the Palestinian population in 2012 was 4.4 million (2.7 million in the West Bank, including East Jerusalem, and 1.7 million in the Gaza Strip). While the total fertility rate continues to decline; at 4.2 children per woman, it is still one of the highest in the region, and the median annual population growth rate is close to 3 per cent.

4. Progress with regard to the status of women has been slow. The 2011 Palestinian violence survey revealed a high prevalence of gender-based violence, with 37 per cent among married women. Only 0.7 per cent of women exposed to violence sought assistance from specialized institutions, reflecting high social stigma and capacity gaps in system response. In 2010, 40 per cent of women aged 20 to 24 had married before age 18, with 20 per cent giving birth to a live child before 18, exposing them to complications of teenage pregnancy and affecting their likelihood to complete higher education.

5. Almost one third (30 per cent) of the population is aged between 15 to 29, and 40.4 per cent are below age 15. Given high youth unemployment, reaching 32 per cent in 2011 (44 per cent in Gaza, 27 per cent in the West Bank), employment is a top national priority, competing with other concerns such as healthy lifestyles, providing youth-friendly health services and enhancing the capacity of young people for civic engagement and participation. Moreover, national policies do not sufficiently address youth issues and priorities.

6. The contraceptive prevalence rate for all methods is 52.5 per cent, including 41.4 per cent for use of modern contraceptives. While the contraceptive prevalence rate has slightly increased during the period 2007-2010, unmet need for family planning remains high at 15.6 per cent. This is linked to the availability and quality of family planning services. Cultural and social factors are thought to affect acceptance and unmet need.

7. In 2010, the maternal mortality ratio was 32 per 100,000 live births; 75 per cent of deaths occurred during the postpartum period. Review of maternal deaths and 'near misses' identified quality-of-care issues in terms of compliance with obstetric care protocols, lack of supervision and missing documentation. The high disparity between antenatal (98.5 per cent) and postnatal (38 per cent) care coverage is of concern from a health and human rights perspective, as women are not being informed of the importance of postnatal care. This presents a missed opportunity for sensitizing women about family planning and other maternal health issues.

8. HIV prevalence is low. The national registry reports only 72 HIV/AIDS cases. Prevention remains a priority to keep sexually transmitted diseases and HIV transmission low among populations at risk, especially for most-at-risk young people.

II. Past cooperation and lessons learned

9. During the fourth programme cycle (2011-2013), UNFPA, in partnership with national stakeholders at policy, programme and service delivery levels, worked to: (a) ensure access to reproductive health services; (b) strengthen youth health programmes, including healthy lifestyles and life skills; (c) respond to gender-based violence; (d) strengthen the national statistical system; and (e) respond to humanitarian needs, particularly in Gaza.

10. In 2012, UNFPA conducted a country programme evaluation that highlighted the following key achievements: (a) development of a national reproductive health strategy; (b) improved availability of family planning commodities covering national needs with almost zero stock-outs reported; (c) development of a unified midwifery education programme; (d) development and use of a user-friendly manual for health providers in their response to gender-based violence survivors; (e) effective response to humanitarian crises in Gaza through implementation of a reproductive health-care model, linking communities with safe delivery points and hospitals; (f) interventions benefiting 1,500 vulnerable young people through healthy lifestyles programmes, life skills, civic engagement and employability; (g) activation of the National Population Committee; (h) generation and analysis of statistical data informing policies; and (i) integration of youth and gender indicators in the national monitoring system.

11. The evaluation identified lessons learned and made several recommendations relevant to the new country programme cycle: (a) capacity development of health providers should be supported by proper supervision, accountability and maintenance of quality-of-care standards in order to be more effective and sustainable; (b) UNFPA should invest more in the health of young people within the Palestinian health system; (c) gender-based violence training of health-care providers would be more effective if accompanied by institutionalized gender-based violence detection and counselling and supported by a national referral system; (d) advocacy and policy dialogue on population dynamics have yet to materialize at national and subnational levels through better data utilization and in-depth research, especially in Gaza; and (e) engaging men in gender equality has been effective, although there continues to be a need for a comprehensive male involvement strategy, linking gender equality with reproductive health and rights.

III. Proposed programme

11. UNFPA developed the proposed programme in close consultation with the Government, civil society and United Nations organizations, aligning it with national development priorities, the United Nations Development Assistance Framework (UNDAF), 2014-2016, the UNFPA strategic plan, 2014-2017, and the Millennium Development Goals.

12. Forecasting political developments in Palestine is impossible. Assuming there is progress in intra-Palestinian reconciliation talks while access restrictions persist, the programme will continue its two-pronged approach of providing both development and humanitarian assistance. In response to the territorial fragmentation and the political division between the West Bank and the Gaza Strip, the programme will have to follow strategies adapted to the respective contexts. While the development approach seeks to strengthen national institutions, UNFPA will also continue to focus on emergency

preparedness and response to the protracted and at times acute crises that affect vulnerable communities in specific geographic areas, such as Gaza and some localities in the West Bank.

13. In response to the findings of the fourth country programme evaluation, the programme will focus on advocacy, policy dialogue and knowledge management to promote reproductive health and reproductive rights to avert maternal deaths, increase postnatal care coverage, reduce the unmet need for family planning, empower young people and effectively respond to gender-based violence. Specifically, the programme will concentrate on: (a) improving access to quality reproductive health care; (b) scaling up gender-based violence protection and response; (c) promoting empowerment of young people through improved access to reproductive health information and services, civic participation and leadership and healthy lifestyles; (d) strengthening civil society organizations to address reproductive rights and gender equality; and (e) generating evidence to inform population policies and programmes that respond to emerging demographic challenges.

Outcome 1: Sexual and reproductive health

14. Output 1: Strengthened capacity of national health institutions to provide a high-quality, integrated rights-based sexual and reproductive health service package focused on family planning and including gender-based violence response services, including in humanitarian situations. To achieve this output, UNFPA will: (a) support the generation of proper documentation on maternity cases and quality supervision and compliance, with quality assurance mechanisms, to improve quality of obstetric care; (b) advocate for the improvement of national, district and hospital-based maternal mortality, morbidity and near-miss surveillance; (c) enhance integration of quality reproductive health care at the primary health-care level, focused on improved supervision and monitoring in selected vulnerable districts; (d) improve quality of family planning services, including counselling, availability of family planning choices and advocating for the scaling up of postnatal care coverage; (e) advocate for strengthening the role of midwives in reproductive health-care provision, particularly in family planning, including for midwifery schools in Gaza; (f) advocate for the integration of gender-based violence detection, treatment and referral at Ministry of Health facilities in three selected districts; and (g) enhance resilience of the health-care system for emergency preparedness and response, particularly in Gaza.

15. Output 2: Strengthened capacity of national health and social protection actors to promote reproductive rights and sexual and reproductive health, including protection against gender-based violence in vulnerable communities. To achieve this output, UNFPA will: (a) strengthen health promotion programmes, addressing reproductive health and rights and family planning among government and non-governmental institutions; (b) scale up community engagement involving women coalitions, men, youth, and religious and community leaders in promoting reproductive rights and sexual and reproductive health and gender equality; and (c) strengthen national social protection networks for gender-based violence detection and referral within the national referral system, in cooperation with human rights organizations.

Outcome 2: Adolescents and youth

16. Output 1: Strengthened national capacity to provide adolescent and youth health services and healthy lifestyle programmes, including reproductive health and rights. To achieve this output, UNFPA will: (a) promote integration of youth health programmes by rolling out youth-friendly

health centre models in selected locations; (b) strengthen capacity of selected youth centres to apply minimum service standards for young people; (c) expand peer networks for in and out-of-school young people, focusing on life skills, sexual and reproductive health, and HIV prevention; and (d) scale up community-based initiatives for young people to promote civic engagement.

Outcome 4: Population dynamics

17. Output 1: Enhanced national capacity to integrate population dynamics and interlinkages through evidence-informed data generation, analysis and dissemination, focused on reproductive rights and sexual and reproductive health and the needs of young people and women. To achieve this output, UNFPA will: (a) support generation of evidence on population and development through the 2017 population and housing census and other population surveys; (b) advocate among selected line ministries to integrate population dynamics into relevant national and subnational sectoral plans for 2014 to 2016, focusing on priorities related to young people and women; (c) promote data analysis and use, focusing on the statistical national monitoring system, including analysis of administrative and vital records; and (d) generate evidence, awareness and policy dialogue among the public and with decision makers on population dynamics and its development linkages, focusing on Gaza.

IV. Programme management, monitoring and evaluation

18. The Ministry of Planning and Administrative Development will ensure overall programme coordination. Palestinian line ministries, including the Ministry of Health, the Ministry of Social Affairs, the Ministry of Education and Women's Affairs, the Higher Council of Youth and Sports, and the Central Bureau of Statistics, along with non-governmental organizations, will implement specific programme components, with emphasis on national execution modalities. UNFPA will engage civil society, community-based organizations and networks, human rights organizations and academic institutions to promote the rights of women and young people.

19. UNFPA and the Government 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. UNFPA will participate in the United Nations Development Assistance Framework planning, monitoring and evaluation.

20. UNFPA and other United Nations organizations will seek to develop joint programmes and projects in maternal health, youth health, and humanitarian preparedness and response.

21. The UNFPA Representative will oversee the programme. UNFPA operates through its main office in East Jerusalem and its project office in Gaza. The country office includes staff funded from the UNFPA institutional budget who perform management and development effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme support.

22. UNFPA may recruit national project personnel and consultants to further support its operations, particularly in order to address the protracted humanitarian crisis in Gaza. The country office will seek technical assistance from the Arab States regional office, technical units at UNFPA headquarters and other sources, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR THE STATE OF PALESTINE, 2015-2017

D/PEPA/CPD/PSE/5

<p>National priorities: (a) Better health-care outcomes through the provision of better support services, equipment and training; (b) improved policy, coordination and managerial capacity in the health sector; and (c) improved services provided for victims of gender-based violence</p> <p>Draft UNDAF outcome: By 2016: (a) Palestinians have improved equitable access to quality health services provided by the national health system; (b) more people living in the State of Palestine, especially vulnerable and marginalized groups, benefit from an integrated, multi-sectoral social protection system that promotes economic security, protection from violence and abuse, gender equality, social justice and equity for all</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access)</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Postnatal care coverage Baseline: 38%; Target: 45% • Modern contraceptive prevalence rate Baseline: 41.4%; Target: 48% • Unmet need for family planning Baseline: 15.6%; Target: 14% 	<p><u>Output 1:</u> Strengthened capacity of national health institutions to provide a high-quality integrated rights-based sexual and reproductive health service package focused on family planning and including gender-based violence response services, including in humanitarian situations</p>	<ul style="list-style-type: none"> • Percentage of physicians and midwives reported using the national obstetric care protocol Baseline: 26%; Target: 70% • Percentage of maternal mortality cases reported and audited Baseline: 50%; Target: 80% of near miss cases • Percentage of primary health-care centres offering the agreed reproductive health package, including family planning, in selected districts Baseline: 33%; Target: 70% • Number of health facilities in selected districts have adapted the manual for health providers for dealing with gender-based violence survivors Baseline: 0; Target: 6 • Number of institutions able to implement the minimal initial service package for reproductive health in crisis Baseline: 0; Target: 3 	<p>Ministry of Health; Ministry of Social Affairs; United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA); non-governmental organizations</p>	<p>\$4.8million (\$2.5 million from regular resources and \$2.3 million from other resources)</p>
	<p><u>Output 2:</u> Strengthened capacity of national health and social protection actors to promote reproductive rights and sexual and reproductive health, including protection against gender-based violence in vulnerable communities</p>	<ul style="list-style-type: none"> • Number of trained health providers conducting innovative methods and approaches of health promotion and behaviour change communication programmes Baseline:0; Target: 300 • Number of protection networks in place that detected and referred gender-based violence cases within the existing referral system Baseline: 0; Target: 3 • Number of sensitized religious and community leaders advocates for reproductive rights and gender equality Baseline: 65; Target: 125 	<p>Ministry of Health; Ministry of Social Affairs; UNRWA; community-based organizations and networks; human rights organizations; non-governmental organizations</p>	
<p>National priorities: (a) Improve access, availability, and quality of youth services, and strengthen awareness among youth on healthy lifestyles</p> <p>Draft UNDAF outcome: By 2016: (a) Palestinians have improved equitable access to quality health services provided by the national health system; (b) children and youth have increased and equitable access to and completion of quality education in an inclusive child-friendly learning environment, especially for girls, refugees, children in marginalized areas and children with special educational needs</p>				

<p>Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health)</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Percentage of youth (15-29) who correctly identify three ways of HIV prevention of which one is condom use Baseline: 63%; Target: 70% • Number of youth (disaggregated by age and sex) using youth-friendly health services at pilot centres Baseline: 0; Target: 6,000 	<p><u>Output 1:</u> Strengthened national capacity to provide adolescent and youth health services and healthy lifestyle programmes, including reproductive health and rights</p>	<ul style="list-style-type: none"> • Number of centres offering youth-friendly health services Baseline: 0; Target: 6 • Number of targeted youth institutions promoting healthy lifestyles and civic participation Baseline: 3; Target: 6 • Number of youth centres applying minimum standards for adolescent and youth-friendly centres Baseline: 0; Target: 15 	<p>Higher Council for Youth and Sports; Ministry of Education; Ministry of Health; Ministry of Social Affairs; UNDP; United Nations Children’s Fund; UNRWA community-based organizations and networks; non-governmental organizations</p>	<p>\$2.3 million (\$1 million from regular resources and \$1.3 million from other resources)</p>
<p>National priorities: An integrated statistical system (demographic, social, economic, and geographical) using standards and specifications that meet national requirements, in line with international standards</p> <p>Draft UNDAF outcome: By 2016, Palestinians in the State of Palestine benefit from more efficient, accountable and participatory governance, enhanced justice and security, and greater protection of human rights</p>				
<p>Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • National youth cross-sectoral strategy in place Baseline: new strategy being developed; Target: new strategy in place • Number of national sectoral plans addressing population issues Baseline: 3; Target: 5 	<p><u>Output 1:</u> Enhanced national capacity to integrate population dynamics and interlinkages through evidence-informed data generation, analysis and dissemination with focus on reproductive rights and sexual and reproductive health and the needs of young people and women.</p>	<ul style="list-style-type: none"> • Number of policy and analysis reports on reproductive rights and sexual and reproductive health, young people and women produced and disseminated Baseline: 7; Target: 21 • Number of evidence-based advocacy and policy dialogue initiatives (on reproductive rights and sexual and reproductive health, young people and women) informing policies Baseline: 5; Target: 15 • Number of line ministries utilizing data in programming and monitoring of population issues (reproductive rights and sexual and reproductive health, young people and women) Baseline: 2; Target: 5 	<p>Higher Council on Youth and Sports, Ministry of Planning and Administrative Development, Palestinian Central Bureau of Statistics</p> <p>Academic institutions</p>	<p>\$1.5 million (\$0.5 million from regular resources and \$1 million from other resources)</p> <p>Total for programme coordination and assistance: \$0.5 million</p>