



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for the Syrian Arab Republic

Proposed UNFPA assistance: \$13.5 million: \$9 million from regular resources and \$4.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Seventh

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	6.5	3.3	9.8
Population and development	1.0	0.6	1.6
Gender	1.0	0.6	1.6
Programme coordination and assistance	0.5	-	0.5
Total	9.0	4.5	13.5

I. Situation analysis

1. The Syrian Arab Republic, a medium-income country, ranked 106 out of 177 countries on the 2005 human development index. By implementing political, social and economic reforms, the Syrian Arab Republic is changing from a centralized economy to a social market economy. The tenth national development plan (2006-2010) emphasizes effective stakeholder participation and decentralization to achieve sustainable development. The plan focuses on creating balanced and equitable development, and addresses regional disparities in socio-economic indicators.

2. The national development plan seeks to ensure a close correlation between population dynamics and socio-economic development, in order to reduce poverty and improve the quality of life. Population variables, reproductive health and gender have been integrated into the national plan. The Government requires continued support to strengthen this integration at all levels.

3. The population of the Syrian Arab Republic was 17.8 million in 2004. The population growth rate was 2.45 per cent during 2000-2005, down from 3.3 per cent between 1981 and 1994. Improvements in health care contributed to declining fertility rates, a sharp fall in mortality rates, and increased life expectancy at birth (70 years for males and 72.1 years for females in 2004). Other factors contributing to the fertility decline include: (a) increased access to education for both women and men; (b) an increase in the age of first marriage (29.4 years for males and 25.6 years for females); and (c) a preference for smaller families among younger couples.

4. The total fertility rate declined from 5.1 children per woman during 1991-1995 to 3.58 children per woman in 2004. In some regions, however, the total fertility rate is as high as 6.21. The coverage of family planning services remains

modest, with the contraceptive prevalence rate increasing from 39.6 per cent in 1993 to 47.4 per cent in 2004. Modern contraceptive use is only 35.1 per cent, and the unmet need for contraception is estimated at 30.6 per cent.

5. The maternal mortality ratio dropped from 143 deaths per 100,000 live births in 1990 to 57.4 deaths per 100,000 live births in 2004. Disparities exist, however, ranging from 34.3 deaths per 100,000 live births in Damascus to 81 deaths per 100,000 live births in Al-Raqqa governorate, in the northern part of the country. Home births accounted for 44.6 per cent of total births during 1996-2001, with 21.3 per cent of these births assisted by traditional birth attendants. In rural areas, 50.8 per cent of all births occur at home, with traditional birth attendants assisting 30.9 per cent of these births. These statistics highlight the challenge of making high-quality reproductive health services and family planning more readily accessible and affordable, and of changing traditional social norms, behaviour and attitudes that hinder the use of such services.

6. Early marriage and early childbearing, particularly among poorer and less-educated families, remains high. In 2001, 47 per cent of all pregnancies were among women younger than 24 years of age.

7. Young people aged 10-24 represented 34.2 per cent of the total population in 2004. Data indicate that many young people are marginalized, unemployed and at high risk for early marriage, early pregnancy, unsafe behaviour, sexually transmitted infections (STIs) and HIV/AIDS. Thirty-four per cent of registered HIV/AIDS cases in the Syrian Arab Republic were among people aged 15-24 years. Recent data indicate a need for increased awareness of these issues among young people.

8. In 2005, there were 369 reported cases of HIV/AIDS. The modes of transmission are as follows: (a) sexual (77 per cent); (b) contaminated blood transfusions (12.4 per cent); (c) intravenous drug injections (6.5 per

cent); and (d) mother-to-child transmission (4 per cent). Although prevalence rates are low, there is a growing concern that risk factors could make the country susceptible to an increase. The challenge is to maintain the low prevalence rate while focusing on prevention efforts among young people and people at risk.

9. The legislative base for gender equality is strong. However, the implementation and enforcement of gender equality laws require more active participation from the public, the Government and non-governmental organizations (NGOs), especially to reduce gender-based violence and increase women's representation in power and decision-making bodies. Despite achieving national gender parity in education, regional disparities persist, and drop-out rates among girls remain a concern.

II. Past cooperation and lessons learned

10. In the sixth country programme (2002-2006), the Government recognized UNFPA for its leadership in the areas of reproductive health, population and development, and gender. UNFPA played a key role in integrating population and gender issues into the national development plan and in ensuring contraceptive commodity security. In 2005, the Ministry of Health allocated \$1.6 million from the central health budget to procure contraceptives, covering the needs for 2005, 2006 and 2007.

11. Key lessons emerged from the previous programme. The programme should strengthen technical, institutional and managerial capacities at all levels, and foster community ownership and social mobilization for new and improved services. Future support should reach poor and vulnerable populations with high-quality services and improve their reproductive health status. The programme should promote coordination and partnerships among stakeholders, the private sector and NGOs. There also a need to generate and utilize

accurate, up-to-date, disaggregated data at national and subnational levels.

III. Proposed programme

12. The programme reflects the analysis of the common country assessment and the priorities of the United Nations Development Assistance Framework (UNDAF), the 2004-2007 UNFPA multi-year funding framework, and the UNFPA strategic direction. The programme cycle has been harmonized with the programme cycles of other United Nations agencies in the Syrian Arab Republic.

13. The programme contributes to government efforts to reduce poverty by improving living conditions and by balancing demographic and economic growth. It will have three interrelated components: reproductive health; population and development; and gender. The focus of interventions, especially at the service-provision level, will be in selected geographical areas with high needs. The programme will support advocacy, policy dialogue and capacity-building at the national level.

14. The programme contributes to three UNDAF outcomes: (a) interregional and intraregional disparities related to access and quality of health, education and other basic social services are reduced, focusing on the eastern, northern and Badia regions and other disadvantaged areas; (b) efficiency and accountability of governance structures at central and local levels are strengthened by government, civil society and the private sector, to achieve sustainable development; and (c) risk and impact of natural and man-made disasters are reduced.

Reproductive health component

15. This component contributes to two UNDAF outcomes: (a) reducing disparities in access and quality of basic social services; and (b) disaster management.

16. The outcome of the reproductive health component is: increased access to and utilization of comprehensive, high-quality reproductive health services and information, including family planning, with a special focus on the eastern, northern and Badia regions and other disadvantaged areas. Two outputs contribute to this outcome.

17. Output 1: Increased availability of high-quality, comprehensive, integrated reproductive health services and information, including family planning and emergency obstetric care, in selected underserved areas. This output will be achieved by providing a comprehensive package of reproductive health services in selected areas, specifically in family planning and safe motherhood. Reproductive health services will be integrated into services to prevent and treat reproductive tract infections, including HIV/AIDS, and into screening for breast and cervical cancer. The programme will provide support that will enhance institutional, managerial and technical capacities; develop and review reproductive health guidelines and protocols; and upgrade the national logistics management information system. The programme will also support policy dialogue and advocacy activities. In order to create demand, the programme will strengthen the national capacity to enhance awareness of reproductive health services and to mobilize communities to support reproductive and sexual health.

18. Contributing to the UNDAF outcome on disaster management, the country programme will enhance knowledge, skills and attitudes related to reproductive health in emergencies, including integrating reproductive health issues into the national disaster management action plan. It will also support advocacy and awareness-raising regarding the right to reproductive health services in crisis situations.

19. Output 2: Increased availability of reproductive and sexual health information and counselling services for young people, with a

special focus on preventing HIV/AIDS and STIs among young people and populations at risk. This will be achieved by: (a) strengthening the national capacity to deliver high-quality, youth-friendly education, information and counselling, including a minimum package of services; (b) strengthening voluntary counselling and testing services; and (c) scaling up service-provider skill training, building peer-educator networks and creating demand through a holistic communication strategy. Key strategies include mobilizing community leaders and reinforcing alliances with NGOs, peer leaders and faith-based organizations.

Population and development component

20. The population and development component contributes to the UNDAF outcome on strengthening the efficiency and accountability of governance structures at central and local levels.

21. The outcome of this component is: national, sectoral and local policies take into account population dynamics, reproductive health and gender issues, in the context of poverty reduction, development and the Millennium Development Goals. Two outputs will contribute to this outcome.

22. Output 1: Enhanced national capacity to integrate population, reproductive health and gender issues into national, sectoral and local plans and programmes. The programme will help to build the technical capacities of key institutions to integrate population, reproductive health and gender issues into development planning. Advocacy and policy dialogues will seek to better mainstream population, reproductive health and gender issues into all plans and programmes.

23. Output 2: Strengthened national capacity to generate, analyse, disseminate and utilize disaggregated data, including support to research for policy decision-making. This will be achieved by enhancing national skills and

capacities to collect and use social development and demographic data. The programme will support in-depth, policy-oriented analysis to broaden evidence-based dialogue and advocacy.

Gender component

24. The gender component also contributes to the UNDAF outcome on strengthening the efficiency and accountability of governance structures at central and local levels.

25. The outcome of this component is: strengthened policies and institutional mechanisms to improve the legal status of women and the implementation of related policies, eliminating gender-based violence, promoting women's and girls' rights, and promoting gender equity in decision-making and policy frameworks. One output contributes to this outcome.

26. Output 1: Strengthened institutional capacity of the Government and NGOs to integrate the prevention of gender-based violence into national plans and strategies. This will be achieved by: (a) building knowledge on the extent, severity, effects and forms of gender-based violence and the ways to address it; (b) building the capacity to integrate gender-based violence into national gender strategies and plans; and (c) raising public awareness to create an enabling environment to prevent gender-based violence. This involves building capacity and reinforcing alliances with key government bodies, women's groups, faith-based organizations, NGOs, the police, the judiciary, policymakers and local communities.

IV. Programme management, monitoring and evaluation

27. The country programme will use a national execution and implementation modality. UNFPA and the Government will cooperate closely with other United Nations agencies, NGOs and development partners. Annual programme reviews and a final evaluation will

take place according to the UNDAF plan. The Government will provide in-kind contributions and funding, equal to 50 per cent of the level of UNFPA support.

28. The UNFPA country office in the Syrian Arab Republic consists of a representative, an assistant representative, a national programme officer, and administrative and support staff. Programme funds will be earmarked for three national programme posts and two administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen implementation. The UNFPA Country Technical Services Team in Amman, Jordan, along with international and national consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE SYRIAN ARAB REPUBLIC

<p>National priorities: (a) sustainable economic and social development that reduces poverty levels and improves human development indices of health, education and quality of life of people at all levels; and (b) create balanced and equitable development among and within all governorates and regions, with a focus on the northern and eastern regions</p> <p>UNDAF outcomes: (a) interregional and intraregional disparities related to access and quality of health, education and other basic social services are reduced, focusing on the northern, eastern and Badia regions of the country and other disadvantaged areas; and (b) risk and impact of natural and man-made disasters are reduced</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased access to and utilization of comprehensive, high-quality reproductive health services and information, including family planning, with a special focus on the eastern, northern and Badia regions and other disadvantaged areas</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate • Proportion of deliveries attended by skilled health personnel • Percentage of women with at least three antenatal visits during pregnancy • Proportion of service delivery points with a minimum package of services that includes reproductive health and which correctly uses reproductive health and referral protocols and guidelines • Needs for contraceptive commodities secured through the central health budget 	<p><u>Output 1:</u> Increased availability of high-quality, comprehensive, integrated reproductive health services and information, including family planning and emergency obstetric care, in selected underserved areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of selected service delivery points offering at least three reproductive health services complying with upgraded clinical practice protocols and guidelines • Proportion of women having obstetric complications correctly identified or referred • Reproductive health issues are integrated into the national disaster management action plan <p><u>Output 2:</u> Increased availability of reproductive and sexual health information and counselling services for young people, with a special focus on preventing HIV/AIDS and STIs among young people and populations at risk</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Proportion of young people recognizing three methods of HIV/AIDS transmission and three methods of prevention, at least one of which is condom use • National standards and protocols for youth-friendly services adopted and disseminated 	<p>Ministries of: Health; Labour and Social Affairs; Local Administration; Information; Religious Affairs (Awqaf); Education and Higher Education; Syrian Commission for Family Affairs; parliamentarians; local authorities</p> <p>Syrian Arab Red Crescent; General Women's Union; Youth Union; Syrian Family Planning Association; faith-based organizations; NGOs; the private sector</p> <p>United Nations Children's Fund; World Health Organization; European Union</p>	<p>\$9.8 million (\$6.5 million from regular resources and \$3.3 million from other resources)</p>

National priorities: (a) to improve governance, transparency, accountability and efficiency of public institutions and services, in the context of a social market-led and citizen-centred economy and society; (b) to seek balanced population growth that matches development requirements; and (c) to enhance women's roles at both family and social levels and foster their participation in all fields
UNDAF outcome: efficiency and accountability of governance structures at central and local levels are strengthened by government, civil society and the private sector, to achieve sustainable development

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets`	Role of partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> National, sectoral and local policies take into account population dynamics, reproductive health and gender issues, in the context of poverty reduction, development and the MDGs</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Common understanding of the operational linkages between population, reproductive health, gender and poverty reduction • Annual MDG and poverty-related reports take into account population dynamics, youth and gender issues • Increased budgetary resources for national population policies and programmes from donors and the Government 	<p><u>Output 1:</u> Enhanced national capacity to integrate population, reproductive health and gender issues into national, sectoral and local plans and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • National multisectoral mechanism in place and functioning to monitor the integrated population and development plan • Reproductive health and gender incorporated into national MDG reports <p><u>Output 2:</u> Strengthened national capacity to generate, analyse, disseminate and utilize disaggregated data, including supporting research for policy decision-making</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Follow-up indicators on the MDGs and the International Conference on Population and Development, including gender and reproductive health data, institutionalized • Increased dissemination and utilization of census and other population data for policymaking and programmes 	<p>State Planning Commission; Central Bureau of Statistics; Ministry of Health; Syrian Commission of Family Affairs; General Women's Union; parliamentarians; local authorities</p> <p>Universities</p> <p>UNDP; <i>DevInfo</i></p>	<p>\$1.6 million (\$1 million from regular resources and \$0.6 million from other resources)</p>
Gender	<p><u>Outcome:</u> Strengthened policies and institutional mechanisms to improve the legal status of women and the implementation of related policies, eliminating gender-based violence, promoting women's and girls' rights, and promoting gender equity in decision-making and policy frameworks</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of laws and directives revised to remove discriminatory articles against women • Comprehensive national policy and strategy on gender, integrating gender-based violence issues, is drafted and adopted • Referral mechanism established for victims of gender-based violence 	<p><u>Output 1:</u> Strengthened institutional capacity of the Government and NGOs to integrate the prevention of gender-based violence into national plans and strategies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Increased availability of data on gender-based violence • NGOs, local communities and women's groups actively promote and take action for gender equity and women's empowerment • Proportion of key decision makers and community and religious leaders supporting gender equality, including the elimination of gender-based violence 	<p>State Planning Commission; Syrian Commission for Family Affairs; Ministries of: Health; Information; Interior, and Religious Affairs (Awqaf)</p> <p>Parliamentarians; Women's Union; faith-based organizations; NGOs; local communities; media</p> <p>United Nations Development Fund for Women</p>	<p>\$1.6 million (\$1 million from regular resources and \$0.6 million from other resources)</p> <hr/> <p>Total for programme coordination assistance: \$0.5 million from regular resources</p>