



**Executive Board of the  
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Programme and of the  
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**UNITED NATIONS POPULATION FUND**

**Final country programme document for the Occupied Palestinian Territory**

Proposed indicative UNFPA assistance: \$9.75 million: \$3.75 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources

Programme period: Three years (2011–2013)

Cycle of assistance: Fourth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	2.20	4.0	6.20
Gender equality	0.70	1.5	2.20
Population and development	0.45	0.5	0.95
Programme coordination and assistance	0.40	-	0.40
<b>Total</b>	<b>3.75</b>	<b>6.0</b>	<b>9.75</b>

## I. Situation analysis

1. Reversals in the peace process occurred during the third country programme. This period was characterized by external political and administrative restrictions, a political split that resulted in the Palestinian Authority losing de facto control over Gaza, and a humanitarian crisis in Gaza. Other factors, including the route and the regime of the West Bank separation barrier, the status of East Jerusalem, and the expansion of settlements, are making the economy unsustainable and contribute to a chronic crisis situation. The internal division between the West Bank and Gaza poses grave operational challenges.

2. In 2009, the Palestinian National Authority announced a programme to establish a Palestinian state within two years. This programme is based on the Palestinian Reform and Development Plan, 2008-2010, and its successor national plan, 2011-2013.

3. According to the 2007 census, the population of the Occupied Palestinian Territory was 3.9 million, with 2.4 million in the West Bank, including East Jerusalem, and 1.5 million in Gaza. The population density in Gaza (3,881 persons per square kilometre) is one of the highest in the world. The population growth rate is 2.8 per cent (2.6 per cent in the West Bank and 3.3 per cent in Gaza). The total fertility rate, one of the highest in the Arab States, has declined in recent years. Between 1997 and 2007, the rate dropped from 5.6 to 4.1 births per woman in the West Bank and from 6.9 to 5.2 births per woman in Gaza. The percentage of children below 15 declined, while the percentage of working age population aged 15-64 years increased.

4. The percentage of young people between 15 and 29 is high, at 27 per cent of the population. In the West Bank, more than 7 in 10 residents are under 29. In Gaza, the number is even greater, with three fourths under the age of 29 and nearly half (45 per cent) under the age of 15. Social and economic prospects are inadequate for the numbers of Palestinian

youth. In 2007, 30 per cent of young people were unemployed. Unemployment, coupled with the political situation, makes the high percentage of young people a potential cause of instability rather than a demographic bonus. As a result, the Government as well as donors have increased their focus on youth issues.

5. The political and social situation affects gender roles and the status of women. Labour force participation among women above the age of 15 is the lowest in the Arab region, at 15 per cent. Daily restrictions affect men's traditional family role as economic provider and protector, increasing the vulnerability of women and children to domestic violence. Data from 2005 showed that 62 per cent of married women were exposed to psychological violence, 23 per cent to physical violence and 11 per cent to sexual violence. Female participation in decision-making is low at all levels. Early marriage and kinship marriages are common in some areas. Social, athletic and cultural opportunities are limited for young women once they are out of school.

6. Technical capacity is adequate in the field of reproductive health care. Over 96 per cent of births take place in hospitals. The average number of antenatal visits is high, more than seven per pregnancy. However, services are affected by systemic problems, including: (a) duplication of services; (b) the lack of referrals between various service providers (the Government, the United Nations Relief and Works Agency for Palestine Refugees, non-governmental organizations and the private sector); (c) inadequate quality of care; (d) management issues; and (e) a lack of equipment and medical supplies, particularly in Gaza. Demand is affected by mobility, affordability, information and culture. Early and frequent pregnancies pose a health hazard. There is low utilization of post-natal maternal care services. The contraceptive prevalence rate for modern methods was 38 per cent in 2007, with a 12 per cent rate of unmet need for contraceptives.

7. Breast cancer is the leading cause of cancer deaths among women. Nearly two thirds of cases are not detected until the tertiary stage, reflecting a lack of early screening as well as poor health-seeking behaviour.

8. The Occupied Palestinian Territory has a low prevalence of HIV/AIDS, with a cumulative total of 63 diagnosed cases. However, it is difficult to assess HIV prevalence among the populations most at risk. Proxy studies on sexually transmitted infections indicate alarming levels of infection among certain population groups. Information and prevention measures, including scaled up voluntary testing and counselling services are thus essential.

## **II. Past cooperation and lessons learned**

9. During the previous programme cycle (2006–2010), the reproductive health component focused on strengthening the quality of reproductive health services by improving strategies, standards and protocols; enhancing training; and increasing reproductive health commodity security. The programme provided support to a number of hospitals and clinics, to enable them to focus on monitoring service provision and health outcomes. However, efforts in these areas need to be scaled up through the provision of technical assistance, policy advice and advocacy at the health systems level. The programme successfully addressed quality-related issues related to infection control, referrals and continuity of care.

10. In the area of population and development, UNFPA provided managerial and technical expertise for the 2007 population census and for the Palestinian Central Bureau of Statistics. A lack of awareness of the importance of population issues and data in planning, as well as weak utilization of social and demographic databases, hampered programme achievement. Drafting a population policy proved unfeasible due to the political context, which affected the coherence of population planning efforts. In addition, the political impasse between the West Bank

and Gaza has severely affected national data-gathering processes.

11. In the area of gender equality, the programme successfully piloted three women's centres offering comprehensive psychosocial services, including counselling, legal support, and vocational and life skills training. In Gaza, this project offered post-crisis counselling to women, men and youth. UNFPA built coalitions with religious leaders to support gender equality and address gender-based violence. The goal of strengthening the Ministry of Women's Affairs was only partly achieved due to changes in the Government. Instead, UNFPA strengthened civil society networks to implement Security Council resolution 1325 on women, peace and security.

12. The programme illustrated the effectiveness of building the capacity of government institutions, while increasing the capacity of civil society partners to provide support to those institutions, in order to build sustainable national systems. The linkages between reproductive health and population dynamics, including the empowerment of young people and women through livelihood opportunities, must be strengthened. There is therefore a need to promote multisectoral interventions on gender and youth issues.

13. Because of the complex and unpredictable political situation, there is also a need to strengthen partnerships, especially in Gaza, improve community cohesion and rebuild social trust. The new country programme should link humanitarian assistance, in an acute and chronic crisis situation, to early recovery and development efforts.

## **III. Proposed programme**

14. The United Nations country team in the Occupied Palestinian Territory supports the national programme through a medium-term response plan, in lieu of a United Nations Development Assistance Framework. It has two objectives: (a) support the establishment of a legitimate and effective Palestinian state; and (b)

achieve the Millennium Development Goals. UNFPA contributes to these objectives by integrating the Programme of Action of the International Conference on Population and Development, as well as its five-, 10- and 15-year reviews, into the national governance process and social service provision.

15. In line with the United Nations medium-term response plan, UNFPA will support national capacity-building through technical assistance, policy guidance, advocacy, and the facilitation of partnerships.

16. UNFPA and the Government developed this draft country programme document on the assumption that the present political and security situation will evolve towards a two-state solution during the next three years. Should the scenario change, UNFPA will modify its activities and strategies accordingly.

17. The programme includes three components: (a) reproductive health and rights; (b) gender equality; and (c) population and development.

#### *Reproductive health and rights*

18. This component will address reproductive health, including comprehensive women's health, and youth health, including healthy lifestyles and life skills. The component will use a human rights-based approach, focusing on capacity-building and institutional development.

19. The outcome for this component is: access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises. Three outputs will contribute to this outcome.

20. Output 1: Strengthened capacity of the national health system to provide comprehensive, complementary, high-quality, rights-based reproductive health services, as well as HIV/AIDS prevention services. UNFPA will: (a) advocate and provide policy advice on integrating

reproductive health into national planning and on guidelines and protocols for a comprehensive package of reproductive health services; (b) provide technical advice to improve reproductive health commodity security and the clinical referral system; (c) support professional training; and (d) support HIV prevention among population most at risk, including the most vulnerable groups, in times of crisis.

21. Output 2: Increased capacity of providers to offer comprehensive, complementary, high-quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis. UNFPA will provide technical assistance to primary health care centres and hospitals in agreed areas with special needs, with a focus on quality of care, and will provide health information to communities. UNFPA will also support emergency preparedness, rehabilitation, and the provision of equipment and supplies.

22. Output 3: Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people. UNFPA will engage in policy dialogue with partner organizations to define an essential package of health services for youth and to strengthen youth-friendly health services and peer-based interventions, including psychosocial support and the promotion of life skills and healthy lifestyles, especially for out-of-school youth.

#### *Gender equality component*

23. In partnership with other stakeholders, this component will emphasize the linkages between gender, reproductive health, young people and emerging population issues. It will address gender issues affecting both males and females within the context of the political situation.

24. The outcome for this component is: gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and

post-emergency situations. One output will contribute to this outcome.

25. Output 1: Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment. UNFPA will provide policy advice on a national strategy to address gender-based violence. UNFPA will conduct and support studies on issues such as masculinity in crisis situations and will help to establish a psychosocial support system for vulnerable groups. UNFPA will advocate male involvement and an enlargement of the active stakeholder base; build the capacity to integrate gender issues, particularly Security Council resolutions 1325 and 1889 on women, peace and security into national planning; scale up communication on gender issues, especially communication targeted at young people; and facilitate partnerships to strengthen community-based women's centres.

#### *Population and development component*

26. The outcome for this component is: increased utilization of sociodemographic data for evidence-based decision-making and policy and programme formulation, at national and subnational levels. Two outputs will contribute to this outcome.

27. Output 1: Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes. UNFPA will: (a) provide policy advice to the Ministry of Planning and Administrative Development and other ministries to integrate population concerns; (b) provide technical advice to, and facilitate partnerships between, national academic institutions to incorporate youth, reproductive health and gender issues into academic programmes; and (c) promote dialogue and carry out advocacy on population issues through the National Population Forum.

28. Output 2: Enhanced national capacity to generate, analyse and use disaggregated data on population issues. To achieve this output, UNFPA will: (a) support surveys

and research; (b) contribute to building knowledge and data sets; (c) support the Palestinian Central Statistical Bureau in data collection; and (d) enhance the capacity of the Palestinian Central Statistical Bureau and other government units to analyse and utilize data to monitor the achievement of the Millennium Development Goals as well as those related to the International Conference on Population and Development.

#### **IV. Programme management, monitoring and evaluation**

29. The Ministry of Planning and Administrative Development will ensure overall programme coordination. The Ministry of Health, the Ministry of Planning and Administrative Development, and the Ministry of Women's Affairs will ensure coordination and implementation of the three components, each in their respective areas. Other ministries and national institutions will implement specific subcomponents.

30. UNFPA and other United Nations organizations will develop joint programmes and projects in the areas of youth health and empowerment, HIV prevention, sociodemographic data, the reduction of maternal and neonatal mortality and morbidity, and humanitarian concerns.

31. UNFPA will develop a monitoring and evaluation plan aligned to that of the national development plan, 2011-2013. The programme will emphasize national execution.

32. UNFPA operates through its main office in East Jerusalem and a sub-office in Gaza. In addition to core posts, the previous country programme covered four national professional programme posts and two support posts. Additional posts are required to strengthen the Gaza sub-office. National project personnel and consultants may also be recruited. The country office will utilize technical assistance from the Arab States Regional Office, technical units at UNFPA headquarters, and from other sources, as appropriate.

## RESULTS AND RESOURCES FRAMEWORK FOR THE OCCUPIED PALESTINIAN TERRITORY

<b>National priority:</b> (a) better health care outcomes through the provision of better support services, equipment and training; and (b) improved policy, coordination and managerial capacity in the health sector <b>United Nations medium-term response plan outcome:</b> increased provision of accessible, efficient and equitable health care services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome:</b> Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive reproductive health included in planning, budgeting and monitoring of relevant health directorates</li> <li>• Coverage of postnatal care (Baseline:30%)</li> <li>• Percentage of women with obstetric complications correctly referred and managed               <ul style="list-style-type: none"> <li>• Unmet need for family planning (Baseline 12.4%, 2006)</li> </ul> </li> </ul> <p>Modern contraceptive prevalence rate (Baseline: 38%, 2006)</p> <p>Number of young people utilizing youth-friendly health services, disaggregated by sex, age and marital status</p> <ul style="list-style-type: none"> <li>• Percentage of youth who have correct and comprehensive knowledge of sexually transmitted diseases</li> </ul>	<p><b>Output 1:</b> Strengthened capacity of the national health system to provide comprehensive, complementary, high-quality, rights-based reproductive health services, as well as HIV/AIDS prevention services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of primary service delivery points providing the agreed comprehensive reproductive health services package</li> <li>• Percentage of national training institutes using unified curriculum based on a comprehensive package of reproductive health care services</li> </ul> <p><b>Output 2:</b> Increased capacity of providers to offer comprehensive, complementary, high-quality reproductive health services and information in identified geographical areas, with attention to the chronic humanitarian crisis</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 100 per cent of selected service delivery points offering agreed reproductive health package are compliant with protocols</li> <li>• Number of health providers able to implement minimum initial service package for reproductive health in crisis situations</li> <li>• Number of stock outs of family planning commodities at selected service delivery points</li> </ul> <p><b>Output 3:</b> Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of health service delivery points offering youth health package</li> <li>• Number of youth structures equipped with peer education groups and offering a defined gender-sensitive life skills package, including HIV/AIDS prevention</li> </ul>	<p>Ministries of: Education and Higher Education; Health; Social Affairs; Youth and Sports</p> <p>National Committee for Health Promotion and Education; National AIDS Committee</p> <p>Academic institutions; Ibn Sina Nursing &amp; Midwifery College</p> <p>Civil society organizations</p> <p>United Nations organizations</p>	<p>\$6.2 million (\$2.2 million from regular resources and \$4 million from other resources)</p>

<b>National priority:</b> provide support for achieving an enabling environment for increased participation of women in the labour market and public life <b>United Nations medium-term response plan outcome:</b> reduced gender-based violence in Palestinian society				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender equality	<p><b>Outcome:</b> Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>National and subnational mechanisms are in place to monitor and reduce gender-based violence</li> </ul>	<p><b>Output 1:</b> Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Policy framework in place on Security Council resolutions 1325 and 1889 on women, peace and security</li> <li>Response to gender-based violence is included in training of health providers</li> <li>% of health providers trained on gender-based violence</li> <li>Number of centres able to provide psychosocial support and referral to persons in need</li> <li>Number of beneficiaries of economic empowerment initiatives</li> </ul>	<p>Ministries of: Education and Higher Education; Health; Social Affairs; Women's Affairs</p> <p>Municipalities</p> <p>Faith-based organizations; non-governmental organizations and community networks; research institutions</p>	\$2.2 million (\$0.7 million from regular resources and \$1.5 million from other resources)
<b>National priority:</b> an integrated statistical system (demographic, social, economic and geographical) using standards and specifications that meet national requirements, in line with international standards <b>United Nations medium-term response plan outcome:</b> support national monitoring and evaluation systems				
Population and development	<p><b>Outcome:</b> Increased utilization of sociodemographic data for evidence-based decision-making and policy and programme formulation, at national and subnational levels</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>National development plan integrates reproductive health, youth and gender issues</li> <li>Number of national sectoral plans that include time-bound indicators relating to population issues</li> <li>Number of population and development issues addressed in national surveys</li> </ul>	<p><b>Output 1:</b> Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of initiatives conducted by Population Forum that address population and development issues</li> <li>Number of policy briefs on population issues based on disaggregated data from national surveys</li> </ul> <p><b>Output 2:</b> Enhanced national capacity to generate, analyse and use disaggregated data on population issues</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of national reports and researches on population issues</li> <li>Set of indicators institutionalized and used to monitor population goals</li> </ul>	<p>Ministry of Planning and Administrative Development; Palestinian Central Bureau of Statistics; relevant line ministries</p> <p>Research institutions; universities in the West Bank and Gaza</p>	<p>\$0.95 million (\$0.45 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.4 million from regular resources</p> <p>-----</p>