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
The demographic and health surveys (2000) and the Palestinian national population census and health survey (2006) and the Palestinian National Authority (PNA) is committed towards the achievement of the MDGs, the Palestinian National Authority (PNA) is committed towards the achievement of

3. The Palestinian National Authority (PNA) is committed towards the achievement of the MDGs, the Palestinian National Authority (PNA) is committed towards the achievement of

4. While the Palestinian National Authority (PNA) is committed towards the achievement of the MDGs, the Palestinian National Authority (PNA) is committed towards the achievement of

5. The socio-political context in 2010 presents a contradictory picture composed of

Situation Analysis

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1. Basis of Relationship

Have agreed as follows:

- Building upon the experience gained and progress made during the implementation of the Palestinian Arab National Authority (PNA) in the MDGs and the MDG+10. Other Relevant Conferences, and the Millennium Development Goals of Action of the 1994 International Conference on Population and Development (ICPD)

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Family Health Survey (2002) and the 2007 Census results on Public health and social welfare. The population of Gaza is 1.5 million, with 2.4 million in the West Bank. According to the 2007 Census, the population of the Occupied Palestinian Territory was 3.9 million, with 2.4 million in the West Bank, excluding East Jerusalem, and 1.5 million in Gaza.

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Working on the ground and through an effective role in the health cluster,
coordinated by the United Nations Relief and Works Agency (UNRWA), will support the local health system in Gaza. Furthermore, UNRWA will support the local health system in response to the specific needs of the population, including access to basic services and, in particular, nutrition, water, and sanitation. The aim is to provide basic services and access to basic services, and (ii) standardized data, to enhance the capacity of the health sector to provide essential health services.

To respond to above mentioned challenges and maintain an acceptable level of services, health care and services to combat disease priorities under the health system, including coverage of most health services, primary health care, obstetric, and ambulance services in accordance with the need of the population. The aim is to provide basic services and access to basic services, and (ii) standardized data, to enhance the capacity of the health sector to provide essential health services.

Population

The population in the Occupied Palestinian Territory, including East Jerusalem, is estimated to be 4.2 million people. The population of the West Bank is 2.4 million, with 2.3 million in the West Bank and 0.1 million in East Jerusalem.

The population of the Occupied Palestinian Territory was 3.9 million, with 2.4 million in the West Bank, excluding East Jerusalem, and 1.5 million in Gaza.

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poor health-seeking behavior.

16. Breast cancer is the leading cause of cancer death among women. Nearly two thirds of breast cancer cases are not detected until the later stages, reflecting a lack of early screening as well as poor health-seeking behavior.

17. The Federal Public Service Commission of Canada is the federal government's system of public service that provides leadership, advice, and guidance to federal departments and agencies. A need for family planning services is clear in hospitals with a high percentage of patients. The number of patients in hospitals is often used as an indicator of the need for family planning services.

18. In 2009, the percentage of post-natal maternal care services was 90% per cent. However, the quality of maternal care services remains low.

19. Access to education and cultural opportunities are limited for young people once they are out of school. This is further exacerbated by economic and social factors, such as poverty and unemployment.

20. The political and social situation affects gender roles and the status of women, affecting their capacity to participate in decision-making. In some regions, women are excluded from political and economic decision-making processes.

22. The percentage of working-age population aged 15-65 years increased.
The health planning process is a fundamental process in the context of human rights development, especially when considering the rights of women and children. While UNFPA, as a leader in the field of reproductive health, has made significant contributions to improving the lives of women and girls, it is crucial to address the gaps that have been identified in the context of reproductive health and rights.

In addition to providing services, the integrated approach to reproductive health, including maternal and child health, is essential. The integration of services through the provision of comprehensive reproductive health care, including family planning, post-abortion care, and treatment for sexually transmitted infections, is critical. The integration of services also helps to address the needs of marginalized communities, including persons living with HIV/AIDS.

The coordination of services is also important, as it helps to ensure that all services are provided in a coordinated manner, with the aim of improving the lives of women and girls. The coordination of services also helps to ensure that all services are provided in a culturally sensitive manner, which is essential for the effective delivery of services.

In conclusion, the integration of services, the coordination of services, and the provision of quality services are essential for the realization of human rights. The provision of quality services, including the provision of comprehensive reproductive health care, is essential for the realization of human rights.

**Lessons Learned**

The integration of services is essential for the provision of comprehensive reproductive health care. The provision of quality services, including the provision of comprehensive reproductive health care, is essential for the realization of human rights.

**References**

32. Because of the complex and unpredictable political situation, there is also a need to strengthen partnerships, especially in Gaza, to improve community cohesion and rebuild social capital.

33. Multi-sectoral interventions on gender and youth issues must be strengthened. There is, therefore, a need to promote pro-poor livelihood opportunities, especially for young people and women, and to empower young people, women, and girls to participate in civil society and to build support networks. While increasing the capacity of civil society groups to provide support to those institutions with increasing the effectiveness of building support networks.

34. The programme’s efforts to address the effects of the emergency are slowly reaching women and girls in regions where they are most affected. Efforts should be undertaken to mainstream and adequately resource these interventions, focusing on gender equality and women’s rights.

35. UNFPA’s efforts to address poverty, especially through the establishment of community-based organizations, should be streamlined and coordinated. UNFPA’s work on child development and education, gender and youth, should be integrated into the national response frameworks.

36. In the areas of gender equality, and according to the program and monitoring, UNFPA’s activities in these areas are being evaluated, and adjustments are being made to improve outcomes.

37. The programme’s evaluation, the integration of RHI information into the school curriculum, and the family-friendly care improvement within the development framework support the continuation of the Universal Health Coverage framework. UNFPA was able to address the address the immediate needs and priorities of RHI interventions.

2011 - 2012
The programme will build on the achievements and experiences of the 2008-2012 programme and is designed to prevent and control HIV and other sexual transmitted diseases, especially among children and young people. The programme will reinforce the existing national and local health systems, including the provision of comprehensive reproductive health care, reproductive health care, and reproductive health care assurance. It will also address gender differences and promote the rights of women and children. The programme will also address the needs of people living with HIV/AIDS and their families. The programme will also address the needs of people living with HIV/AIDS and their families.

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improved quality of maternal and newborn nutrition programs. This activity will be

implemented and monitored jointly with UNICEF. The MOH will be

programmers, whose outcomes will contribute to this outcome.

With a high level of integration and coordination among UNFPA, thematic areas and

programs, the reproductive health programs, including those that address HIV/AIDS prevention services,

complementary, and supplant the existing programs to provide comprehensive, high-quality, rights-based reproductive health services.

4. Outcome 1: Strengthened capacity of the national health system to provide
resources towards improving quality specifically within the local context. Training on health care providers will improve the quality of care at facility level. The programme will focus in providing health care providers with training and education on providing comprehensive, quality services. The programme will also address issues of behaviour change and knowledge and skills to operate a comprehensive model of services in the health sector. The programme will also build up capacity of providers in terms of service delivery. Health care providers are expected to provide quality services, thus the programme will focus in providing health care providers with training and education on providing comprehensive, quality services. The programme will also address issues of behaviour change and knowledge and skills to operate a comprehensive model of services in the health sector. The programme will also build up capacity of providers in terms of service delivery.

The following activities will be implemented under this goal:

4.1. Interventions with high quality, cost-effective, and sustainable services.

4.2. Increased capacity of providers to deliver comprehensive, high-quality reproductive health services and information in both urban and rural areas.

4.3. Strengthen HIV/AIDS response at the national level with focus on prevention, UNFPA’s major component.

4.4. Further expansion of services for NGOs and private providers.
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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. This activity 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. The strategy will be included in the RHPA Adolescent Health policy and guidelines for these services. The strategy will be included in the RHPA Adolescent Health policy. Youth-friendly health services will be piloted in four service delivery points (one each within the MoH, UNRWA, and universities). Training will also be conducted for the first 200 MoH 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-Sectoral National Strategy for Youth (2011–2013). This new strategy under the 5th programme cycle will be implemented in close coordination with UNICEF and UNDP. MoYS will provide technical support to MoYPS to develop indicators related to youth and gender, and to train staff and establish a supportive environment. MoYS will also provide support to the MoYPS to develop 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 network of youth-friendly health services in the country. This will be done through providing technical support to MoYS and NGOs, and by developing indicators related to youth and gender. MoYS will also provide support to MoYPS to develop a media strategy to promote the national youth strategy.
Gender issues, priorities, and dynamics.

16. Support and coordinate with GBV, UNFPA will assist MOWA to build a database on gender issues, priorities, and dynamics. UNFPA will assist MOWA to build a database on gender issues and priorities, and to develop a national model for gender. UNFPA will develop a national model for gender. UNFPA will also work with the MRC, UNFPA will assist MOWA to build a database on gender issues and priorities, and to develop a national model for gender.

54. The support provided to the government, civil society organizations, and the existing women's networks is essential to the achievement of the objectives. Women's empowerment and the existing women's networks are essential to the achievement of the objectives. Women's networks can promote gender equality through the following objectives:

52. Enhance government and civil society mechanisms to promote gender equality.

51. Violence against women is a violation of human rights and plays a major role in dehumanization and perpetuation of poverty. Protection systems and mechanisms to protect and empower women in emergency and post-conflict situations.

49. The outcome of the gender component is "Gender equality is enhanced through

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43. Advocacies and networks are essential to the achievement of the objectives. Women's empowerment and the existing women's networks are essential to the achievement of the objectives. Women's networks can promote gender equality through the following objectives:

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40. The outcome of the gender component is "Gender equality is enhanced through...
Population Indicators in the selected sectoral plans. UNPA will assist the Ministry of Planning, Gender and Social Protection in the development and monitoring of population and family development plans. It will also provide evidence-based support to the Ministry to address key challenges in the development of population policies and programmes.

Population and Development

- Develop a Policy Framework for United Nations General Assembly Resolution (UNGA)
- Develop and implement a Gender and GBV training programme for UNAIDS, WHO, UNDP, UNFPA, UNICEF, UNFPA Programme officers and staff of other organizations.
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The outcome of the population and development components is increased utilization of gender-balanced and effective policies and programmes.
strengthen their capacity and raise their awareness on population and development.

Support population development education to reinforce the utilization of population

through the close collaboration with the national government. The activity will be

moa, UNFPA, and PCS. They will also be included in the development of

materials and publications that promote the importance of population

education on population issues. The materials will be disseminated through

mainstream media and other channels to reach a broader audience.

Ensure the co-relation of the Population Policy Department with the national government

by organizing regular meetings and workshops to discuss the implementation of population

policy and the coordination of relevant stakeholders.

The activity will be achieved through the following activities:

1. The activity will be supported by the following agencies:

   a. **National Population Committee**: The committee will be formed with
      representation from national government agencies and will work on
      developing policies and strategies for population issues.

   b. **Mainstream media**: The activity will be supported through the
      dissemination of materials and research on population issues.

   c. **International organizations**: The UNFPA, WHO, and other
      international organizations will support the implementation
      of the population policy.

2. The programme will support the following activities:

   a. **Capacity building**: Conduct workshops and training sessions on
      population issues, focusing on developing the capacity of
      health workers, educators, and other stakeholders.

   b. **Information dissemination**: Distribute pamphlets, brochures,
      and other materials to raise awareness on population issues.

   c. **Research and analysis**: Conduct research on population trends
      and their impact on development, and prepare reports for
      policymakers and stakeholders.

   d. **Mobilization and advocacy**: Organize advocacy campaigns
      to promote population policies and encourage participation
      from various stakeholders.

   e. **Monitoring and evaluation**: Establish a system to monitor
      the implementation of population policies and assess their
      impact on development.

The programme will be implemented in cooperation with the national government,

and other relevant stakeholders. It will be supported by the following agencies:

- The National Population Committee
- Mainstream media
- International organizations

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   to promote population policies and encourage participation
   from various stakeholders.

5. **Monitoring and evaluation**: Establish a system to monitor
   the implementation of population policies and assess their
   impact on development.
services, activities in the community centres and in youth clubs.

commodities, which are located at designated population groups, decentralized health
commodities. Such as those, Al-Farooq, Al-Imam, Al-Kasem and Al-Hussein.
responsibilities, as set out in the annexes to this document, with the national and
administrative development, the Ministry of Social Welfare, the Ministry of Education,
planning and the Ministry of Planning and
participants will be the Ministry of Health, the Ministry of Planning and
institutions and non-governmental organizations.

63. The Permanent between UNFPA and the Government will conform to the overall

64. The Ministry of Planning and Administration Development will ensure overall
programme, and strategic partnerships.

UNFPA will address the inclusion of RH in the national health programme and currently
strengthening the commitment of the lead agencies. UNFPA, MISP, UNICEF, WHO and UNFPA
areas. MISP and UNFPA will continue to be in the lead role for the provision of the
Ministry of Planning and Administration Development will ensure overall
programme, and strategic partnerships.

65. The principal partners will be the Ministry of Health, the Ministry of Planning and

66. The Permanent between UNFPA and the Government will conform to the overall

A. PARTNERSHIP STRATEGY

4. The Permanent between UNFPA and the Government will conform to the overall

5. The Permanent between UNFPA and the Government will conform to the overall

6. The Permanent between UNFPA and the Government will conform to the overall

Support will be provided for the implementation of relevant surveys, such as the
Government, and support for general population and
strategies, Under the Joint NIDC Gender Project,
relevance of gender-sensitive strategies. Under the Joint NIDC Gender Project,

domestic violence survey and line use surveys.

6. The Permanent between UNFPA and the Government will conform to the overall

7. The Permanent between UNFPA and the Government will conform to the overall

8. The Permanent between UNFPA and the Government will conform to the overall

9. The Permanent between UNFPA and the Government will conform to the overall

10. The Permanent between UNFPA and the Government will conform to the overall

Program Management

UNFPA will work within the framework of the local and coordination structure (LACs) to produce a coherent, integrated and robust programme with other programmes at the PBS. The framework, while respecting the independence of each programme, is intended to ensure alignment with theipient country’s priorities and to facilitate effective coordination with all programmes working in the country. The overall programme will contribute to achieve the national strategic objectives and priorities within the broader context of the MDGs. The programme will be integrated into the national planning processes and aligned with the national strategic frameworks. It will build on existing capacity and systems, and contribute to the development of new structures as needed. The programme will be guided by the national policies and strategies, and will be aligned with the national development plans and programmes. The programme will also be aligned with the regional and global strategies and plans, and will contribute to the achievement of the MDGs. The programme will be evaluated and monitored regularly to ensure its effectiveness and efficiency. The programme will be reviewed annually to ensure that it remains relevant and responsive to the changing needs of the target populations.
80. Because of the complex and volatile political situation in the AF and the strong state of development, funding priorities will keep shifting with changes in the donor environment and their humanitarian and development needs. donors' interests may need to be maintained through joint efforts of the PNA, UNFPA, and UN agencies. donor interest will be maintained through joint efforts of the PNA, UNFPA, and UN agencies. 

79. UNFPA's approach is linked to the PNA's state-building efforts.

78. The country office will develop a comprehensive strategy to mobilize new funds; donors' interests will be maintained through joint efforts of the PNA, UNFPA, and UN agencies. 

77. UNFPA will manage the 4-year programming framework, ensuring alignment with the PNA's strategic objectives.

76. Following the coordination of any activity. any decision to change the strategic plan will be reached by the UNFPA and UN agencies.

75. All cash requests to be implemented and funds will be managed through the Joint Programme Board.

74. Regular and open sharing of information among the different partners will continue to ensure the dissemination of best practices and lessons learned. and allow for better coordination and synergy between the programme components. It will also enhance the effectiveness of the programme.

73. During the course of the country's development, regular reviews will be conducted on the programme's progress.

72. In the AMPS preparation process, the need for joint programming will be identified during the consultations with the agencies. The ACPs of UNFPA and UN agencies will be coordinated with key partners to ensure a synergistic approach.

71. Key issues for joint programming will be addressed by the UNFPA, the UN agencies, and the relevant government ministries and departments. The country must address the issues of joint programming and coordination within the framework of the CPAP. The country's response to the joint programming framework, within the framework of the CPAP, will be developed with UNFPA's assistance, by the different partner ministries and departments.
Program implementation and monitoring is crucial for achieving gender and development goals. The UNFPA framework outlines a comprehensive approach to ensure that monitoring activities are aligned with its strategic objectives.

The framework provides a clear roadmap for implementation, ensuring that all relevant stakeholders are engaged in the process. It emphasizes the importance of regular monitoring and evaluation to assess progress, identify challenges, and adjust strategies as needed. This approach helps to ensure that the UNFPA's efforts are effective and responsive to the needs of the communities it serves.

Regular monitoring will be carried out to assess program implementation challenges. The results from these assessments will inform adjustments and improvements, ensuring that the UNFPA's actions are aligned with its goals.

In conclusion, the UNFPA framework underscores the importance of monitoring and evaluation as integral components of its strategic planning. By focusing on these areas, the UNFPA can effectively track progress, identify areas for improvement, and ensure that its interventions are making a meaningful difference in the lives of those it serves.
UNFP plans and those whose financial management capacity needs strengthening.

Specialized or scheduled audits, UNFP and in collaboration with MOFP, will establish an annual strategic plan in conformity with UNFP goals and regulations, giving priority to the implementation of the UNFP's budget, and a third party vendor. UNFP in support of activities agreed with implementing partners on the basis of need is implemented in a case of their agreement to vendors or third parties for coordination incurred by implementing partners in line with UNFP's decision to ensure the effective and efficient use of resources and to carry out fiscal discipline in good faith. Under different AWP's, projects approved by UNFP shall carry the UNFP's logo on the implementing partners' proposals.
The Government shall ensure and cooperate in ensuring periodic visits to programmes for the

98. The Government shall be responsible for the implementation, monitoring and evaluation of these programmes, and any changes occurring during the

99. UNFP will keep the Government informed about the UNFP Executive Board policies

100. UNFP shall ensure that the framework of the programme is fully implemented, and that all actions taken are in accordance with the UNFP

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142. UNFP shall ensure that the framework of the programme is fully implemented, and that all actions taken are in accordance with the UNFP
The actions taken to implement accepted recommendations to UNFPFA, and report on
the implementation of the recommendations, will be reviewed and reported by the
appropriate UNFPA office in the relevant country or region.

104. Each implementing Partner will report on the implementation of the
UNFPA-accepted action. UNFPA shall or designate an Agency with whom
access to all UNFPA-supported activities will be granted. All relevant documentation and
information will be provided on request.

103. To facilitate the scheduled and special audits with the implementing Partners,
the audit reports will be shared for the purpose of activities, as

the need arises.

102. The annual financial statements will be used by UNFPA Partners to
reflect the PACE (Programme of Cooperation and Expansion) in

101. The auditors will provide the necessary detail and information for
the preparation of the auditors' report.

100. The audit should cover the financial year, and provide a

the year in review.

99. The Government will be responsible for dealing with any

98. The Government will be responsible for providing the relevant information and

97. The implementation and coordination of the Programme of Cooperation and

96. The Programme of Cooperation and Expansion should support the,

95. The implementation and coordination of the Programme of Cooperation and

94. The implementation and coordination of the Programme of Cooperation and

93. The implementation and coordination of the Programme of Cooperation and

92. The implementation and coordination of the Programme of Cooperation and

91. The implementation and coordination of the Programme of Cooperation and

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67. The implementation and coordination of the Programme of Cooperation and

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65. The implementation and coordination of the Programme of Cooperation and

64. The implementation and coordination of the Programme of Cooperation and

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57. The implementation and coordination of the Programme of Cooperation and

56. The implementation and coordination of the Programme of Cooperation and

55. The implementation and coordination of the Programme of Cooperation and
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.


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

For UNFPA

Ms. Bangsige, Regional Director
UNFPA Regional Office for the oPt

For the Palestinian Authority

Date: 28/12/2010
## ANNEX 1: CPAP Results and Resources Framework

### UNFPA 4th Country Programme (2011 - 2013), Occupied Palestinian Territory

<table>
<thead>
<tr>
<th>Country Programme Outcome</th>
<th>Country Programme Output</th>
<th>Output Indicators</th>
<th>Implementing Partners</th>
<th>Indicative Resources by Output (per annum, US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crisis outcomes</td>
<td>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</td>
<td>- Percentage of primary service delivery points providing the agreed comprehensive reproductive health services package</td>
<td>MOH, Ibn Sina Nursing College, other academic institutions</td>
<td>Regular Resources: 260,000, 210,000, 170,000</td>
</tr>
<tr>
<td>- Comprehensive reproductive health included in planning, budgeting and monitoring of relevant health directorates</td>
<td></td>
<td>- Percentage of national training institutes using unified curriculum based on a comprehensive package of reproductive health care services</td>
<td></td>
<td>Other Resources: 770,000, 1,180,000, 935,000</td>
</tr>
<tr>
<td>- Coverage of postnatal care (Baseline: 30%)</td>
<td>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</td>
<td>- 100 per cent of selected service delivery points offering agreed reproductive health package are compliant with protocols</td>
<td>MOH, UNRWA, PMRS, NGOs</td>
<td>Regular Resources: 235,000, 310,000, 300,000</td>
</tr>
<tr>
<td>- Percentage of woman with obstetric complications correctly referred and managed (TB assessed)</td>
<td></td>
<td>- Number of health providers able to implement</td>
<td></td>
<td>Other Resources: 165,000, 165,000, 165,000</td>
</tr>
<tr>
<td>- Unmet need for family planning services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### ANNEX I: CPAP Results and Resources Framework. UNFPA 4th Country Programme (2011 – 2013), Occupied Palestinian Territory

<table>
<thead>
<tr>
<th>Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations</th>
<th><strong>Outcome Indicator</strong></th>
<th>• National and subnational mechanisms are in place to monitor and reduce gender-based violence</th>
</tr>
</thead>
</table>
| **Output 1:** Enhanced government and civil society mechanisms to promote gender equality and equity by addressing gender-based violence and women's empowerment | | • 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 |
| **MOWA, MOSA, MOH, Municipalities and NGOs** | **Regular Resources** | 200,000 | 255,000 | 245,000 |
| **Other Resources** | | 500,000 | 500,000 | 500,000 |

| Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels | **Outcome Indicators** | • 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 |
|---|---|---|
| **Output 1:** Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes | | • 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 |
| **MOPAD, PCBS** | **Regular Resources** | 30,000 | 30,000 | 30,000 |
| **Other Resources** | | 50,000 | 50,000 | 70,000 |

| **Output 2:** Enhanced national capacity to generate, analyse and use disaggregated data on population issues | | • Number of national reports and researches on population issues  
• Set of indicators institutionalized and used to monitor population goals |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCBS, Bir Zeit University, other academic institution in Gaza, research institutes, MOYS, MOWA</strong></td>
<td><strong>Regular Resources</strong></td>
<td>120,000</td>
</tr>
<tr>
<td><strong>Other Resources</strong></td>
<td></td>
<td>185,000</td>
</tr>
</tbody>
</table>

**Programme Coordination and Assistance (Regular Resources)**

| | 130,000 | 120,000 | 150,000 |
## Reproductive Health and Rights

### Outcome 1: Access to and utilization of high-quality, complementary, comprehensive, rights-based reproductive health care is increased, including in humanitarian crises

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive reproductive health included in planning, budgeting and monitoring of relevant health directorates</td>
<td>MOH Plan</td>
<td>WHDD</td>
<td>To assess with WHDD</td>
<td>TBD</td>
</tr>
<tr>
<td>Coverage of postnatal care</td>
<td>Palestinian Family survey 2010 (results to be available in 2011)</td>
<td>PCBS (supported by UNFPA &amp; UNICEF)</td>
<td>30% (PCBS, 2005) to be updated as 2010 figures are known</td>
<td>TBD based on 2010 results</td>
</tr>
<tr>
<td>Percentage of women with obstetric complications correctly managed according to the protocol at MOH facilities</td>
<td>Assessment of Obstetric Care management at maternity</td>
<td>UNFPA - MOH</td>
<td>TBD early 2011 after assessment, which will be conducted end of 2010</td>
<td>TBD based on the assessment</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>Palestinian Family survey 2010 (results to be available in 2011)</td>
<td>PCBS (supported by UNFPA &amp; UNICEF)</td>
<td>12.4% (PCBS, 2005) to be updated as 2010 figures are known</td>
<td>TBD based on 2010 results</td>
</tr>
<tr>
<td>Modern contraceptive prevalence rate</td>
<td>Palestinian Family survey 2010 (results to be available in 2011)</td>
<td>PCBS (supported by UNFPA &amp; UNICEF)</td>
<td>38% (PCBS, 2005) to be updated as 2010 figures are known</td>
<td>TBD based on 2010 results</td>
</tr>
<tr>
<td>Percentage of youth who have correct and comprehensive knowledge of sexually transmitted diseases</td>
<td>Palestinian Family Survey 2010 (results available in 2011)</td>
<td>PCBS supported by UNFPA &amp; UNICEF</td>
<td>Baseline for 2010 to be released by PCBS early 2011</td>
<td>TBD based on the findings of the NFS for 2010</td>
</tr>
<tr>
<td>Number of young people utilizing youth-friendly health services, disaggregated by sex, age and marital status</td>
<td>Health centers records</td>
<td>MOH-PHC</td>
<td>0</td>
<td>TBD based on the assessment; between 2,000 and 8,000 in 2011</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target 2013</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of selected primary service delivery points providing the assured comprehensive health services package</td>
<td>Facility Assessment</td>
<td>UNFPA</td>
<td>To be assessed early 2011</td>
<td>100% of selected SDPs in the targeted geographic areas</td>
<td></td>
</tr>
<tr>
<td>No. of national training institutes using unified midwifery and newborn curriculum</td>
<td>Curricula used at the institutes</td>
<td>The selected institutes</td>
<td>1 Institute (Ibn Sina nursing College)</td>
<td>4 institutes (Ibn Sina, Bethlehem, An Najah, Gaza University)</td>
<td></td>
</tr>
<tr>
<td>Sub Output 1.1.1: Update the RH national strategy including in humanitarian situation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated RH national strategy and policy in place</td>
<td>The strategy document</td>
<td>MOH/WHD</td>
<td>Strategy in place since 2000</td>
<td>Strategy updated</td>
<td></td>
</tr>
<tr>
<td># of advocacy and policy meetings per committee addressing RH issues</td>
<td>Meeting minutes and reports</td>
<td>MOH/WHD</td>
<td>0</td>
<td>3 RHTG mtgs 3 MMC mtgs 3 FP mtgs 1 conference on Maternal Mortality</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub Output 1.1.2: Strengthen Reproductive Health Commodity security through capacity development, coordination and advocacy to ensure a complementary provision of FP services</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of health providers trained (pharmacists at district level, nurses and health workers at peripheral level) on RHCS management per provider type</td>
</tr>
<tr>
<td>No. of family planning beneficiaries per provider, per year in the selected geographic area</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant indicators are under activity one which measure the effectiveness of WHDD role</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub Output 1.1.4: Improve quality of midwifery and newborn nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td># of students enrolled in midwifery &amp; newborn programs</td>
</tr>
</tbody>
</table>

Page 2 of 13
<table>
<thead>
<tr>
<th>Program</th>
<th>Updated Job Profile for Midwives and Endorsed within MOH and UNRWA</th>
<th>Profile Document</th>
<th>Profile Updated</th>
<th>Profile Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td># of health providers completed successfully on job training on midwifery &amp; newborn</td>
<td>Program reports</td>
<td>0</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td><strong>Sub output 1.2.5:</strong> Improve the quality of emergency obstetric and newborn care at secondary healthcare facilities</td>
<td># of trained health providers on the protocol at public &amp; private sector and by region (Gaza, West Bank)</td>
<td>Program reports</td>
<td>MOH-Hospital Directorate</td>
<td>200 MOH Providers</td>
</tr>
<tr>
<td>Quality assurance mechanism in place</td>
<td></td>
<td></td>
<td></td>
<td>100 public providers</td>
</tr>
<tr>
<td><strong>Sub output 1.2.6:</strong> Strengthen HIV response at the national level with focus on prevention</td>
<td>No. of MARP (youth &amp; women) peer educators trained on HIV prevention</td>
<td>Programme reports</td>
<td>NGOs, MOSA</td>
<td>Youth PEs trained in phase 1 of the GF; 86 Women reached=0</td>
</tr>
<tr>
<td></td>
<td>Focus groups to assess quality</td>
<td></td>
<td></td>
<td>15 youth</td>
</tr>
<tr>
<td></td>
<td>No. of media events addressing HIV/AIDS</td>
<td>Programme reports</td>
<td>NAC, NGOs</td>
<td>200 conducted in phase 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Offered service delivery points offering agreed reproductive health package and are compliant with protocols</th>
<th>Facility audit</th>
<th>UNFPA with MOH</th>
<th>TBO through the facility audit planned in 2011</th>
<th>TBD based on the facility audit assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of selected MOH Service Delivery Points that experienced no stock outs in the last 12 months by method</td>
<td>Clinical and stock reports Facility audit</td>
<td>Central warehouse &amp; SDPs</td>
<td>TBO through the facility audit planned in 2011</td>
<td>TBD based on the facility audit assessment</td>
</tr>
<tr>
<td>Number of health providers able to implement minimum initial service package for reproductive health in crisis situations</td>
<td>Programme progress reports</td>
<td>UNFPA</td>
<td>0</td>
<td>250 Health providers</td>
</tr>
</tbody>
</table>

| 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 | 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 | 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 | 150 | 300 | 300 |

Page 4 of 13
<table>
<thead>
<tr>
<th>Sub Output 1.2.4: promote and support community demand for quality RH services</th>
<th># of health promotion events conducted by trained providers</th>
<th>Progress reports</th>
<th>MOH-HEPD</th>
<th>Targets to be determined upon further consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td># of beneficiaries reached through community outreach activities</td>
<td>Progress reports</td>
<td>MOH/HEPD/PMRS</td>
<td></td>
<td>Targets to be determined upon further consultations</td>
</tr>
</tbody>
</table>

| Sub Output 1.2.5 | # of health providers trained on MISP | Progress reports | MOH | 0 | 60 | 100 | 100 |
### Output 1.3: Increased national capacity to provide high-quality, equitable, youth- and gender-sensitive health services and information for young people

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of health service delivery points offering youth health package</td>
<td>Clinical Records</td>
<td>Providers</td>
<td>0</td>
<td>4 SERVICE Delivery Points (MOH, UNRWA, NGO &amp; university)</td>
<td></td>
</tr>
<tr>
<td>Number of youth structures equipped with peer education groups and offering a defined gender-sensitive life skills package, including HIV/AIDS prevention</td>
<td>Centers records</td>
<td>Ministry of Youth and sports and Sharek</td>
<td>0</td>
<td>5 Youth structures/networks</td>
<td></td>
</tr>
</tbody>
</table>

#### Sub Outputs

**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.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target Year</th>
<th>Achievement</th>
<th>Target Year</th>
<th>Achievement</th>
<th>Target Year</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td># of teachers trained and apply the new curriculum according to the guidance book</td>
<td>Training Reports</td>
<td>MOE</td>
<td>0</td>
<td>500</td>
<td>750</td>
<td>750</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of school counselors and school health coordinators successfully completed the trainings on adolescent health manual.</td>
<td>Training Reports</td>
<td>MOE</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sub Output 1.3.2:**
Introduce and establish youth-friendly health services (YFHS) within the Palestinian health system

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MOV, MoYS, MoEHE, NGOs</th>
<th>Baseline</th>
<th>Target Year</th>
<th>Achievement</th>
<th>Target Year</th>
<th>Achievement</th>
<th>Target Year</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth-friendly health service package defined, including protocols and training material</td>
<td></td>
<td>0</td>
<td>Client survey done, package agreed</td>
<td>Protocols and training materials developed</td>
<td>Material tested in pilot centres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub Output 1.3.3:</td>
<td>Sub Output 1.3.4:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------------------</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhance the capacity of the MoYS to support the implementation of the Cross-Sector National Strategy for Youth 2011 – 2013.</td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of youth referred to the YFHS</th>
<th>Health centre records</th>
<th>MOH, MOE, UNRWA</th>
<th>0</th>
<th>TBD based on further consultations</th>
<th>TBD</th>
<th>TBD</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of service providers trained on the provision of youth friendly services guidelines, per provider</th>
<th>Health centres records</th>
<th>MOH, MOE, UNRWA</th>
<th>0</th>
<th>50</th>
<th>50</th>
<th>50</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of MOYS and Youth NGOs staff trained on utilizing data, disseminating research findings, advocacy, etc.</th>
<th>Training reports</th>
<th>MOYS</th>
<th>B=0</th>
<th>20</th>
<th>20</th>
<th>20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of media events carried out addressing youth concerns</th>
<th>MoYS annual reports.</th>
<th>B= 0</th>
<th>TBD based on further consultation</th>
<th>TBD based on further consultation</th>
<th>TBD based on further consultation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th># of youth club officers trained on applying the minimum youth package of quality</th>
<th>IP project annual reports</th>
<th>MoYS, MoSA, UNRWA, and Youth NGOS</th>
<th>0</th>
<th>25</th>
<th>25</th>
<th>25</th>
</tr>
</thead>
</table>

| # youth centers upgraded applying the minimum youth package of quality services | Facility assessment Focus groups with youth beneficiaries | MoYS, MoSA, UNRWA, and Youth NGOS | 5 | 5 | 0 | 0 |
### Sub Output 1.3.6:

| Increase active representation and participation of female and male youth in community mobilization. | Implementing partner annual reports. | Local Youth NGO | B=0 T= 800 | 400 | 400 |
| Strengthen and expand the existing youth peer-to-peer network and develop a system for peer-to-peer education. | Implementing partner annual reports. | Local Youth NGO | B=0 T= 20,000 | 10,000 | 10,000 |

### Gender Equality:

<table>
<thead>
<tr>
<th>Outcome 2: Gender equality is enhanced through improved policies, protection systems and empowerment, including in emergency and post-emergency situations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Indicator</strong></td>
</tr>
<tr>
<td>National and sub-national mechanisms are in place to monitor and reduce gender-based violence</td>
</tr>
<tr>
<td>Response to gender-based violence is included in training of health providers</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy framework in place on Security Council resolutions 1325 and 1820 on women, peace and security</td>
<td>Draft national framework</td>
<td>MoWA MoSA</td>
<td>No national policy framework in place</td>
<td>Policy framework drafted by 2013</td>
<td></td>
</tr>
<tr>
<td>Number of health providers trained on gender-based violence</td>
<td>Training Reports and attendance records</td>
<td>MoH NGOs</td>
<td>F: 24 M:19</td>
<td>265</td>
<td></td>
</tr>
<tr>
<td>Number of centers able to provide psychosocial support and referral to persons in need</td>
<td>Center records Focus groups with beneficiaries</td>
<td>Women centers</td>
<td>3 women centers</td>
<td>4 Women centers in Gaza 5 MoSA centers</td>
<td></td>
</tr>
<tr>
<td>Sub Outputs</td>
<td>Indicator</td>
<td>NOV</td>
<td>Res</td>
<td>Party</td>
<td>Baseline</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
<td>-----</td>
<td>-----</td>
<td>-------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Sub Output 2.1.1:</strong> Support the Ministry of Women’s Affairs to operationalize the National VAW Strategy</td>
<td># of policy makers sensitized on VAW strategy through advocacy events.</td>
<td>Programme Progress Reports</td>
<td>MOWA</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td># of media events addressing GBV</td>
<td>Programme Progress Reports</td>
<td>MOWA</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Sub output 2.1.2:</strong> Strengthen capacity for health providers in (Emergency Units, Primary Health Care, Districts clinics) to identify, detect and refer GBV survivors.</td>
<td># of health providers trained on GBV and gender</td>
<td>Training workshops reports</td>
<td>WHDD/ MOH</td>
<td>43</td>
<td>Training materials &amp; protocols updated</td>
</tr>
<tr>
<td><strong>Sub output 2.1.3:</strong> Provision of RR, legal, economic and psychosocial services to (Jenin, Tulkarem, Nablus, Ramallah, Hebron, Jericho, East Jerusalem, South, Middle and North Gaza</td>
<td># of beneficiaries received psychosocial and legal counseling through community outreach</td>
<td>Progress Reports</td>
<td>NGOs/ IPs</td>
<td>0</td>
<td>F: 4,000</td>
</tr>
<tr>
<td></td>
<td># of MOSA social workers trained on GBV prevention</td>
<td>Progress Reports</td>
<td>MOSA</td>
<td>0</td>
<td>F: 30</td>
</tr>
<tr>
<td><strong>Sub output 2.1.4:</strong> Develop policy framework for UNSCR 1325 and 1820</td>
<td># of joint advocacy events conducted by the coalitions addressing the most women needs, including protection</td>
<td>Programme Progress Reports</td>
<td>MOWA</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Of women in conflict</td>
<td>Programmes, reports, NGO reports</td>
<td>NGO reports</td>
<td>Baseline</td>
<td>Target</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------</td>
<td>-------------</td>
<td>----------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Engagement in advocacy and awareness raising on gender, women's rights (social, political and economic areas).</td>
<td>0</td>
<td>150 religious &amp; community leaders</td>
<td>150 religious &amp; community leaders</td>
<td>150 religious &amp; community leaders</td>
<td></td>
</tr>
</tbody>
</table>

Population and Development

**Outcome 3: Increased utilization of socio-demographic data for evidence-based decision-making and policy and programme formulation, at national and sub-national levels**

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>National development plan integrates reproductive health, youth, gender issues and emerging population issues</td>
<td>National development Plan</td>
<td>MOPAD &amp; UNFPA</td>
<td>National Youth plan and gender is in place</td>
<td>Updated sectoral plans continue to integrate youth and gender</td>
</tr>
</tbody>
</table>

RH is integrated in the national health sectoral plan, however not within the comprehensive concept of ICPD.

| 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 | 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 | To be defined early 2011 |

| 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 |
## Output 3.1: Enhanced national capacity to integrate, implement and monitor youth, reproductive health and emerging population issues in national plans and programmes

<table>
<thead>
<tr>
<th>Output indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of advocacy and policy initiatives conducted that address population and development issues</td>
<td>Programme Progress Reports, Published Newsletters</td>
<td>IPS, MOPAD &amp; UNFPA</td>
<td>1 initiative (Population Conference in Oct 2009)</td>
<td>21 initiatives (1 conference, 5 district workshops on NFS and its implications, 9 WS with policy makers &amp; community leaders for population projection &amp; planning, 6 WS for the population forum)</td>
<td></td>
</tr>
<tr>
<td>Number of policy briefs on population issues based on disaggregated data from national surveys</td>
<td>Desk Review of Policy Briefs</td>
<td>Relevant Ministries, MOPAD and UNFPA</td>
<td>2 issued by Birzeit University in the 3rd cycle</td>
<td>12 policy briefs and policy analysis papers produced by line ministries &amp; universities</td>
<td></td>
</tr>
</tbody>
</table>

### Sub Outputs

#### Sub Output 3.1.1: Strengthened Population Policy Department in place

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target YR1</th>
<th>Achievement</th>
<th>Target YR2</th>
<th>Achievement</th>
<th>Target YR3</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td># of evidence tools produced addressing population issues</td>
<td>Programme Progress Reports</td>
<td>MOPAD</td>
<td>0</td>
<td>1 evidence tool &amp; 1 advocacy activity</td>
<td>1 evidence tool &amp; 1 advocacy activity</td>
<td>1 evidence tool &amp; 1 advocacy activity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sub output 3.1.2: Strengthened capacity of selected line ministries (MOH, MOSA, MoWA, MoYS, PCsBS, MOPAD, MoE, MoC) to better planning, programming and monitoring of population issues

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline</th>
<th>Target YR1</th>
<th>Achievement</th>
<th>Target YR2</th>
<th>Achievement</th>
<th>Target YR3</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td># of staff from statistical and planning units at the selected ministries trained on population analysis</td>
<td>Program progress reports, Training reports and minutes of meetings</td>
<td>IPS MopAD UNFPA, PCsBS, Bir Zeit University</td>
<td>10 staff from planning units in 7 selected line ministries</td>
<td>20 staff and expert trained on population issues</td>
<td>15 staff and expert trained on population issues</td>
<td>15 staff and expert trained on population issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of policy analysis papers produced and disseminated by the trained ministries</td>
<td>Policy papers</td>
<td>IPS MopAD UNFPA, PCsBS, Bir Zeit</td>
<td>0</td>
<td>4 policy papers disseminated</td>
<td>4 policy papers disseminated</td>
<td>4 policy papers disseminated</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Annex II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory

### Sub output 3.1.3:
Strengthened policy dialogue on population dynamics

<table>
<thead>
<tr>
<th># of policy meetings and events addressing population issues and dynamics</th>
<th>Progress reports</th>
<th>MOPAD</th>
<th>2 policy meetings</th>
<th>2 policy meetings</th>
<th>2 policy meetings &amp; 1 National Population Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress reports</td>
<td>MOPAD</td>
<td>15</td>
<td>15</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

### Output 3.2: Enhanced national capacity to generate, analyze and use disaggregated data on population issues

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of national reports and researches on population issues</td>
<td>National reports and research reports</td>
<td>Research institutes</td>
<td></td>
<td>6 national reports produced by PCBS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18 Research papers done by young researchers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Four Analytical reports done by research institutes</td>
<td></td>
</tr>
<tr>
<td>Set of indicators institutionalized and used to monitor population priorities</td>
<td>PCBS data statistical system</td>
<td>PCBS</td>
<td>Data set on GBV in 2005</td>
<td>Updated data set on GBV, youth status and elderly.</td>
<td>PALINFO updated with gender and other disaggregated data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Youth survey in 2003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sub Outputs

#### Sub Output 3.2.1: Data Dissemination for National Surveys

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MOV</th>
<th>Res Party</th>
<th>Baseline 2011</th>
<th>Target</th>
<th>Achievement</th>
<th>Target 2012</th>
<th>Achievement 2012</th>
<th>Target 2013</th>
<th>Achievement 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td># of thematic analytical report produced and published based on the NFS</td>
<td>Progress reports</td>
<td>PCSS, Research institutes</td>
<td>1 report for 2005 survey</td>
<td>1 main findings - national report for 2010 survey</td>
<td>4 analytical reports on youth, women, elderly &amp; migration</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ANNEX II: CPAP Planning and Tracking Tool, UNFPA 4th Country Programme (2011 – 2013), occupied Palestinian territory**

<table>
<thead>
<tr>
<th>Sub Output 3.2.2: Establish Info Database jointly with line ministries</th>
<th># governors reports produced and disseminated based on the NFS</th>
<th>PCBS</th>
<th>5 FOR 2005 survey</th>
<th>Updated 5 district reports for 2010 survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub Output 3.2.3: Support population and development research to strengthen the utilization of population data produced by national surveys.</td>
<td>Two info database in place for national monitoring of youth and Gender issues</td>
<td>Progress Reports</td>
<td>MOSA</td>
<td>MOYS</td>
<td>Two database developed</td>
</tr>
<tr>
<td></td>
<td># of young researchers trained on data utilization and analysis, policy analysis and planning and programming</td>
<td>Progress reports</td>
<td>Birzeit University and selected Gaza university</td>
<td>0</td>
<td>5 students</td>
</tr>
<tr>
<td></td>
<td># of research papers produced and disseminated on PD</td>
<td>Research papers</td>
<td>Birzeit University and selected Gaza university</td>
<td>6 papers produced by students attending the population course (3WB &amp; 3GZ)</td>
<td>6 papers produced attending the population course (3WB &amp; 3GZ)</td>
</tr>
<tr>
<td>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.</td>
<td>Updated data set on gender statistics.</td>
<td>PALINFO STATISTICAL REPORTS produced</td>
<td>PCBS</td>
<td>GBV survey since 2005</td>
<td>Survey on GBV</td>
</tr>
<tr>
<td></td>
<td># of PCBS staff trained on gender</td>
<td>Progress report</td>
<td>PCBS</td>
<td>75 trained in 2010</td>
<td>75 PCBS staff trained on gender issues</td>
</tr>
<tr>
<td>Framework</td>
<td>Monitoring and Evaluation Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Support MOH in developing the National Framework</td>
<td>1. Conduct a needs and services profile of health on youth’s needs and services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Support the National Monitoring and Evaluation Committee for reporting</td>
<td>3. Focus groups with the emergency committee.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Support jointly with WHO</td>
<td>4. Group focus with GBV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Support jointly with WHO</td>
<td>5. Qualitative assessment of year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Support jointly with WHO</td>
<td>6. Qualitative focus on the identity of youth’s with GBV.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Framework**

- Health monitoring and evaluation
- Reproductive health national monitoring and evaluation
- Reproductive health national monitoring and evaluation
- Reproductive health national monitoring and evaluation
- Reproductive health national monitoring and evaluation
- Reproductive health national monitoring and evaluation

**Monitoring and Evaluation Activities**

- Conduct a needs and services profile of health on youth’s needs and services.
- Categorize assessment of child management of Reproductive Health.
- Focus groups with the emergency committee.
- Group focus with GBV.
- Qualitative assessment of year.

**GBV Survey**

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify GBV</td>
<td>Identify GBV</td>
<td>Identify GBV</td>
</tr>
<tr>
<td>Focus groups with youth centres</td>
<td>Focus groups with youth centres</td>
<td>Focus groups with youth centres</td>
</tr>
<tr>
<td>2010</td>
<td>2011</td>
<td>2012</td>
</tr>
</tbody>
</table>

**Recommendations**

1. Continue to support the national committee for monitoring.
2. Develop the National Framework.
3. Support the National Monitoring and Evaluation Committee for reporting.
4. Support jointly with WHO.
5. Support jointly with WHO.
6. Support jointly with WHO.

**Systems**

- Categorize assessment of child management of Reproductive Health.
- Focus groups with the emergency committee.
- Qualitative assessment of year.
- Conduct a needs and services profile of health on youth’s needs and services.
- Categorize assessment of child management of Reproductive Health.
- Focus groups with youth centres.

**Monitor and Evaluate**

- Conduct a needs and services profile of health on youth’s needs and services.
- Categorize assessment of child management of Reproductive Health.
- Focus groups with the emergency committee.
- Qualitative assessment of year.
- Conduct a needs and services profile of health on youth’s needs and services.
- Categorize assessment of child management of Reproductive Health.
- Focus groups with youth centres.

**Survey**

- Categorize assessment of child management of Reproductive Health.
- Focus groups with the emergency committee.
- Qualitative assessment of year.
- Conduct a needs and services profile of health on youth’s needs and services.
- Categorize assessment of child management of Reproductive Health.
- Focus groups with youth centres.
| 1. Field Monitoring Visits (yea) | 1. CPAP Annual Programme Review of the Programme | 1. County Programme Mid-year Evaluation of the programme Pronunciation intervention for other programmes to assess programme progress | 1. Evaluation of previous programmes
| 2. Coordination Review of the programme | 2. CPAP Annual Programme Review 
Review jointly with implementing partners
| 3. Coordination Review

Conduct semi-annually
Jointly with implementing partners
| 4. Programme Review of the programme

MDC Central Joint
Jointly with the programme
| 2. Project Review of the programme

Annually
| 3. Final Review of the closed

Project
| 4. Project Review of the closed

Project (monthly report) and programme through MDC Central Joint
| 1. Field Monitoring Visits

(Quarterly visit and report)
| 2. Progress Reports

Quarterly & yearly
| 2. Progress Reports

Quarterly & yearly
| 3. County Office Annual Report

Quarterly & yearly
| 3. County Office Annual Report

Quarterly & yearly
| 4. Internal Meetings for Performance and Financial

Recurrent quarterly
| 4. Internal Meetings for Performance and Financial

Recurrent quarterly
| 5. Monthly Quality of PH Care Base

Recurrent monthly
| 5. Monthly Quality of PH Care Base

Recurrent monthly

---

**ANNEX III: CPAP Monitoring and Evaluation Calendar, UNFPA 4th County Programme (2011-2015)**
## Annex III:_CPP Monitoring and Evaluation Calendar, UNFPA 4th Country Programme (2011-2013)

### Monitoring and Evaluation Activities:

This section of the Country Programme’s monitoring and evaluation system highlights the types of activities that UNFPA considers essential for its effective implementation.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Population conference to disseminate findings of the surveys.</td>
<td>Produce a detailed report.</td>
</tr>
<tr>
<td>2. Survey of the Palestinian Health Information System on migration in order to produce an analytical report.</td>
<td>Survey of the Palestinian Health Information System on migration in order to produce an analytical report.</td>
</tr>
<tr>
<td>4. Annual Conference on RH.</td>
<td>Annual Conference on RH.</td>
</tr>
<tr>
<td>5. Develop a monitoring and evaluation programme cover.</td>
<td>Develop a monitoring and evaluation programme cover.</td>
</tr>
<tr>
<td>6. Evaluate UNFPA’s activities.</td>
<td>Evaluate UNFPA’s activities.</td>
</tr>
</tbody>
</table>

---

2013: Occupied Palestinian Territory