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### United Nations Children's Fund

Executive Board

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Item 5 of the provisional agenda\*

### Country programme recommendation\*\*

#### Syrian Arab Republic

#### Addendum

#### *Summary*

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of the Syrian Arab Republic, which has an annual planning level of \$1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of \$4,794,000 from regular resources, subject to the availability of funds, and \$1,450,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

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\* E/ICEF/2001/12.

\*\* The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).



	<i>Basic data<sup>a</sup> (1999 unless otherwise stated)</i>
Child population (millions, under 18 years)	7.8
U5MR (per 1,000 live births) (2000)	29
IMR (per 1,000 live births) (2000)	24
Underweight (% moderate and severe) (1995)	13
Maternal mortality ratio (per 100,000 live births) (1981)	110
Literacy (% male/female) (2000)	88/60
Primary school attendance (% net, male/female) (2000)	99/98
Primary school children reaching grade 5 (%) (1998)	92
Use of improved drinking water sources (%) (2000)	80
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US\$)	970
One-year-olds fully immunized against:	
Tuberculosis	95 per cent
Diphtheria/pertussis/tetanus	94 per cent
Measles	97 per cent
Poliomyelitis	94 per cent
Pregnant women immunized against tetanus	.. per cent

<sup>a</sup> Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

## The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note (E/ICEF/2001/P/L.47). The Syrian Arab Republic has achieved many of the World Summit for Children goals. The 2000 multiple indicator cluster survey (MICS-2000) showed many of the national achievements: high primary net enrolment rates; near universal access to safe water; and immunization coverage rates around or above 90 per cent among one-year-old children. MICS-2000 also found a substantially lower maternal mortality ratio (71 per 100,000 live births), and confirmed the downward trend of infant and under-five mortality rates.

2. However, some challenges remain. The country has large urban-rural disparities as well as disparities between regions. The rural north and north-east (five governorates that account for almost one half of the country's total population) lag in a number of social indicators. The MICS-2000 showed that in these governorates, some 9 per cent of children were underweight and 21 per cent were stunted, in contrast to national averages of 7 and 18 per cent, respectively. Access to health services is about one half of that of other governorates. While drop-out rates at the national level are less than 10 per cent, the drop-out rates in Deir-Ezzor and Raqqa governorates are 38 and 35 per cent, respectively, and even higher among girls.

3. The quality and range of health services are limited, more so for maternal health. Nationwide, some 14 per cent of births are not attended by trained health personnel, and 29 per cent of pregnant women are not immunized against tetanus. The quality and relevance of primary schooling are other issues of concern.

4. Challenges remain in improving home care practices and the early child environment. A UNICEF-supported study indicates that domestic accidents cause 31 per cent of child deaths. The recent MICS-2000 showed that only 25 per cent of mothers treat their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme since 1993 to combat high goitre rates in children, MICS-2000 found that only 60 per cent of households consumed iodized salt; this, however, is an improvement over the 40 per cent reported in a 1997 Ministry of Health survey.

5. The Government has initiated a reform of the juvenile justice system and has committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child, and to improving the monitoring of the implementation of the Convention. Scarcity and unreliability of data, in particular on child protection issues, pose a challenge.

### **Programme cooperation, 1996-2000 and 2001**

6. The 2001 country programme (E/ICEF/2000/P/L.44) was a bridging programme that extended by one year the UNICEF programme cycle to harmonize with that of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA). It allowed sufficient time for preparing a new framework of cooperation between the Government and United Nations agencies that would incorporate the country's new economic and social reforms.

7. UNICEF and the World Health Organization (WHO) contributed to implementing polio eradication and neonatal tetanus elimination strategies. One imported polio case was reported in 1999 (the first one since 1995), and another case in 2000 is awaiting classification. Efforts have been made to implement containment measures immediately. Reported neonatal tetanus cases decreased from 105 in 1995 to 23 in 1999. With support from UNICEF and WHO, the Ministry of Health adopted the Integrated Management of Childhood Illness (IMCI) initiative to address the problems of verticality, poor quality of health services and inadequacy of preventive health practices. Following an action plan established for the preliminary phase of IMCI in three selected areas (Damascus, Hama and Latakia), training began in 1999. It is planned to expand the IMCI initiative to all 14 governorates by 2006. UNICEF advocacy led to the issuance in 2000 of the National Code on Marketing of Breast Milk Substitutes. In 2000, 23 out of 63 hospitals were certified as baby-friendly.

8. So far, 213 HIV/AIDS cases have been reported in the country. MICS-2000 results indicate that 79 per cent of women know how HIV/AIDS is transmitted. UNICEF, in collaboration with the Joint United Nations Programme on HIV/AIDS, has supported extensive HIV/AIDS prevention awareness campaigns, directly reaching some 30,000 youth, students, health workers and women's groups through 300 awareness seminars held all over the country.

9. In education, the Global Education initiative, which began in 1996 with UNICEF support, expanded to 70 schools covering 14,000 students from the fifth and sixth grades. The Ministry of Education is now planning to introduce Global Education in 35 per cent of schools by 2005 and to all the schools in the country by 2010.

10. The Community School Initiative, supported by the Ministry of Health, the Ministry of education, UNICEF and WHO, expanded to 1,185 primary schools (representing 64,000 students in third and fourth grades), and has led to the development of a national plan for implementation in all primary schools nationwide. This initiative aims to improve teaching and learning methods by focusing on child-to-child learning, provide students with basic health knowledge, transfer good practices to homes and communities, and train students to deal with environmental health problems.

11. In the high-risk areas programme, collaboration among the Ministry of Health, UNICEF and WHO played a key role in improving health and social conditions in the selected communities, and in influencing national development policies through its pilot activities. From 1996 to 2000, the number of “healthy villages” increased from 3 to 113 villages, benefiting some 260,000 people, with key social indicators showing a marked improvement in 96 of the villages. Child immunization rates increased from 79 to 96 per cent, the proportion of pregnant women immunized against tetanus increased from 57 to 81 per cent, antenatal care coverage rates increased from 49 to 78 per cent, and the proportion of women using birth spacing methods increased from 40 to 62 per cent. The success of the programme is due to the involvement of local communities and their sense of ownership of the programme. The programme has also benefited from political commitment at the highest level. Its success has recently attracted donors such as the European Union, the World Bank and the Government of Italy.

12. The high-risk areas programme has also served as a seedbed for pilot initiatives that were later integrated into national policy, or replicated by the Government. The school health activities within this programme led to the Community School Initiative described above. An initiative supported by UNICEF, the Women’s General Union and the Ministry of Culture to enable 6,000 girl drop-outs in Idlib to resume their learning prompted the Ministry of Education to support a “second chance learning” project in the north and north-east governorates. The programme mobilized young women and adolescent girls to play the main role in establishing village information systems, thus encouraging the Ministry of Health to initiate similar systems in selected districts to improve the utilization of health services.

13. UNICEF advocacy for and support to juvenile justice issues and early childhood care and development led to partnerships in support of child rights among the Government, civil society and donors. UNICEF-supported studies on juvenile justice, childhood disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as a review of Syrian legislation, a national conference on juvenile justice and training for all stakeholders to improve the administration of juvenile justice.

14. Through funds provided by the British Government, UNICEF supported the Ministry of Justice and the Ministry of Social Affairs in improving conditions in five family meeting centres for children of divorced parents and three juvenile

centres. UNICEF also supported a landmine awareness campaign in Quneitra Governorate and constructed seven safe playgrounds, using funds provided by the British Government.

15. To monitor child rights, UNICEF supported the establishment of a Child Information Unit within the Central Bureau of Statistics. In 1997, Dourade Lahham, a renowned Syrian actor, was designated as spokesman for Syrian children's rights. He has become a valuable advocate and, in 1999, was appointed Goodwill Ambassador for the entire region.

## Lessons learned from past cooperation

16. Not enough attention was paid to verticality and poor quality within the health services, nor to preventive and home care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO/UNICEF-supported IMCI approach was a step in the right direction. In education, not all experiences were positive: the project for vocational training of girls and women did not address the more basic problem of drop-outs and could only cover a limited number of girls.

17. While the high-risk areas programme was largely successful, advocacy could have been more effective had the impact of UNICEF interventions been measured more systematically. Monitoring and evaluation of the programme need to be strengthened. Other weaknesses include over-ambitious planning, too many dispersed activities and verticality of interventions. With its limited resources, the programme of cooperation will need to focus on fewer interventions.

## Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					Total
	2002	2003	2004	2005	2006	
<b>Regular resources</b>						
Disparity reduction	277	293	287	305	295	1 457
Support to national policies and development	269	239	237	231	226	1 202
Promotion of children’s and women’s rights	178	188	188	167	176	897
Cross-sectoral costs	234	239	247	256	262	1 238
<b>Subtotal</b>	<b>958</b>	<b>959</b>	<b>959</b>	<b>959</b>	<b>959</b>	<b>4 794</b>
<b>Other resources</b>						
Disparity reduction	100	110	110	60	50	430
Support to national policies and development	90	90	90	40	50	360
Promotion of children’s and women’s rights	160	100	150	150	100	660
<b>Subtotal</b>	<b>350</b>	<b>300</b>	<b>350</b>	<b>250</b>	<b>200</b>	<b>1 450</b>
<b>Total</b>	<b>1 308</b>	<b>1 259</b>	<b>1 309</b>	<b>1 209</b>	<b>1 159</b>	<b>6 244</b>

## **Country programme preparation process**

18. The strategies for the 2002-2006 programme of cooperation were developed over the course of two years in close collaboration with representatives from the Government, other United Nations agencies, non-governmental organizations (NGOs) and donor agencies. The results of the MICS-2000 survey fed into this process. The programme was further fleshed out in bilateral meetings held between UNICEF and its direct counterparts in the Government. Consultations were also held in March 2001 with donors and Executive Board members represented in the Syrian Arab Republic.

19. The proposed programme has a strong link with the United Nations reform process. The first Common Country Assessment (CCA) began in 1998 and was updated in 2000. UNICEF has played an active role in the process, and the updated CCA has incorporated findings from the UNICEF-supported MICS-2000 and various studies related to the Convention on the Rights of the Child. The first draft of the United Nations Development Assistance Framework (UNDAF) was produced in May 2001, and discussed among United Nations agencies. The participatory process involving the Government and other partners to ensure the incorporation of national development priorities in UNDAF is taking more time than originally planned.

## **Country programme goals and objectives**

20. The programme will support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child. Within the framework of UNDAF, the programme will contribute to broader national efforts to reduce geographical disparities in major social indicators; introduce reforms designed to improve and consolidate the quality and responsiveness of health and education services; and create and sustain public and political concern for children's and women's rights.

## **Relation to national and international priorities**

21. The Government is in the process of preparing its ninth Five-Year National Plan. Increasing basic infrastructure and promoting the quality of education and health services are two important national priorities. A broader range of partnerships for children in the country than ever before has now set the stage for bringing children to the forefront of the national agenda and promoting increased allocation of resources for them.

## **Programme strategy**

22. The programme of cooperation will be essentially the same as that proposed in the country note. The normative framework provided by the Convention on the Rights of the Child will guide all dimensions of the programme. Nationwide, the Syrian Arab Republic has achieved many of the goals of the World Summit for Children and, therefore, most UNICEF-supported interventions will focus on unreached groups, notably in the north and north-east of the country. The programme will also make selective inputs at the national level in areas where policy changes and government action can lead to critical improvements in children's situation and contribute to

fulfilling their rights. To this end, UNICEF will continue to support pilot experiences and action-oriented studies which, linked to advocacy, have proved successful in promoting child rights and policy and legislative changes.

23. The programme's limited resources, however, will mean that the identification and choice of interventions will be critical. Through intersectoral working committees and policy seminars, a broad range of partnerships will be mobilized, including with Syrian civil society, other United Nations agencies and NGOs. The programme will also seek a more integrated approach with United Nations agencies, in particular UNFPA, WHO and UNDP.

24. **Disparity reduction.** This programme will focus on disadvantaged communities in the five north and north-east governorates (Idleb, Aleppo, Raqqa, Deir-Ezzor, and Al-Hassakah), building on the successes of the high-risk areas programme during the 1996-2001 period. Such a focus will help to address disparities and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme will contribute to improving the coverage of health and education services in selected communities within the targeted governorates. Other United Nations agencies have expressed interest in this programme, in particular UNFPA, which has already targeted these governorates in their new 2002-2006 programme. The programme comprises two projects.

25. The integrated child care and development project will support the creation of "child-friendly" communities in the selected areas, where young children enjoy a physical environment, basic services and facilities conducive to their survival, growth and development. The project will focus on improving child-rearing knowledge and skills among families and strengthening community partnerships with government extension services and institutions that provide basic social services. To this end, UNICEF, in cooperation with the Ministry of Education, the Ministry of Health, the Women's General Union and United Nations agencies, will support the training and mobilization of local government and key community members, and the training, mobilization and social organization of parents, community and women's groups.

26. The back-to-school project will help to address the major factors leading children, particularly girls, in the selected areas to drop out and stay out of school. Support will be extended to the development and implementation of multi-channel information, education and communication (IEC) activities aimed at reaching families in targeted areas, and to policies facilitating the reintegration of drop-outs into the formal school system. Building on a successful pilot initiative begun in 1999 in Idleb governorate in cooperation with the Ministry of Culture, UNICEF will continue cooperating with the Ministry of Culture and the Ministry of Education to provide basic education and life skills education courses for out-of-school 13- to 19-year-old girls in the targeted areas.

27. **Support to national policy and development.** This programme will, through capacity-building and advocacy based on the results and experiences of the disparity reduction programme, contribute to Government efforts to sustain, consolidate and extend achievements in the health and education sectors, and to reach the remaining World Summit goals. Through this programme, UNICEF will work with other United Nations agencies, notably UNFPA, WHO and UNDP, to contribute to national policies in health, education and relevant sub-sectors. The programme comprises two projects.

28. The health project will contribute to introducing policies and strategies for improving maternal and child health, with a focus on IMCI, women's and adolescent

health, HIV/AIDS, nutrition, control of iron deficiency anaemia and elimination of vitamin A deficiency and iodine deficiency disorders. This will be achieved through training, technical support and the involvement of the private sector and academic institutions. Special efforts will be made to improve home safety and prevent domestic accidents, which cause 31 per cent of child deaths. UNICEF will also support implementation of “baby-friendly” policies in the country’s maternity facilities.

29. The Global Education project will contribute to improving the quality and relevance of primary schooling so that the primary school system is more effective in imparting the literacy, numeracy, critical thinking and life skills needed by young people in today’s Syrian Arab Republic. Specific areas of support will include teacher training and the development of training materials. UNICEF will also promote mainstreaming of Global Education approaches in the school system.

30. **Promotion of children’s and women’s rights.** This programme will contribute to ensuring that children’s and women’s rights remain at the fore of the public and political agenda. It comprises three complementary projects.

31. The advocacy and communication project will contribute to raising awareness and concern for children’s and women’s rights at all levels of society. UNICEF cooperation will focus on developing targeted IEC activities; supporting broad-based media activities on themes related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and activities involving the regional UNICEF Goodwill Ambassador. Efforts will also involve the private sector as a partner in promoting the Convention on the Rights of the Child. Working within the resident coordinator system, UNICEF will give priority to coordination of communication activities with other United Nations agencies.

32. The monitoring and planning project will contribute to strengthening national capacity to monitor and follow up on implementation of the Convention on the Rights of the Child. UNICEF will support the Central Bureau of Statistics and concerned ministries in conducting and applying policy-oriented research aimed at improving baseline data and highlighting key outstanding child rights concerns. The Child Information Unit in the Central Bureau of Statistics will collect, analyse and disseminate information related to children, and monitor the indicators related to the two Conventions in the country. The project will emphasize improving the availability and quality of disaggregated data.

33. The children with special needs project will contribute to the further development of legislation, policies and programmes for the care and protection of groups of children with special needs, using the norms of the Convention on the Rights of the Child. Building on efforts begun during the 1996-2001 programme period, UNICEF cooperation will focus on addressing four specific groups of children: children in conflict with the law; working children; children with disabilities; and children without primary caregivers. Specific areas for support will include: the development and implementation of appropriate policy and legislative measures for working children and children in conflict with the law; strengthening of systems for monitoring child labour practices and workplace conditions; and policy development for disabled children.

34. **Cross-sectoral costs** will cover staff and other operational costs directly related to programme implementation, monitoring and management.



## **Monitoring and evaluation**

35. Country programme monitoring and evaluation activities will be undertaken within the framework of an integrated monitoring and evaluation plan, which is being developed in 2001. Information and research activities supported in the context of the promotion of women's and children's rights programme will strengthen baseline data, against which country programme progress will be measured.

## **Collaboration with partners**

36. Within the framework of the UNDAF, and on the basis of joint concerns identified in the revised CCA, UNICEF will collaborate closely with the other United Nations agencies in the Syrian Arab Republic in all aspects of the country programme. Specific areas of cooperation will include IMCI implementation (with WHO); training of traditional birth attendants (with UNFPA); integrated community development (with WHO, UNDP, the World Food Programme, UNFPA and the Food and Agriculture Organization of the United Nations); and education reform (with the United Nations Educational, Scientific and Cultural Organization and UNDP). Building on initial contacts already established, UNICEF will strengthen and expand collaboration with bilateral development agencies and donor embassies (the European Union, the World Bank, and the Governments of Canada, France, Germany, Italy, the Netherlands, Sweden and the United Kingdom).

37. The advocacy plan for the Global Movement for Children has provided the ideal opportunity to develop relations with new partners among civil society, governors and local administrative authorities at the governorate level (as advocates for child rights), the private sector (through the Syrian Chambers of Commerce and Industry) and religious authorities. UNICEF will continue to work with these new partners and strengthen relations further.

## **Programme management**

38. The national coordinating body for the programme will be the State Planning Commission, which will organize interministerial meetings on a regular basis to review progress and take corrective actions. Mid-year and end-year programme reviews will take place on an annual basis with all counterparts. In 2004, a mid-term review of the programme will be conducted and the strategy adjusted if necessary.

39. Recent changes in the UNICEF Damascus office staffing structure are expected to strengthen programme planning, implementation and monitoring. UNICEF will use regular Country Management Team meetings, monthly reviews of office work plans and weekly programme meetings as tools to manage the programme and improve programme performance. At the end of each year, a management review will be held. Strict implementation of audit recommendations will guide programme management and strengthen internal controls and effectiveness.