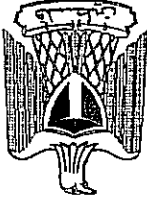


Palestinian Authority



United Nations Population Fund



THE UNITED NATIONS POPULATION FUND (UNFPA)

AND

THE PALESTINIAN NATIONAL AUTHORITY (PNA)

BETWEEN

2011 – 2013

(CPAP)

COUNTRY PROGRAMME ACTION PLAN

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CCA	Common Country Analysis
CFTA	Culture and Free Thought Association
Coc	Continuum of Care
CP	Country Programme
CPR	Contraceptive Prevalence Rate
CPAP	Country Programme Action Plan
EMOC	Emergency Obstetric Care
FACE	Fund Authorization and Certificate of Expenditures
GBV	Gender-Based Violence
Gol	Government of Israel
HACT	Harmonized Approach to Cash Transfers
HIS	Health Information System
ICPD-POA	International Conference on Population and Development – Programme of Action
IEC	Information Exchange Communication
IP	Implementing Partner
LACS	Local Aid Coordination Secretariat
LoU	Letter of Understanding
MDG	Millennium Development Goal
MISP	Minimum Initial Service Package for RH in Crisis
MOEHE	Ministry of Education and Higher Education
Mol	Ministry of Labour
MoLG	Ministry of Local Government
MoPAD	Ministry of Planning and Administrative Development
MoSA	Ministry of Social Affairs
MoWA	Ministry of Women's Affairs
MoYS	Ministry of Youth and Sports
MTRP	Medium Term Response Plan
NEX	National Execution
NGO	Non-Governmental Organization
NPO	National Programme Officer
oPt	occupied Palestinian territory
PALINFO	Palestinian customization of DEVINFO development database system
PCBS	Palestinian Central Bureau of Statistics
PFPAP	Palestinian Family Planning and Protection Association
PMRS	Palestinian Medical Relief Society
PNA	Palestinian National Authority
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RHTG	Reproductive Health Theme Group
SP	Strategic Plan (UNFPA's corporate one)
STI	Sexually Transmitted Infection
WHDD	Women's Health and Development Directorate
UNDAF	United Nations Development Assistance Framework
UNRWA	United Nations Relief and Works Agency
UNSCR	United Nations Security Council Resolution
YFHS	Youth-Friendly Health Services

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THE FRAMEWORK

1. The Palestinian National Authority, hereinafter referred to as "the Government", and the United Nations Population Fund, hereinafter referred to as "UNFPA", being in mutual agreement to the content of this Country Programme Action Plan (CPAP) and to the responsibilities outlined therein for the implementation of UNFPA's Fourth Country Programme (2011-2013) approved by the joint UNDP/UNFPA Executive Board; and

- Furthering their mutual agreement and cooperation for the fulfilment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, ICPD+10, other related conferences, and the Millennium Development Goals (MDG);
- Building upon the experience gained and progress made during the implementation of the PA-UNFPA third Country Programme (2006-2010), and based on the recently approved Fourth Country Programme (2011-2013);
- Entering into a new period of cooperation; and
- Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

HAVE AGREED AS FOLLOWS:

1. BASIS OF RELATIONSHIP

2. This Country Programme Action Plan (CPAP) covering the period from 1 January 2011 to 31 December 2013 is to be interpreted and implemented in conformity with these resolutions. The program described herein has been agreed jointly by the Government and UNFPA. This Country Programme Action Plan consists of 10 parts wherein the general policies, priorities, objectives, strategies, management responsibilities and commitments of the Government and UNFPA are described, and three Annexes.

II. SITUATION ANALYSIS

3. UNFPA's 4th Country programme is guided by the Millennium Development Goals (MDGs), the Palestinian Development Plan (PDP, 2011 - 2013), the United Nations Medium Term Response Plan (MTRP) in the absence of a CCA/UNDAF, and the Palestinian Government's vision on establishing a State by 2011. It was formulated within the overall political context of the occupied Palestinian territory emanating primarily from the Israeli occupation since 1967, and exacerbated by Palestinian internal political division since June 2007. UNFPA's analysis and proposed programme interventions are based on the findings of the Demographic and Health Survey (2004), the Palestinian Family Health Survey (2006) and the 2007 Census utilized as the prime sources of reference over time, unless otherwise indicated.

4. While the Palestinian National Authority (PNA) is committed towards the achievement of the MDGs and the ICPD-Programme of Action, it is clear, that the continued Israeli occupation is negatively impacting the achievement of internationally agreed upon development goals.

5. The socio-political context in 2010 presents a contradictory picture composed of continuing progress along a development continuum yet also a chronic humanitarian situation in the Gaza Strip and areas of the West Bank. The OPT has also witnessed acute humanitarian

crisis most recently following the Israeli military offensive against Gaza in December 2008 – January 2009 (Operation Cast Lead). Progress was made in some areas, notably a number of development indicators and institution-building successes in the West Bank, as well as improved movement between urban centers in the West Bank and the increased flow of certain goods into the Gaza Strip, yet serious setbacks occurred elsewhere, such as the further isolation of East Jerusalem and Area C within the West Bank and on-going restrictions on the movement of people, exports and a range of imports in Gaza. The response remains constrained by various obstacles and by deteriorating funding levels.

6. Despite a decline in large scale violence the security environment remains volatile. There are recurring instances of Israeli incursions throughout the OPT, including areas officially under PNA control, rocket launches from Gaza, Israeli airstrikes in the Gaza Strip, clashes during demonstrations against the Barrier and increasing incidents of settler violence against Palestinians in the West Bank.

7. The resumption of the political process between the Gol and the PNA remains difficult. After months of proximity talks, the PNA and the Gol agreed in September 2010 to resume direct negotiations; the talks were quickly undermined by the expiration, on 26 September, of the partial freeze on settlement construction.

8. 2010 marked a slight improvement in the quantity, and diversity of goods and materials being allowed into the Gaza. It has, however, not changed the fundamental parameters of the blockade against the Gaza Strip. Without full resumption of human mobility, export flows and legitimate business activity, the stranglehold on Gaza will continue to stifle its development potential and maintain most of its population dependent on humanitarian aid and on an illegal economy. The economic losses and humanitarian consequences are immense, including, for many families, reduction in food consumption, access to work and social services. There is also an increased level of psychological trauma and sense of helplessness among the general population.

9. Under the conditions described above, health services are most likely to be affected in terms of coverage, but mostly quality. Field data and observations have indicated a declined pattern in coverage and utilization of family planning, prenatal, obstetric and ambulance services, hospital care, and services to chronic disease patients.

10. To respond to above mentioned challenges and maintain acceptable level of services provision, interventions will focus both on (a) building national capacities, both governmental and non-governmental, and directing intervention towards sustainable development, ensuring that vulnerable or marginalized populations (children, adolescents, youth, women, the elderly and the poor) have information and access to basic services, and (b) humanitarian objectives. In response to the volatile political situation and the vulnerability to natural disasters, the Country programme will also work on emergency preparedness measures. Special arrangements will be taken to respond to the specific situation in Gaza. Furthermore, UNFPA will support the local coordination forum to ensure coherence of programme implementation among different partners working on the ground and through an active role in the health cluster.

11. According¹ 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

¹ Data in this document refer to PCBS statistics: the Demographic-Health Survey (2004), the Palestinian Family Health Survey (2006) and the 2007 Census utilized as the prime sources of reference over time, unless otherwise indicated.

12. The percentage of young people between 15 and 29 is high, at 29 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.

13. 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.

14. 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. Utilization of post-natal maternal care services is low at 30 per cent (PCBS 2006).

15. UNFPA is the sole provider of contraceptives to the public family planning service providers. This includes the Ministry of Health, UNRWA, and NGOs. The contraceptive prevalence rate (CPR) for modern methods was 38 per cent in 2007, with a 12 per cent rate of unmet need for family planning. Accordingly, there is a need to address the following: high unmet need for family planning, duplication of service provision within the public sector and strengthen the national supply system of contraceptives at central, district and peripheral levels.

16. 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.

17. Challenges also remain in the domain of infection control in hospitals, the referral system, and the health information system. Last but not least, reproductive health interventions need to be fully integrated within primary health care, as part of the overall health sector reform, in order to make it of better quality, less expensive, and more equitable in its coverage. Supporting the Palestinian National Authority in its state-building efforts through institutional capacity building and health system strengthening toward reaching the 2015 goals remains a vital priority of the United Nations.

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18. 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.
19. The need for a dynamic equilibrium between population, environment and development necessitates population policies. Under the current geopolitical context, it seems unrealistic to request a comprehensive and explicit population policy, as many of the determinants are beyond the control of the PNA. Instead, there is a need to: strengthen and increase institutional and technical capacity to formulate, plan and implement population policy components and strategies; enhance awareness and promote dialogue on population issues among policy makers, planners and stakeholders; and enhance national capacity to monitor the national development agenda and the progress towards MDGs.
20. Programme strategies are guided by the principle of state building and increased national ownership, reinforcing the capacities of implementing partners and promoting complementarity between local and international NGOs and Government. Humanitarian and development strategies are proposed in the context of the continued political conflict but with a vision towards state building.
- III. PAST COOPERATION AND LESSONS LEARNED
21. During the previous 3rd programme cycle (2006-2010), UNFPA's support focused on improving the quality of reproductive health services, strengthening the national information system and helping to build the capacity of Palestinian authority institutions and civil society organizations; in addition to humanitarian interventions.
22. 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. The programme successfully addressed quality-related issues related to infection control, referrals and continuum of care.
23. According to the country programme end evaluation, UNFPA significantly invested in improving quality of reproductive health care in selected service delivery points. Yet, the quality of services is still a major challenge for Palestinian health policymakers, and more so in the Gaza Strip than in the West Bank. UNFPA, the evaluation found, should continue its work on quality of RH care with special focus on its human rights perspectives
24. One of the key achievements in the previous programme cycle is UNFPA's work with villages and communities with restricted mobility to improve access to high quality RH services. Another major achievement is the fact that UNFPA became the shepherd of family planning services, being the sole contraceptive provider to MOH, in addition to UNRWA and some NGOs. Yet, management of the supply chain remains a challenge that needs to be addressed in order to maintain a reliable supply of contraceptives and selected reproductive health commodities. Efforts in these areas need to be scaled up through the provision of technical assistance, policy advice and advocacy at the health systems level.
25. While UNFPA succeeded in most aspects to advance the RH agenda in the context of the health planning process, it was found that RH, including its gender and women

empowerment components, is not sufficiently integrated in the National Health Strategy (2011 - 2013).

26. The programme successfully tied humanitarian assistance to development assistance. UNFPA was able to attract considerable additional funds towards emergency RH interventions. Support of continuum of care was initiated both within the humanitarian response framework and that of quality of care improvement within the development framework.

27. According to the programme evaluation, the integration of RH information into the school curricula is one of the strategic achievements in this cycle. In-school youth are the group the programme targeted first and best through the MoEHE system: this model should be replicated in the private schools and UNRWA schools. Peer to Peer education was a successful approach introduced in the 3rd cycle, which contributed to an increase in the number of young people, who access information on RH and HIV/AIDS prevention. However, attempts to reach out-of-school and vulnerable youth through the active involvement of youth leaders is still in its initial stages and needs to be taken up further.

28. In the area of population and development, UNFPA's role in supporting the 2007 housing and population census and other vital national surveys contributed to the availability and utilization of national data for planning and, ultimately also contributed to an enhanced data system. This was found to be a remarkable achievement in the 3rd cycle. 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 West Bank and Gaza affected national data-gathering processes. UNFPA, as per the evaluation recommendations, should continue to work and strengthen the utilization of population data in national planning and monitoring. Furthermore, UNFPA was actively involved in reviewing the relevant national sectoral strategies (2011-2013) in the areas of health, gender and youth and had a key policy advisory and advocacy role in line with ICPD and MDG goals.

29. In the area of gender equality, and according to the 3rd programme end evaluation, UNFPA managed to lead innovative work on GBV, employing UNSCR 1325 as main instrument for implementation of interventions. UNFPA was a catalyst for the articulation of the Palestinian National Strategy for Combating Violence Against Women by supporting the first national conference and the establishment of the national committee for combating GBV. This strategy should be pursued further. It spearheaded the establishment of coalitions of local CBOs coordinated by three municipalities, for sensitization, counselling and referrals related to GBV.

30. UNFPA invested much effort in three women's centers in Hebron (West Bank), Jabalia and Bureij (Gaza Strip) through which the Fund was able to reach women, including GBV survivors, with necessary clinical, psychosocial and legal services. Such successful efforts should be replicated in other marginalized and vulnerable areas including South Gaza.

31. 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 multi-sectoral interventions on gender and youth issues.

32. 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.

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IV. PROPOSED PROGRAMME

33. UNFPA's 4th country programme cycle was formulated within the context of national Palestinian priorities, United Nations systems planning frameworks and globally agreed upon development goals. Specifically, the country programme will support Palestinian national and sectoral development plans within its mandate areas, furthering the implementation of the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) and the achievement of the Millennium Development Goals (MDGs) in the opt. The country programme cycle was formulated for a period of 3 years in harmonization with the Palestinian Development Plan (PDP, 2011 - 2013). In the absence of a CCA/UNDAF, the Medium Term Response Plan (MTRP) remains the main planning framework for joint United Nations system programming in the occupied Palestinian territory. The country programme's special focus will be to contribute toward capacity building of national governmental and non-governmental stakeholders.

34. The country programme responds to UNFPA's Strategic Plan (2008 – 2013) and its three components:

- **Reproductive Health and Rights:** SP outcome related to access and utilization of quality maternal health services; and SP outcome on access of young people to SRH, HIV and GBV and gender-based life-skills based SRH education;
- **Population and Development:** SP outcome related to population dynamics and their interlinkages with gender equality, SRH and HIV/AIDS;
- **Gender Equality:** SP Outcome on responses to GBV through improved policies and services, including in emergency situations.
- Youth issues and humanitarian preparedness and response are cross-cutting.

35. 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.

Reproductive Health

36. The outcome of the RH component is defined as "Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises".

37. This component will address reproductive health, with a focus on maternal 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 contributing to the realization of the objectives of the National Strategic Health Plan (2011-2013).

38. The programme will build on the achievements and experiences of the 3rd programme cycle and it will be implemented in coordination with other UN agencies, NGOs and national counterparts working in the area of RH and youth. Synergies will be sought with agencies for specific areas where similar programmatic interests exist such as with UNICEF, WHO and UNDP for issues related to maternal and child health, youth programmes and prevention of HIV.

39. The programme will also build on and support the Palestinian National Authority's efforts to institutionalize national partnership for providing and regulating health services within the defined package and in line with the right of the Palestinian people to health.

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- 40. With a high level of integration and coordination among UNFPA thematic areas and programmes, three outputs will contribute to this outcome:
 41. **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.**
 42. Lessons learned during the 3rd programme cycle, the situation analysis and the end of programme evaluation have indicated the importance of upstream efforts at the health systems level, to address policy-level issues to achieve tangible improvement of the quality of reproductive health services in the country. This output will primarily address the package of services and criteria for quality of care at the policy level of reproductive health and rights.
 43. The following activities will contribute to the achievement of this output:
 - Strengthen Reproductive Health Commodity Security through capacity development, coordination and advocacy to ensure complementary provision of family planning (FP) services: UNFPA has successfully catalyzed coordinated efforts to unify the provision of family planning services under the umbrella of the MOH. The National Committee for Family Planning Commodity Security will form the vehicle for ensuring national ownership and partnership to strengthen the supply chain and to ensure availability of family planning commodities at central, district and peripheral levels. Moreover, UNFPA will develop a procurement plan for family planning commodities based on verified forecasting using population data and consumption patterns. This will contribute to a sustainable and uninterrupted supply and to further reduce unmet needs for family planning. Ultimately, and following a preliminary agreement with MOH to include contraceptives into the national budget, UNFPA will continue to advocate for the formalization of this agreement to have contraceptives included as part of the national MOH budget.
 - Strengthen WHDD to spearhead gender-sensitive RH issues and policies at the national level and within the MOH: WHDD has been UNFPA's partner directorate within the MOH for implementing RH programmes at the national level. The expansion of the programme and diversity of activities occurring during the 3rd cycle posed various challenges on the implementation of the RH programme. Increasingly, WHDD's strength and niche have been around (i) policy dialogue, (ii) coordination, (iii) and mainstreaming gender within reproductive health programmes. In future, UNFPA will further strengthen WHDD in these areas of work and will provide technical and material support for WHDD to lead the policy dialogue, programme development and gender within the MOH and at the national level. This activity will be closely coordinated with the implementation of the Gender output under this country programme, specifically as it relates to the enhanced government mechanisms to promote gender equality and equity.
 - Improve quality of midwifery and newborn nursing programmes. This activity will be coordinated and implemented jointly with UNICEF for the newborn component. The previous programme cycle had significantly scaled up midwifery education in terms of quantity and quality. UNFPA will work with a wider group of institutions to reduce the gap in the number of midwives available on the Palestinian labour market. UNFPA will strive to further enhance and define the role of midwives in the provision of RH service in recognition of midwives as key reproductive health service providers.
 - Improve the quality of emergency obstetric and newborn care at secondary healthcare facilities. UNFPA has developed a national protocol for obstetric care and has successfully institutionalized this protocol as part of a unifying tool for practitioners in

Palestinian maternities. Further expansion of training for NGOs and private providers is expected to enable full coverage and the utilization of this protocol in Palestine. Assessments about compliance and "near-miss" occurrences will provide information on the extent to which these protocols have been able to reduce mortality and morbidity and improve survival of mothers during per-natal and birth situations. A yearly conference will be conducted for the review of successes and bottlenecks in obstetric care and to link this to the national effort on combating maternal mortality.

Strengthen HIV response at the national level with focus on prevention. UNFPA's major support during phase I of the Global Fund project was to strengthen the National AIDS Committee and its programmes; a key achievement during this phase was the production and development of the national response strategy. The application of the plan linked to this strategy will be developed to guide all the future work on HIV/AIDS at the national level. Scaling up to reach other target groups including MARPs is another area of focus during the coming period; these groups will include laborers, university students, and vulnerable women. Advocacy activities will also be a major aspect through working with media personnel and outlets to emphasize their role as partners in conveying awareness and promotion messages.

44. **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.**

45. Taking the level of implementation to the level of health service provision, this output addresses care at facility and district levels. It is expected that this output will result in improved quality of care at the peripheral level, where people receive and experience care. UNFPA and partners will support a comprehensive programme aiming at reaching those in need of RH interventions with high quality, cost-beneficial and sustainable services.

46. The following activities will be implemented under this output:

Improve RH service provision in selected geographic locations within the concept of continuum of care (COC) from community to secondary level of care. After defining target districts, the programme will aim to connect different levels of care and will support the provision of community, primary and secondary level services in the area of RH. This model will enable complementary service provision and support partnership among different health providers. It will also enable operationalization of a well defined referral system and measure the flow and efficiency of this system. Population data will form the basis to calculate and allocate services and build partnership with relevant health providers.

Provide training to healthcare providers on RH services, referral and reporting. Capacity building of workers in target facilities will focus on providing them with needed knowledge and skills to operate a coherent model of services in line with the package of services identified earlier. Training will also address issues of behavior change communication (BCC), counselling and client-provider communication as essentials means for quality service.

Improve quality of care at facility level. While the 3rd programme cycle focused on developing a frame (including protocols and training materials) for monitoring quality of care in target facilities, the 4th programme will invest in facility-level efforts to improve quality by implementing existing protocols. This will entail mobilizing staff and community resources towards improving quality specifically within the local context. Training on

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48. This output will be achieved through the strong and strategic partnerships that were built during the previous programme cycles with the Ministry of Education and Higher Education (MOEHE), Ministry of Youth and Sports (MoYS), Ministry of Health (MoH), Ministry of Social Affairs (MoSA), Youth NGOs and media institutions. UNFPA will work on three fronts during this cycle. Firstly, it will continue and expand the successful partnership with the MoEHE on school health, including referral, counselling and peer-to-peer education as well as the inclusion of RH knowledge in school curricula; the programme will continue to support MoSA in providing information and counselling on adolescent health to vulnerable youth groups. Secondly, UNFPA will contribute to enhancing the capacity of MoYS to support the implementation of the Cross-Sector National Strategy for Youth (2011-2013); Youth NGOs will work on increasing active representation and participation of female and male youth in community mobilization, in addition to sensitizing community members and parents, on adolescents' needs and rights through media activities. Thirdly, UNFPA will work with MoH, in coordination with other partners, to define an essential package of adolescent and youth health services to be provided by the Palestinian health system, and to strengthen the provision of youth-friendly health services within the national health system, including psychosocial support and the promotion of life skills and healthy lifestyles, especially for out-of-school youth.

47. **Output 3: Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people.**

relevant national and United Nations emergency preparedness and contingency plans followed by required capacity building of relevant service providers.

and INGOs. UNFPA will advocate for the inclusion of ICPD related concerns under strengthened emergency preparedness for the provision of RH services in coordination with other stakeholders including MOH, relevant UN agencies, civil society and NGOs emergencies. As a prerequisite for successful emergency response, the programme will country office will adapt the MISF to the local context regarding acute and chronic Package on RH in Crisis (MISP) and national experience in emergency response, the the global UNFPA experience in the implementation of the Minimum Initial Service provision of obstetric care and uninterrupted family planning services. Benefitting from Respond to RH crises in a systematic and coordinated manner with a focus on

activity will be on health promotion. UNFPA will build on its partnership with the civil society and NGO community and with the National Health Promotion and Education Committee to implement a community mobilization programme using creative BCC methodologies. UNFPA will build on its experience in this area from the 3rd programme cycle and will scale up successful practices such as community outreach programmes and social marketing activities. Any development of new IEC materials under this activity will be linked clearly to a behavior promotion strategy and will be based on an evaluation of existing IEC materials in terms of relevance and impact in coordination with other stakeholders. Creative message dissemination channels such as theatre, summer camps and campaigns will be utilized and encouraged.

tapping into previous experiences of MOH and neighboring countries.

including mechanisms for recognition of outstanding service delivery points based on objective quality indicators. UNFPA will build on its competencies in this area while also practice of continuous quality improvement is embedded within the health system measure improvements. It is expected that by the end of this cycle, the culture and facilitation of quality improvement processes will be provided to demonstrate and quality improvement methods and tools will target a critical mass of workers and

The following activities will be implemented under this output:

- UNFPA will continue its work with MOEHE to provide accurate and reliable information by teachers and counsellors on reproductive health issues to students. This activity will expand to include students enrolled in UNRWA and private schools. MOEHE will provide training to teachers and counsellors, in addition to printing materials and sensitizing school principals and parents through after school activities on adolescent health and needs. This activity will be closely coordinated with UNICEF's activities in support of adolescent health within MOEHE.
- UNFPA will work with the Ministry of Health, in coordination with other stakeholders, to define an essential package of health services for youth and to introduce and establish youth-friendly health services that will be based on the results of an assessment on youth preferences and needs. This activity will include developing a strategy, protocols and guidelines for these services that will be based on the WHO Adolescent Health modules. A training manual for youth health providers will be developed and used to train gender-balanced/sensitive teams of health providers. Youth-friendly health services will be piloted in four service delivery points (one each within the Moh system, an NGO, UNRWA, and a university clinic). Training will also target 200 MOEHE staff who will be trained on the school referral protocol and guidelines developed in the 3rd programme cycle. Different advocacy tools will be used in order to establish a supportive environment within the target facilities.
- Enhance the capacity of MoYS to support the implementation of the Cross-Sector National Strategy for Youth (2011 – 2013). This new activity under the 4th programme cycle will be implemented in close coordination with UNICEF and UNDP in order to ensure better impact and to avoid any duplication. UNFPA will provide financial and technical support to the already established planning unit within the Ministry through staff, training and equipment, to enable it to operationalize the National Youth Strategy. Under this activity and as part of the population and development thematic area, UNFPA will provide technical support to MoYS to develop indicators related to youth and provide training for the Ministry's staff, Youth NGOs and youth networks on utilizing data, disseminating research findings, and advocacy. UNFPA will also provide support to MoYS to develop and implement a media strategy to promote the national youth strategy.
- In close coordination with UNICEF and UNDP and other international organizations, UNFPA will work on strengthening a number of youth facilities/clubs to provide a minimum package of quality services to meet needs of both female and male youth in different age groups. Selection criteria will be developed and the MoYS database will be used to select clubs that meet these criteria. UNFPA will provide needed equipment, supplies and materials to these clubs, in addition to training youth club officers on programme management.
- UNFPA's youth programme will work on increasing female and male youth representation and participation in community mobilization. This activity will build on the achievement of the project that UNFPA launched jointly in 2010 with Sharek Youth Forum. It will include providing seeds money for selected centers to implement community based youth-led initiatives, which focus on marginalized and disadvantaged youth, including refugees. Training on life and job skills will be provided to these youth and the most successful initiatives will be linked to relevant private and public institutions, in order to contribute to long term employment of youth.

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- UNFPA will continue to work on strengthening and expanding the existing youth peer-to-peer network and develop a system for peer-to-peer education. UNFPA will develop a manual on life skills targeting youth above 18, complementing the manual developed by UNICEF for under 18 youth. The manual will be used in training youth peer educators on life skills, healthy lifestyles, communication, etc. These trained peer educators will reach 12,000 in and out of schools youth with messages related to healthy life styles and responsible SRH behaviour. Furthermore, and in order to develop a national model for peer-to-peer education on adolescent and youth health issues, particularly SRH and STI prevention, UNFPA will also work under this activity to strengthen and expand the national Y-PEER network and link it with the regional and global network.

Gender Equality

50. The outcome of the gender component is "Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations".

51. Violence against women is a violation of human rights and plays a major role in delaying progress in poverty reduction and society-building. Besides being a specific component of the country programme, the gender component is cross-linked with the reproductive health and population and development components to ensure all programme interventions are gender sensitive. Moreover, specific activities under this component will directly contribute to the attainment of the reproductive health output. Gender equality and women's needs also need to be promoted and incorporated within emergency preparedness and disaster risk reduction. This outcome will be achieved through the following output:

52. **Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment.**

53. Achieving gender equality and women's empowerment in the OPT requires concerted efforts both at the government and the grass-roots level in a cohesive manner ensuring inter-sectoral coordination and cooperation on gender equality responsiveness and accountability among various stakeholders.

54. The support granted to the government, civil society organizations and the existing coalitions and networks are essential to the achievement of the output through the following activities:

- Support the Ministry of Women's Affairs (MoWA) to operationalize and advocate for the Palestinian National Strategy for Combating Violence Against Women (VAV). In 2010, the MDG Gender project implemented by six UN agencies supported MoWA in the formulation of above strategy document. Concerted efforts are needed to operationalize this strategy on the different levels such as strengthening the implementation capacities of the various government sectors and civil society. UNFPA's contribution will be to sensitize senior policy makers including Ministers and General Directors through an evidence-based policy dialogue. The programme will support media as a powerful tool for advocating on gender issues and events such as International Women's Day and the 16 days campaign for combating GBV. UNFPA will assist MoWA to build a database on gender issues, priorities, and dynamics.

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58. This output will contribute to improving the capacity of the Ministry of Planning and Administrative Development (MoPAD) and selected line ministries to address population considerations in the development, implementation and monitoring and evaluation of the Health, Youth, Gender and Social Protection Plans at the national and level, and to define key population indicators in the selected sectoral plans. UNFPA will assist the Ministry of Planning

57. Output 1: Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes. The two outputs formulated under this outcome are in line with the national sectoral plans for 2011-2013 to achieve the ICPD MDGs. They revolve around data utilization and enhancing the national capacity to integrate, implement and monitor population issues such as youth, reproductive health and other emerging issues. These outputs will focus on strengthening the national capacity to integrate population and development, reproductive health and gender issues in national planning, programming and monitoring processes. The outputs will further support national efforts to produce and utilize disaggregated data for an evidence-based monitoring tool on population goals.

56. The two outputs formulated under this outcome are in line with the national sectoral plans for 2011-2013 to achieve the ICPD MDGs. They revolve around data utilization and enhancing the national capacity to integrate, implement and monitor population issues such as youth, reproductive health and other emerging issues. These outputs will focus on strengthening the national capacity to integrate population and development, reproductive health and gender issues in national planning, programming and monitoring processes. The outputs will further support national efforts to produce and utilize disaggregated data for an evidence-based monitoring tool on population goals.

55. The outcome of the population and development component is: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels.

Population and Development

- *Strengthen capacity of health providers, in the emergency units, primary health care and district clinics to identify, detect and refer survivors of GBV. The programme will raise awareness and conduct training workshops for health providers on gender issues including GBV. Guidelines for dealing with GBV cases and a code of conduct will be reviewed and updated to ensure inclusion of GBV. A coordination mechanism with other line ministries will be strengthened.*
- *Sensitization on reproductive rights and provision of legal, economic and psychosocial services to most marginalized populations. Subject to availability of funding through both development and humanitarian funding mechanisms, target locations will include Jenin, Tulkarim, Nablus, Ramallah, Hebron, Jericho, East Jerusalem and South, Middle and North Gaza. This will be achieved through outreach support sessions raising awareness on reproductive rights and GBV along with life-skills to empower young girls and boys and to better protect them from domestic violence. Vocational trainings will aim to enhance employment opportunities for women and young girls.*
- *Develop policy framework for United Nations Security Council Resolutions (UNSCR) 1325 and 1889. UNFPA will work with government and civil society institutions to develop a draft policy framework. The 4th programme cycle will further strengthen and expand the capacity of networks and coalitions working on SCRs 1325 and 1889 in Nablus, Hebron and the Gaza Strip through awareness raising sessions, and media and advocacy activities. The programme will also aim to strengthen the networks' and coalitions' capacity to monitor, document and report GBV cases.*
- *Foster men's and boys' engagement and participation in gender equality and women's empowerment. An assessment of male engagement in gender related programmes will provide inputs for further awareness activities to promote gender equality and to foster men's support toward women's empowerment.*

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- and Administrative Development, and selected line ministries to have evidence tools for policy discussion on population issues. UNFPA will also support initiatives and events, research institutions and universities in achieving this output.
- 59. The output will be achieved through the following activities:
 - Strengthen Population Policy Department MoPAD. The programme will support a review of the functional role of the Population Policy Department for it to act as a strong national body to advocate for the integrating population issues within national planning processes. This would also include the coordination with focal points from selected line ministries (MoYS, MoSA, MoL, MoEHE, MoWA), the Palestinian Central Bureau of Statistics (PCBS) and NGOs. The Population Policy Department will be supported in its production and utilization of evidence tools for policy discussion such as population initiatives, newsletters on integration population issues, capacity building for the Population Policy Department staff and the focal points from above entities, and lastly, media events on development issues.
 - Strengthen evidence-based planning, programming and monitoring of population issues through selected line ministries (MOH, MOSA, MoWA, MoYS, MoPAD, MoEHE, MoL) and PCBS. This activity will build on regular technical team meetings and will work on enhancing evidence tools such as technical support and training on demographic analysis packages.
 - Strengthen the policy dialogue on population. This will be achieved through activating the Population Forum. The Forum was established by MoPAD with support from UNFPA. It functions as an advisory body composed of academics, researchers and experts from NGOs, PCBS and selected line ministries to promote policy dialogue and population advocacy activities. A national population conference will be organized to allow for exchanging intra-regional and other international experiences level and activating the National Population Committee.
- 60. **Output 2: Enhance national capacity to generate, analyse and utilize disaggregated data on population issues.**
 - 61. The output will be achieved through the following activities:
 - Support to national surveys to generate relevant population data for planning and dissemination. UNFPA will continue its support to the Palestinian Family Survey and the migration survey following the completion of data collection in 2010. UNFPA will support data dissemination through supporting analytical reports including a series of thematic analytical reports on youth, women's health, and elderly in addition to five districts finding reports. This activity will be jointly implemented with UNICEF and PCBS. UNFPA will also support producing three analytical thematic reports on women's health, youth and elderly jointly with PCBS.
 - Establish info database on women and youth issues. UNFPA, in cooperation with MoWA, MoYS and PCBS will support the establishment of thematic data bases on women and youth. This activity will be cross cutting with the gender component and the youth related activities under the reproductive health component. This activity will be implemented in cooperation with MoWA, MoYS and PCBS. It will also be achieved through the close work on the youth and gender programmes.
 - Support population and development research to strengthen the utilization of population data produced by national surveys. This activity will be achieved through continued work with universities by a) Select a number of university students as young researchers to strengthen their capacity and raise their awareness on population and development; b)

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62. The completion of above mentioned activities under the country programme's three components is based on the assumption that the concerned line ministers remain committed to the implementation of the programme are associated with the access restrictions imposed on Gaza and sustainability of funding. This will be dealt with by using different strategies such as advocacy for resource mobilization by implementing partners including relevant line ministries and NGOs. Based on lessons learned from Operation Cast Lead, UNFPA will also strengthen the implementation capacities of its Gaza satellite office at technical and managerial levels. UNFPA will strengthen its emergency preparedness measures which will include identification of local partners and training them in the provision of the minimum initial service package for RH in crisis (MISP). UNFPA will continue as an active stakeholder within the Gaza Maternal and Newborn Health Task Force composed of UNFPA, UNICEF, WHO and Map-UK toward strengthening the continuum of emergency obstetrics and newborn care. At a national level, UNFPA will advocate for the inclusion of RH in the national health preparedness plan currently under development. The country office will also continue as an active partner under the established humanitarian cluster mechanism for both strengthened emergency preparedness and strategic partnerships.

63. The partnership between UNFPA and the Government will conform to the overall principles of the United Nations and of the Paris and Accra Declarations on Aid Effectiveness. In line with the mandate and comparative advantages of the United Nations system, UNFPA sees its contribution to the partnership essentially as supporting national capacity-building through four "service lines": technical assistance, policy dialogue, advocacy, and the facilitation of partnerships both among Palestinian institutions and with regional and global partners.

64. The Ministry of Planning and Administrative Development will ensure overall programme coordination and alignment with the national development planning process. Individual programme components, outputs and cluster activities will be implemented by a range of partners, including units of the Palestinian National Authority, national NGOs, academic institutions and international organisations.

65. The principal partners will be the Ministry of Health, the Ministry of Planning and Administrative Development, the Ministries of Social Welfare, of Youth and Sports, of Education and Higher Education, of Women's Affairs, of Local Government and the PCBS, with responsibilities as set out in the annexes to this document. Partnerships with provincial and local authorities will also be crucial for the implementation of the community level programme components, such as those targeted at disadvantaged population groups, decentralised health services, activities in the community centres and in youth clubs.

V. PARTNERSHIP STRATEGY

conduct training and workshops on data utilization and analysis, policy analysis and planning and programming; and c) Support the integration of a population course in a selected university in Gaza and continue support to existing Bir Zeit university population course for the West Bank. UNFPA will strengthen its cooperation with research institutes and support research initiatives for generating the evidence for policy and interventions. *Enhance generation of gender-sensitive statistics.* Under the joint MDG Gender project, which was initiated under the 3rd programme cycle, support will be provided to strengthen Government statisticians' capacity for gender sensitive data generation and analysis. Support will also be provided for the implementation of relevant surveys such as the domestic violence survey and time use survey.

66. National NGOs, civil society entities and academic institutions will partner with UNFPA in their respective areas of mandate in support of the goals and outcomes of the 4th Country programme. Partners will include the Palestinian Family Planning and Protection Association (PFPPA), the Culture and Free Thought Association (CFTA), the Palestinian Medical Relief Society (PMRS), Bir Zeit University and Annajah University and others which may be identified in the course of the country programme implementation. The choice of non-government partners will be made with the overall goal of social and institutional capacity-building, according to jointly agreed criteria, UN rules and procedures, and the principles of efficiency, equity and transparency.

67. National partners will be expected to ensure that UNFPA's contribution is (a) fully integrated into – or helps to develop and strengthen – national systems and procedures, contributing to institutional development, and not creating parallel implementation channels; (b) and is fully coordinated with that of other partners working with the same institution by facilitating mutual information and cooperation whenever appropriate.

68. UNFPA will also continue to partner, directly or indirectly, with local NGOs at the community level. This is especially relevant for community mobilization in hard-to-reach areas and to ensure networking among local organisations, in order to increase awareness on ICPD issues and to effect behavioural change especially with regard to reproductive health and rights, adolescent and youth health and healthy lifestyles, early marriage, and gender inequalities. Working with community leaders such as religious leaders, members of local councils and parliamentarians will be key for the national ownership of programmes and to ensure positive behavioural changes.

69. UNFPA works as part of the UN Country Team in the occupied Palestinian territory, within the framework of the UN Medium Term Response Plan (MTRP). Whenever suitable, it will coordinate with UN agencies in order to help achieve national goals and the MDG goals for the OPT. This will be done through (1) participation in the various existing coordination bodies; (2) joint programmes, such as the existing gender joint programme funded by the Spanish MDG Fund, and the joint Global Fund programme for HIV/AIDS prevention, as well as new ones that may be agreed on; and (3) joint programming, coordination and implementation processes such as the existing ones toward enhancing RH services with UNICEF and WHO, and support to national family and population surveys with UNICEF. Some important possible areas of new partnerships with other UN partners include adolescent and youth health interventions (with WHO, UNICEF, UNODC), implementing Security Council Resolutions 1325 and 1889 (with UN Women), and programmes in areas of restricted mobility.

70. UNFPA will work within the framework of the Local Aid Coordination Structure (LACS), and in particular, it will coordinate its interventions with the different donors working in the field of population, reproductive health and gender. Special coordination efforts will also be made with regard to the USAID funded Flagship project which shares commonalities with the RH component of the proposed UNFPA programme. The aim is to enhance complementarity of services in geographical areas where both programmes intervene; to avoid duplication, and the utilization of the same RH protocols and guidelines. Similar partnerships and coordinating arrangements will be put in place whenever appropriate.

VI. PROGRAMME MANAGEMENT

71. MoPAD will ensure the overall coordination of the programme. The programme will be brought into line with the modalities of the Harmonized Approach to Cash Transfers (HACT) as per harmonized timing to be agreed with the UN Country Team, particularly UNICEF.

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72. AWP will be developed, with UNFPA assistance, by the different partner ministries and implementing partners involved in the execution of the UNFPA programme, within the framework of the CPAP. The concerned ministries, departments and non-governmental organizations will be responsible for programme planning, implementation, monitoring and evaluation. Guided by the Simplification and Harmonization process of the UN, the interventions of UNFPA and other UN agencies will be coordinated with key partners to ensure a synergistic impact. Areas for joint programming will be identified during the consultations with the agencies on the AWP's preparation process.
73. During the course of the country programme, regular reviews will be carried out by the Government or designated agency to assess impact on programme beneficiaries, especially women. The review reports will be made available to all partners, and will help in identifying corrective actions by the implementing agency as well as guide further cooperation between the Government and UNFPA.
74. Regular and open sharing of information and knowledge between the different partners will contribute to ensure the dissemination of best practices and lessons learned and allow better coordination and synergy between the programme components. It will also stimulate coordination not only between all the components but also between other government and donor programmes.
75. All cash transfers to an implementing Partner are based on the Annual Work Plans agreed between the implementing Partner and UNFPA and LOUs detailing the respective obligations and procedures in conformity with National Execution and HACT procedures.
76. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the implementing Partner and UNFPA, or refunded.
77. UNFPA will manage the 4th country programme through its Jerusalem office with the support of the UNFPA satellite offices in Gaza and Ramallah. In addition to core staff, UNFPA will work with a number of programme staff for the management of the respective programme components and the related projects. In line with the recommendations of the evaluation of the 3rd country programme, UNFPA will also seek to strengthen its thematic and geographic implementation capacities through recruitment of additional staff in support, among others, of reproductive health and with a strong focus on the Gaza satellite-office in response to programme implementation needs. UNFPA will agree, when found necessary, on recruitment of project staff to assist the government in the execution of its project.
78. For the 4th cycle, it may get more difficult for the UNFPA oPt Office to mobilize new funds. Donor interest will need to be maintained through joint efforts of the PNA, UNFPA and UNSCO, especially if linked to the PNA's state building efforts.
79. The Country Office will develop a comprehensive resource mobilization strategy for the 3-year period of the programme. This strategy will be based on raising visibility of UNFPA's mandate; anchoring it within the overall UN mandate in the oPt; increasing knowledge of donors (and partners) about UNFPA's Programme in the oPt; and emphasizing transparency and accountability for managing resources and showing results. This resource mobilization strategy will keep abreast with changes in the donor environment and their humanitarian and development funding priorities.
80. Because of the complex and volatile political situation in the oPt and the chronic state of crisis, the United Nations agencies continue to function in an environment in which development efforts and emergency support remain closely linked. From a Resource Mobilization (RM) standpoint, the Humanitarian Consolidated Appeal (CAP) will remain an essential funding mechanism for UNFPA's humanitarian programme interventions. It will be critical to link

UNFPA's interventions along a continuum starting at emergency preparedness, capacity to respond to acute and chronic crisis, and transition from early recovery toward long-term sustainable development efforts.

VII. MONITORING AND EVALUATION

81. Monitoring and evaluation of the 4th programme will be based on Results-Based Management principles, and specifically on the CPAP Results and Resource Framework (RRF) in Annex I, the CPAP Planning & Tracking Tool in Annex II and the CPAP Matrix in Annex IV. The CPAP matrix and the RRF are core components of the M&E framework.

82. These instruments contain the outcome, output and sub-output indicators, baselines and targets, implementing partners, indicative resources per output. This will be the basis for assessing the achievements of results at all levels and for assessing progress towards planned targets which represent the CPAP yearly milestones.

83. The M&E Framework also lists the instruments for measuring and tracking the 4th country programme. It includes baseline surveys, operational research and formative research which will be conducted in the area of quality of emergency obstetric care, RH care provision and quality assessment for integrated package of RH services in specific districts, preferences and needs of youth friendly services including health, male involvement, etc. Those assessments should guide interventions in specific geographic areas and will provide the baselines and end targets for some of the output indicators. End line assessments will be conducted as well to measure progress and change towards planned results.

84. The Palestinian Family Survey conducted in 2010 will provide data related to the outcome indicators and will be crucial to update relevant MDG and ICPI indicators and monitor changing trends in the area of maternal health, youth, and elderly. Tracking the quality of care in the selected areas and health facilities will be made through developing an M&E framework for quality assurance, reviewing facility records and reports, and conducting bi-annual meetings with relevant directorates to review quality of care indicators. Civil registration data as well as the MoH/HIS will be instrumental in providing the needed process indicators.

85. Regular field visits will be carried out to assess programme implementation, challenges, obstacles, and management issues including financial management and follow up on audit recommendations. Programme coordination meetings will be conducted with implementing partners to monitor and assess progress of the annual work plans, in addition to facilitate coordination among partners and information exchange. Reporting tools including quarterly expenditure reports, the AWP M&E tool, annual progress reports, coordination meetings and field visits will feed into the annual CPAP Review. The Government and UNFPA shall jointly conduct annual review meetings for all programme components covered by this CPAP to assess progress towards achieving outputs, draw lessons learned, best practices and raise recommendations for way forward.

86. Annex 2 presents a summary of the CPAP Monitoring and Evaluation Plan.

87. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, implementing partners agree to the following:

- Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,

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- Special or scheduled audits. UNFPA and in consultation with MOPAD will establish an annual audit plan in conformity with UNFPA rules and regulations, giving priority to audits of implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

VIII. COMMITMENTS OF UNFPA

88. The UNFPA Executive Board approved a total commitment of at least the equivalent of the sum of US\$ 3,750,000 from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2011 to 31 December 2013 in support of the Country Programme. The Board also authorized UNFPA to seek additional funding to support the implementation of the Country Programme Plan, referred to as Other Resources, to an amount equivalent to US\$ 6,000,000. The availability of these funds will be subject to donor awareness of, and interest in, the proposed programme. In this respect, UNFPA will advocate to the donor community, both in OPt and internationally, to mobilise this financial support. Therefore, the country programme approved by the UNFPA Executive Board, totals US\$ 9,750,000.

89. UNFPA's support for the development and implementation of activities included within this Country Programme Action Plan may include – within the context of the four service lines listed in Par. 35 – supplies and equipment, procurement services on behalf of the government, transport, technical staff and support, funds for advocacy, research and studies, consultancies, programme development and management, improvement of facilities, monitoring and evaluation, information and programme communication, orientation and training activities. UNFPA shall appoint programme staff similar to the requirements under the 3rd country programme (at least four national programme officers (NPOs), two para-professionals, and one driver) and consultants for programme development, programme support, technical assistance, and monitoring and evaluation activities. Any additional staffing needs arising in the course of programme implementation will be discussed and agreed upon during annual programme reviews and/or in consultations with MOPAD. Part of UNFPA support may be provided to non-governmental and civil society organizations as agreed within the framework of the individual AWP.

90. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the CP will be reviewed and further detailed through the preparation of the AWP. UNFPA funds are distributed by calendar year and in accordance with this CPAP and subject to availability of funds. During the review meetings, respective Government ministries indicated in the AWP will examine with UNFPA the rate of implementation for each programme. If the rate of implementation in any programme component is below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other priorities, including under different AWP.

91. In case of direct cash transfer or reimbursement, UNFPA shall notify the implementing Partner of the amount approved by UNFPA and shall disburse funds to the implementing Partner within fifteen days after receiving a request for the prospective quarter. The same time frame shall apply in case of direct payment to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with implementing Partners on the basis of requests signed by the designated official of the implementing partner. UNFPA shall not have any direct liability under the contractual arrangements concluded between the implementing Partner and a third party vendor.

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92. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

IX. COMMITMENTS OF THE GOVERNMENT

93. The 4th Country Programme will be implemented in conformity with the policies of the Palestinian National Authority; the provisions as set forth in part one of this document; and the framework as set out in this document. The MoPAD will be the channel of communication between the collaborating sectoral ministries and UNFPA, and will be responsible for providing all involved parties with information regarding its policies and any changes occurring during the programme period.

94. The Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA to the Government. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNFPA under this Country Programme Action Plan. UNFPA shall also be exempted from Value Added Tax (VAT) or any other forms of local taxation in respect of local procurement of supplies or services procured in support of UNFPA assisted programmes. The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government which will provide such information as required by UNFPA.

95. Each of the UNFPA assisted programme ministries shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant records and documentation concerning the distribution of supplies, equipment and other materials and the disbursement of its funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all relevant phases of the programme.

96. All supplies and equipment procured by UNFPA should be used as indicated in the AWP for the purposes for which they were provided, UNFPA may require the reprogramming of those items, and the Government will make such items freely available to UNFPA. Therefore, in consultation with concerned government ministries, UNFPA may request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or AWP, for the purpose of reprogramming those commodities within the framework of the CPAP.

97. With respect to the use of programme funds, UNFPA and the heads of respective Government ministries as indicated in the AWP, will sign separate letters of understanding and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the ICSC circulars.

98. The Government shall facilitate and co-operate in arranging periodic visits to programme sites and observations of programme activities for UNFPA personnel and officials for the

purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

99. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials and advisors, within the occupied Palestinian territory. UNFPA and its officials and advisors will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors or employees. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

100. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP. The Government will co-operate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds needed to implement the unfunded components of the programme by endorsing UNFPA's efforts to raise funds for the programme from the private sector both internationally and in opt by permitting contributions from individuals. The Government will authorize the publication through various national and international media of the results of the Programme of Cooperation and experiences derived there from.

101. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

102. Cash transferred to Implementing Partners will be spent for the purpose of activities as agreed in the AWP only. It shall be used in accordance with established national regulations, policies and procedures, consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are substantially inconsistent with international standards, the UN agency regulations, policies and procedures will apply.

103. To facilitate scheduled and special audits each Implementing Partner will provide the UNFPA-appointed auditor, UNFPA staff or delegated UN Agency staff with timely access to: all financial records of cash transfers provided by UNFPA; all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed; and all relevant documentation regarding the national processes underlying direct payment requests to UNFPA.

104. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA and the audit firm; undertake timely actions to address the accepted audit recommendations; and report on the actions taken to implement accepted recommendations to UNFPA.

X. OTHER PROVISIONS

105. This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plan or Master Plan of Operations and become effective upon signature, and will be understood to cover programme activities to be implemented during the period 1 January 2011 through 31 December 2013.

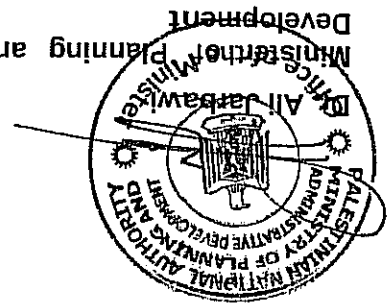
106. The Country Programme Action Plan and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.

107. Upon completion of any programme activity outlined in the Country Programme Action Plan or the Annual Work plan, any supplies, equipment or vehicles furnished (and to which UNFPA has retained title) shall be disposed of by mutual agreement between the Government and UNFPA, with due consideration to the sustainability of the programme.

108. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day, 28 December 2010, in Ramallah, occupied Palestinian territory.

For the Palestinian Authority



Date: 28/12/2010

For UNFPA



Ms. Barbara Georgi
UNFPA Representative to the OPT

Date:

28/12/2010

ANNEX I: CPAP Results and Resources Framework. UNFPA 4th Country Programme (2011 - 2013), Occupied Palestinian Territory

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Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative Resources by Output (per annum, US\$)		
				Year 1	Year 2	Year 3
<p>Access to and utilization of high-quality, complementary, reproductive health care is increased, including in humanitarian crises</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Comprehensive reproductive health included in planning, budgeting and monitoring of relevant health directorates Coverage of postnatal care (Baseline: 30%) Percentage of women with obstetric complications correctly referred and managed (TB assessed) Unmet need for family planning 	<p><u>Output 1:</u> 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><u>Output 2:</u> Increased capacity of providers to offer comprehensive, complementary, high-quality reproductive health services and information in identified geographical areas, with attention to the chronic</p>	<ul style="list-style-type: none"> Percentage of primary service delivery points providing the agreed comprehensive reproductive health services package Percentage of national training institutes using unified curriculum based on a comprehensive package of reproductive health care services 100 per cent of selected service delivery points offering agreed reproductive health package are compliant with protocols Number of health providers able to implement 	<p>MOH, Ibn Sina Nursing College, other academic institutions</p> <p>MOH, UNRWA, PMRS, other NGOs</p>	<p>Regular Resources</p> <p>260,000</p>	<p>Regular Resources</p> <p>210,000</p>	<p>Regular Resources</p> <p>170,000</p>
				<p>Other Resources</p> <p>770,000</p>	<p>Other Resources</p> <p>1,180,000</p>	<p>Other Resources</p> <p>935,000</p>
				<p>Regular Resources</p> <p>235,000</p>	<p>Regular Resources</p> <p>310,000</p>	<p>Regular Resources</p> <p>300,000</p>
				<p>Other Resources</p> <p>165,000</p>	<p>Other Resources</p> <p>165,000</p>	<p>Other Resources</p> <p>165,000</p>

ANNEX I: CPAP Results and Resources Framework. UNFPA 4th Country Programme (2011 – 2013), Occupied Palestinian Territory

<p>Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations</p> <p><u>Outcome indicator</u></p> <ul style="list-style-type: none"> National and subnational mechanisms are in place to monitor and reduce gender-based violence 	<p><u>Output 1:</u> Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment</p>	<ul style="list-style-type: none"> Policy framework in place on Security Council resolutions 1325 and 1889 on women, peace and security Response to gender-based violence is included in training of health providers % of health providers trained on gender-based violence Number of centres able to provide psychosocial support and referral to persons in need Number of beneficiaries of economic empowerment initiatives 	<p>MOWA, MOHA, MOISA, Municipalities and NGOs</p>	<p><i>Regular Resources</i></p> <table border="1"> <tr> <td>200,000</td> <td>255,000</td> <td>245,000</td> </tr> </table> <p><i>Other Resources</i></p> <table border="1"> <tr> <td>500,000</td> <td>500,000</td> <td>500,000</td> </tr> </table>	200,000	255,000	245,000	500,000	500,000	500,000						
200,000	255,000	245,000														
500,000	500,000	500,000														
<p><u>Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels</u></p> <p><u>Outcome indicators</u></p> <ul style="list-style-type: none"> National development plan integrates reproductive health, youth and gender issues Number of national sectoral plans that include time-bound indicators relating to population issues Number of population and development issues addressed in national surveys 	<p><u>Output 1:</u> Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes</p> <p><u>Output 2:</u> Enhanced national capacity to generate, analyse and use disaggregated data on population issues</p>	<ul style="list-style-type: none"> Number of initiatives conducted by Population Forum that address population and development issues Number of policy briefs on population issues based on disaggregated data from national surveys Number of national reports and researches on population issues Set of indicators institutionalized and used to monitor population goals 	<p>MOPAD, PCBS</p> <p>PCBS, Bir Zeit University, other academic institution in Gaza, research institutes, MOYS, MOWA</p>	<p><i>Regular Resources</i></p> <table border="1"> <tr> <td>30,000</td> <td>30,000</td> <td>30,000</td> </tr> </table> <p><i>Other Resources</i></p> <table border="1"> <tr> <td>50,000</td> <td>50,000</td> <td>70,000</td> </tr> </table> <p><i>Regular Resources</i></p> <table border="1"> <tr> <td>120,000</td> <td>125,000</td> <td>115,000</td> </tr> </table> <p><i>Other Resources</i></p> <table border="1"> <tr> <td>185,000</td> <td>100,000</td> <td>45,000</td> </tr> </table>	30,000	30,000	30,000	50,000	50,000	70,000	120,000	125,000	115,000	185,000	100,000	45,000
30,000	30,000	30,000														
50,000	50,000	70,000														
120,000	125,000	115,000														
185,000	100,000	45,000														
<p>Programme Coordination and Assistance (Regular Resources)</p>				<table border="1"> <tr> <td>130,000</td> <td>120,000</td> <td>150,000</td> </tr> </table>	130,000	120,000	150,000									
130,000	120,000	150,000														

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Reproductive Health and Rights								
Outcome1: Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises								
Outcome Indicator	MOV	Res Party	Baseline					
Comprehensive reproductive health included in planning, budgeting and monitoring of relevant health directorates	MOH Plan	WHDD	To assess with WHDD					
Coverage of postnatal care	Palestinian Family survey 2010 (results to be available in 2011)	PCBS (supported by UNFPA & UNICEF)	TBD based on 2010 results					
Percentage of women with obstetric complications correctly managed according to the protocol at MOH facilities.	Assessment of Obstetric Care management at maternities	UNFPA - MOH	TBD based on the assessment					
Unmet need for family planning	Palestinian Family survey 2010 (results to be available in 2011)	PCBS (supported by UNFPA & UNICEF)	TBD based on 2010 results					
Modern contraceptive prevalence rate	Palestinian Family survey 2010 (results to be available in 2011)	PCBS (supported by UNFPA & UNICEF)	TBD based on 2010 results					
Percentage of youth who have correct and comprehensive knowledge of sexually transmitted diseases	Palestinian Family Survey 2010 (results available in 2011)	PCBS supported by UNFPA & UNICEF	TBD based on the findings of the NFS for 2010					
Number of young people utilizing youth-friendly health services, disaggregated by sex, age and marital status	Health centers records	MOH-PHC	TBD based on the assessment; between 2,000 and 8,000 in 2011					
Output 1.1: 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								
Output indicator	MOV	Res Party	Baseline					
Percentage of selected primary service delivery points providing the agreed comprehensive health services package	Facility Assessment	UNFPA	To be assessed early 2011					
No. of national training institutes using unified midwifery and newborn curriculum	Curricula used at the institutes Program Progress reports	The selected institutes	1 institute (Ibn Sina nursing College)					
Sub-Outputs	Indicator	MOV	Res Party	Baseline	Ach	Target YR1	Target YR2	Achievement 2013

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ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Sub Output 1.1.1: Update the RH national strategy including in humanitarian situation	Updated RH national strategy and policy in place	The strategy document	MOH/WHDD	Strategy in place since 2000	Strategy updated												
	# of advocacy and policy meetings per committee addressing RH issues	Meeting minutes and reports	MOH/WHDD	0	3 RHTG mtgs 3 MMIC mtgs 3 FP mtgs 1 conference on Maternal Mortality	3 RHTG mtgs 3 MMIC mtgs 3 FP mtgs	3 RHTG mtgs 3 MMIC mtgs 3 FP mtgs										
	No. of health providers trained (pharmacists at district level, nurses and health workers at peripheral level) on RHCS management per provider type	Program Progress Reports and Training reports	MOH/ pharmacy and WHDD	0		RHCS assessment conducted	150 trained	150 trained									
Sub output 1.1.2: Strengthen Reproductive Health Commodity security through capacity development, coordination and advocacy to ensure a complementary provision of FP services	No. of family planning beneficiaries per provider, per year in the selected geographic area	Facility audit & clinical reports	Health Providers (MOH, NGOS, UNRWA)	TBD based on the assessment	TBD based on assessment	TBD based on assessment	TBD based on assessment										
	Relevant indicators are under activity one which measure the effectiveness of WHDD role																
Sub output 1.1.3: Strengthen WHDD to spearhead RH and gender issues/policies at the national and within the MOH (link to Gender output)																	
Sub output 1.1.4: Improve quality of midwifery and newborn nursing	# of students enrolled in midwifery & newborn programs	Institute records			30 extra students accepted	30 extra students accepted	30 extra students accepted										

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Output Indicator	MOV	Res Party	Baseline 2011	Target	Achievement 2013
programs (jointly with WHO, JICA and UNICEF for the newborn)					
Updated job profile for midwives and endorsed within MOH and UNRWA	Profile Document				
# of health providers completed successfully on job training on midwifery & newborn	Program reports		0	150	150
# of trained health providers on the protocol at public & private sector and by region (Gaza, West Bank)	Program reports	MOH-Hospital Directorate			
Quality assurance mechanism in place			200 MOH Providers 100 public providers Quality assurance tools developed based on EMOC assessment	200 MOH Providers 100 public providers	200 MOH Providers 100 public providers
Sub output 1.1.5: Improve the quality of emergency obstetric and newborn care at secondary healthcare facilities					
Sub output 1.1.6: Strengthen HIV response at the national level with focus on prevention	Programme reports Focus groups to assess quality	NGOs, MOSA	Youth PEs trained in phase 1 of the GF: 86 Women reached=0	15 youth 20 women	40 youth 20 youth
No. of MARP (youth & women) peer educators trained on HIV prevention	Programme reports	NAC, NGOs	200 conducted in phase 1	66	128
No. of media events addressing HIV/AIDS					
Output 1.2: 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					

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ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Sub Outputs	Indicator	MOV	Res Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement
100 per cent of selected service delivery points offering agreed reproductive health package and are compliant with protocols	Clinical and stock reports Facility audit	Facility audit	UNFPA with MOH		TBD through the facility audit planned in 2011		TBD based on the facility audit assessment			
% of selected MOH Service Delivery Points that experienced no stock outs in the last 12 months by method	Programme progress reports	Programme progress reports	UNFPA	0	0		TBD based on the facility audit assessment			
Number of health providers able to implement minimum initial service package for reproductive health in crisis situations	Programme progress reports	Programme progress reports	UNFPA	0	0	250 Health providers				
Sub Output 1.2.1: Improve RH service provision in selected geographic locations within the concept of Continuum of Care from community to secondary	Framework model of continuum of care developed and adopted at selected facilities within targeted geographic areas (to be specified early 2011)	Facility assessment	MOH-PHC	0	0	Framework and intervention plan developed			100% of selected facilities offering agreed upon RH package based on level of care	
Sub Output 1.2.2: Provide training to healthcare providers on RH services based on needs assessment, implement training for service providers on RH services, referral and reporting	# of health providers trained on RH issues	Programme Progress reports	MOH-PHC	0	0	300	300		300	
Sub Output 1.2.3: Improve quality of RH care at selected facilities	# of health providers trained on quality improvement	Programme Progress Report	MOH	0	0	150	300		300	

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ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

	Quality assurance mechanisms exist in selected SDPs	Clinical reports on quality indicators minutes of review meetings		M&E framework for quality indicators developed	Reporting mechanism on quality indication, Review meetings, documentation of lessons learned and recognition of quality improvements	Reporting mechanism on quality indicators Review meetings, documentation of lessons learned and recognition of quality improvements	
Sub Output 1.2.4: promote and support community demand for quality RH services	# of health promotion events conducted by trained providers	Progress reports	MOH-HEPD	Targets to be determined upon further consultations			
	# of beneficiaries reached through community outreach activities	Progress reports	MOH/HEPD/PMRS	Targets to be determined upon further consultations			
Sub Output 1.2.5 Respond to RH crises in a systematic and coordinated manner with focus on family planning and obstetric care	# of health providers trained on MISp	Progress reports	MOH	0	50	100	100

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Output 1.3: Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people										
Output Indicator		MOV	Res Party	Baseline 2011		Target		Achievement 2013		
Number of health service delivery points offering youth health package		Clinical Records Centers records	Providers	0	4 SERVICE Delivery Points (MOH, UNRWA, NGO & university)					
Number of youth structures equipped with peer education groups and offering a defined gender-sensitive life skills package, including HIV/AIDS prevention		Centers records	Ministry of Youth and sports and Sharek	0	5 Youth structures/networks					
Sub-Outputs		Indicator	Res Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement
Sub Output 1.3.1: Provide accurate and reliable information by teachers and counselors on reproductive health issues to students in MoE, UNRWA and Private schools.		# of teachers trained and apply the new curriculum according to the guidance book	MOE	0	500		750		750	
		# of school counselors and school health coordinators successfully completed the trainings on adolescent health manual.	MOE	0	100		100		100	
Sub Output 1.3.2: Introduce and establish youth-friendly health services (YFHS) within the Palestinian health system		Youth-friendly health service package defined, including protocols and training material	MOH, MoYS, MoEHE, NGOs	0	Client survey done, package agreed		Protocols and training materials developed		Material tested in pilot centres	

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

# of youth referred to the YFHS	Health centre records	MOH, MOE, UNRWA	O	TBD based on further consultations	TBD	TBD	TBD
# of service providers trained on the provision of youth friendly services guidelines, per provider	Health centres records	MOH, MOE, UNRWA	0	50	50		
Sub Output 1.3.3: Enhance the capacity of the MoYS to support the Implementation of the Cross-Sector National Strategy for Youth 2011 – 2013.	Training reports	MOYS	B=0	20	20	20	
Sub Output 1.3.4: Strengthen a number of youth facilities/clubs to provide a minimum package of quality services to meet needs of both female and male youth in different age groups.	MoYS annual reports. IP project annual reports Facility assessment Focus groups with youth beneficiaries	MoYS, MoSA, UNRWA, and Youth NGOS MoYS, MoSA, UNRWA, and Youth NGOS	B=0 0	TBD based on further consultation 25 5	TBD based on further consultation 25 5	TBD based on further consultation 25 0	

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Sub Output 1.3.5:	# and type of youth led initiatives implemented.	Implementing partner annual reports.	Local Youth NGO	B=0 T= 800	400	400
Increase active representation and participation of female and male youth in community mobilization.	# of youth benefited from initiatives.	Implementing partner annual reports.		B=0 T= 20,000	10,000	10,000
Sub Output 1.3.6:	# of youth reached with awareness programs by youth peer-to-peer network.	Implementing partner annual reports.	Local Youth NGO	B=0 T= 12,000 Youth	4,000	4,000
Strengthen and expand the existing youth peer-to-peer network and develop a system for peer-to-peer education.	YPEER reports.					
Gender Equality						
Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations						
Outcome Indicator	MOV	Res Party	Baseline	Target		
National and sub-national mechanisms are in place to monitor and reduce gender-based violence	National reports	MoWA MoSA NGOs	VAW strategy drafted Gender national strategy National Protection strategy	Referral system for GBV		
Response to gender-based violence is included in training of health providers	RH Strategy Training Reports	MoH NGOs	Integration of GBV initiated in the last year	GBV integrated in the RH training package		
Output 2.1.1: Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment						
Output Indicator	MOV	Res Party	Baseline 2011	Target	Achievement 2013	
Policy framework in place on Security Council resolutions 1325 and 1889 on women, peace and security	Draft national framework	MoWA	No national policy framework in place	Policy framework drafted by 2013		
# of health providers trained on gender-based violence	Training Reports and attendance records	MoSA MoH NGOs	F: 24 M: 19	265		
Number of centers able to provide psychosocial support and referral to persons in need	Center records Focus groups with beneficiaries	Women centers	3 women centers	4 Women centers in Gaza 5 MoSA centers		

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Number of beneficiaries of economic empowerment initiatives		Centers records		MoSA		240 vulnerable women				
SubOutputs	Indicator	MOV	Res Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement
Sub Output 2.1.1: Support the Ministry of Women's Affairs to operationalize the National VAW Strategy	# of policy makers sensitized on VAW strategy through advocacy events.	Programme Progress Reports	MOWA	0	50		50		50	
	#of media events addressing GBV	Programme Progress Reports	MOWA	0	3		3		3	
Sub output 2.1.2: Strengthen capacity for health providers in (Emergency Units, Primary Health Care, Districts clinics) to identify, detect and refer GBV survivors.	# of health providers trained on GBV and gender	Training workshops reports	WHDD/ MOH	43	Training materials & protocols updated 50		50		50	
	# of policy makers trained and sensitized on GBV and gender	Training workshops reports	WHDD/ MOH	0	22		25		25	
Sub output 2.1.3: Provision of RR, legal, economic and psychosocial services to (Jenin, Tulkarem, Nablus, Ramallah, Hebron, Jericho, East Jerusalem, South, Middle and North Gaza	# of beneficiaries received psychosocial and legal counseling through community outreach	Progress Reports Focus Groups with beneficiaries	NGOs/ IPs	0	F: 4,000 M: 1000		F: 4,000 M: 1,000		F: 4,000 M: 1,000	
	# of MOSA social workers trained on GBV prevention	Progress Reports	MOSA	0	F: 30 M: 20		F: 30 M: 20		F: 30 M: 20	
Sub output 2.1.4: Develop policy framework for UNSCR 1325 and 1889	# of joint advocacy events conducted by the coalitions addressing the most women needs, including protection	Programme Progress reports	MOWA	0	12		12		12	

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

	of women in conflict								
Sub output 2.1.5: Engaging men in advocacy and awareness raising on gender, women's rights (social, political and economic areas).	# of community leaders sensitized	Programme reports, reporting of sessions	NGOs & municipalities	0	150 religious & community leaders	150 religious & community leaders	150 religious & community leaders		
Population and Development									
Outcome3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels									
Outcome Indicator									
National development plan integrates reproductive health, youth, gender issues and emerging population issues	National development Plan	MOV		Res Party	Baseline	Target			
				MOPAD & UNFPA	National Youth plan and gender is in place RH is integrated in the national health sectoral plan, however not within the comprehensive concept of ICPD. Baseline will be determined upon setting the indicators that should be integrated in the M&E framework and verify what is included and what is not	updated sectoral plans continue to integrate youth and gender RH to be integrated in the national health sectoral plan To be defined early 2011			
Number of national sectoral plans that include time-bound indicators relating to population issues	Relevant sectoral plans Labor, Education, Health, and the two cross sectoral plans; Youth and Gender			UNFPA, MOPAD, Institutes for Population Studies					
Number of population and development issues addressed in national surveys?	Population national surveys			UNFPA	Maternal health, infant & child health, modern FP, ARH, HIV/AIDS (knowledge only), fertility, women's status, poverty are integrated in the national family survey in 2010. Migration is studied in a national survey in 2010.	All mentioned issues will continue to be addressed, in addition to GBV which will be address in a separate national survey. Maternal mortality will continue to be reported through MOH Surveillance system			

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

Output Indicator		MOV	Res Party	Baseline 2011	Target	Achievement 2013				
Number of advocacy and policy initiatives conducted that address population and development issues.		Programme Progress Reports Published Newsletters	IPS, MOPAD & UNFPA	1 initiative (Population Conference in Oct 2009)	21 initiatives (1 conference, 5 district workshops on NFS and its implications, 9 WS with policy makers & community leaders for population projection & planning, 6 WS for the population forum)					
Number of policy briefs on population issues based on disaggregated data from national surveys		Desk Review of Policy Briefs	Relevant Ministries, MOPAD and UNFPA	2 issued by Birzeit University in the 3 rd cycle	12 policy briefs and policy analysis papers produced by line ministries & universities					
Sub-Outputs	Indicator	MOV	Res Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement
Sub Output 3.1.1: Strengthened Population Policy Department in place	# of evidence tools produced addressing population issues	Programme Progress Reports	MOPAD	0	1 evidence tool & 1 advocacy activity		1 evidence tool & 1 advocacy activity		1 evidence tool & 1 advocacy activity	
Sub output 3.1.2: Strengthened capacity of selected line ministries (MOH, MOSA, MoWA, MoYS, PCBS, MoPAD, MoE, MoL) to better planning, programming and monitoring of population issues	# of staff from statistical and planning units at the selected ministries trained on population analysis	Program progress reports Training reports and minutes of meetings Policy papers	IPS MoPAD UNFPA PCBS Bir Zeit University	10 staff from planning units in 7 selected line ministries	20 staff and expert trained on population issues		15 staff and expert trained on population issues		15 staff and expert trained on population issues	
	# of policy analysis papers produced and disseminated by the trained ministries	Policy papers	IPS MoPAD UNFPA PCBS Bir Zeit	0	4 policy papers disseminated		4 policy papers disseminated		4 policy papers disseminated	

ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

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Sub output 3.1.3: Strengthened policy dialogue on population dynamics		Progress reports	MOPAD	2 policy meetings	2 policy meetings	2 policy meetings & 1 National Population Conference				
# of policy meetings and events addressing population issues and dynamics		Progress reports	MOPAD	2 policy meetings	2 policy meetings	2 policy meetings & 1 National Population Conference				
# of policy and institutional decision makers (e.g. General Directors, NGO directors, researchers, programme experts) participated in the events		Progress reports	MOPAD	15	15	70				
Output 3.2: Enhanced national capacity to generate, analyze and use disaggregated data on population issues										
Output Indicator		MOV	Res Party	Baseline 2011		Achievement 2013				
Number of national reports and researches on population issues		National reports and research Progress reports	Research institutes							
Set of indicators institutionalized and used to monitor population priorities		PCBS data statistical system	PCBS	Data set on GBV in 2005 Youth survey in 2003						
SubOutputs	Indicator	MOV	Res Party	Baseline	Target YR1	Achievement	Target YR2	Achievement	Target YR3	Achievement
Sub Output 3.2.1: Data Dissemination for National Surveys	# of thematic analytical report produced and published based on the NFS (main report, youth, women, elderly, migration)	Progress reports Analytical reports	PCBS, Research institutes	1 report for 2006 survey	1 main findings - national report for 2010 survey		4 analytical reports on youth, women, elderly & migration		0	

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ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

	# of reports produced and disseminated based on the NFS	PCBS	5 FOR 2006 survey	Updated 5 district reports for 2010 survey					
Sub Output 3.2.2: Establish Info Database jointly with line ministries	Two info database in place for national monitoring of youth and Gender issues	MOSA MOYS		Two database developed					
Sub Output 3.2.3: Support population and development research to strengthen the utilization of population data produced by national surveys.	# of young researchers trained on data utilization and analysis, policy analysis and planning and programming	Birzeit University and selected Gaza university	0	5 students	7 students	10 students			
Sub Output 3.2.4: Provide technical assistance for the implementation of the Domestic Violence Survey and other gender related surveys in the Palestinian territory.	Updated data set on gender statistics. # of PCBS staff trained on gender	PCBS	GBV survey since 2005	6 papers produced by students attending the population course (3WB & 3GZ)	6 papers produced attending the population course (3WB & 3GZ)	6 papers produced attending the population course (3WB & 3GZ)			

Year 3	<ol style="list-style-type: none"> 1. End assessment of Emergency Obstetric Care management at maternities 2. Health Facility audit in the selected geographic areas to assess provision and quality of RH care 	<ol style="list-style-type: none"> 1. Continue to support the national committee for reporting and assessing maternal mortality cases on yearly basis 2. Support jointly with WHO the measurement of the national reproductive health monitoring & Evaluation framework
Year 2	<ol style="list-style-type: none"> 1. GBV Survey 2. Focus groups with youth attending youth centers 3. Focus groups with targeted men involved in the awareness sessions on GBV 4. Focus groups with women benefiting from reproductive rights, legal, economic and psychosocial services 	<ol style="list-style-type: none"> 1. Support MOH in developing the Quality assurance mechanism to monitor the obstetric care management 2. Develop M&E framework for quality assurance of RH services at selected facilities 3. Continue to support the national committee for reporting and assessing maternal mortality cases on yearly basis. 4. Support jointly with WHO the measurement of the national reproductive health monitoring & Evaluation framework
Year 1	<ol style="list-style-type: none"> 1. Qualitative assessment of Emergency Obstetric Care management at maternities, initiated end of 2010 2. Health Facility audit at the selected geographic areas 3. Assessment of supply chain management of Reproductive Health Commodities 4. Qualitative assessment on youth's needs and priorities of health services 5. Qualitative assessment to identify or youth, with special focus on girls needs 6. Assessment of male involvement in gender programmes 	<ol style="list-style-type: none"> 1. Support the development of national info database for monitoring of: <ol style="list-style-type: none"> a. Youth status with Ministry of Youth & Sport b. Gender info database 2. Support the national committee for reporting and assessing maternal mortality cases on yearly basis 3. Support jointly with WHO the measurement of the agreed upon national Reproductive Health monitoring & Evaluation framework
Surveys		Monitoring systems
Monitoring and Evaluation Activities		

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Evaluations		Reviews		Support activities	
<ol style="list-style-type: none"> 1. Evaluation of the health promotion programmes to assess intervention for better programming 2. Evaluation of the community based youth initiatives project (Cash for Work) which started in 2010 and will continue in the 4th cycle. 	<ol style="list-style-type: none"> 1. CPAP Annual Programme Review 2. Jointly with implementing partners 3. Coordination review meetings with implementing partners 4. CPAP Annual Programme Review jointly with implementing partners 5. Final Review of closed projects 	<ol style="list-style-type: none"> 1. CPAP Annual Programme Review 2. Jointly with implementing partners 3. Coordination review meetings per thematic area conducted semi-annually 4. Review activities of the MDG Gender joint programme through (monthly, quarterly and yearly) 	<ol style="list-style-type: none"> 1. Field Monitoring Visits jointly with implementing partners to assess programme management and performance 2. Progress Reports quarterly & yearly 3. Country Office Annual Report 4. Internal meetings for programme and financial monitoring on quarterly basis 5. Monitor quality of RH care indicators through bi-annual meetings with relevant directorates 	<ol style="list-style-type: none"> 1. Field Monitoring Visits jointly with implementing partners to assess programme management and performance 2. Progress Reports quarterly & yearly 3. Country Office Annual Report 4. Internal meetings for programme and financial monitoring on quarterly basis 5. Monitor quality of RH care indicators through bi-annual meetings with relevant directorates 	<ol style="list-style-type: none"> 1. Field Monitoring Visits jointly with implementing partners to assess programme management and performance 2. Progress Reports quarterly & yearly 3. Country Office Annual Report 4. Internal meetings for programme and financial monitoring on quarterly basis 5. Monitor quality of RH care indicators through bi-annual meetings with relevant directorates

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M&E capacity-building	Use of information	Training of IPs on Result Based Management, Monitoring and Evaluation, NEX	<ol style="list-style-type: none"> 1. National report to disseminate the findings of the Palestinian Health Survey 2. Produce analytical report on migration in opt based on the national survey conducted in 2010 3. Review of the UN Medium Term Response Plan (MTRP) (2011-2013) 4. yearly conference on RH and maternal mortality to monitor preventive measures 	<ol style="list-style-type: none"> 1. Five District reports produced using the data of the Palestinian Health Survey 2. Produce with research institutes national analytical report on: <ol style="list-style-type: none"> a. Youth status b. Women's health c. Elderly 3. Preparation for the next programme cycle; situation analysis 4. yearly conference on RH and maternal mortality to monitor preventive measures 	<ol style="list-style-type: none"> 1. Population conference to disseminate findings of the supported studies on population and development including those conducted by university students. 2. yearly conference on RH and maternal mortality to monitor preventive measures
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¹ This section of the calendar includes a range of activities, events or milestones that UNFPA considers significant for its monitoring and evaluation activities.

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