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Resident Coordinator
System**



**Syrian Arab Republic
Presidency of the
Council of Ministers
State Planning
Commission**

Second National Report
on the
Millennium Development Goals (MDGs)
in the Syrian Arab Republic
2005

Preface

This is the second report of the Millennium Development Goals (MDGs) in the Syrian Arab Republic, which is prepared by the State Planning Commission (SPC) in cooperation with other national parties concerned, and the United Nations System in Syria. This report aims to monitor the accomplishment achieved in Syria through realizing those goals up until the year 2004, and to pinpoint the areas of strength and weakness in the process of realizing those goals, and to indicate the strategies required to complete this process until the realization of the all of the goals by the year 2015.

Clearly, realizing these goals means providing opportunities for a decent life for all levels of society, propagate justice, equality, and equal opportunities in basic services among all individuals, and securing fundamental conditions for the firm and sustainable development process.

The Syrian government is exerting great and incessant efforts to achieve the millennium development goals in a manner that expresses its will and determination to achieve all of these goals by the year 2015. However, despite the tangible progress realized in many of the aspects related to the goals and purposes of the millennium, the government views that realizing them in full still requires more effective cooperative developmental efforts and policies, in addition to more national awareness of the importance of achieving these goals. It also requires improving what has already been realized in any part of human development sectors, continuous improvement, effectively and tangibly in order to reflect upon the people's lives, namely the human development goal, topic and method simultaneously.

Over the past few years, Syria has achieved notable accomplishments in realizing a major portion of these goals. Elementary education has widened to almost comprehensive levels, not at the public national level only, but at the level of each of the 14 governorates, and the drop out rate from elementary schools has decreased considerably. Medical services, in particular, first aid and vaccination campaigns are prevalent throughout the country and have expanded to reach even small remote agglomerations. This has had a beneficial effect in lowering the mortality rates among children and infants below the targeted levels, and in raising the life expectancy at birth to about 72 years.

Maternal mortality dropped significantly. Many contagious diseases are now under control, including AIDS, leishmania, malaria and tuberculosis. The rate of poverty-stricken people in society has dropped. Women have scored considerable achievements on the path of equality, which paved the way for women to contribute to the economic and social development process.

On the other hand, achievements in the field of improving the living conditions of members of society were limited in some areas, where the per capita income level continues to be low. The proportion of poverty-stricken people in society is still elevated, in addition to the unemployment level. New job opportunities remain limited, especially for graduates of universities and intermediate institutes. Moreover, a number of areas still lack basic services, particularly safe drinking water and sewage treatment. Unsafe housing is evident in numerous areas. It may be said that the key factor behind all this is the recent regression in the number of investment projects and the drop in economic growth rates.

The Tenth Five-year Plan (2006-2010) is currently in its final stages. Its focus is upon the human development process in general, and the move towards achieving the millennium development goals, in particular. This five-year plan is laid down in accordance with current economic and social trends towards the social market economy system, which emphasizes production efficiency and sustainable economic growth on the one hand, and fair distribution of income and improving the underprivileged population segment, on the other. Hopefully, this plan would represent a significant move for Syria, in which the development of the education system shall be the main engine. The economy in Syria shall shift from one that basically relies upon small enterprises and under qualified and untrained workforce, to an economy of modern knowledge and management that would rely upon a distinctly qualified workforce. All of this would have a very strong impact on improving all aspects of

the individual's life in society, particularly realizing the millennium development goals.

Three factors enhance our confidence in the inevitability of this major development in Syria and of realizing the millennium development goals. They are:

- 1- The clear vision surrounding those goals, in particular the obstacles hampering their realization at present.
- 2- The availability of adequate resources and methods to achieve these goals.
- 3- A strong political and governmental commitment to improve the peoples' living conditions and to achieve the millennium goals.

Finally, we would like to thank all individuals who have contributed to the issuance of this report, whether in terms of preparation, supervision, or study of the eight millennium development goals. We also thank those in charge of U.N. organizations operating in Syria for their continuous cooperation and valuable assistance in the preparation and production of this report. We wish for our country, Syria, further progress and success on the path of realizing the millennium development goals and of consolidating the socio-economic development process.

**Deputy Prime Minister for Economic Affairs
Abdullah Dardari**

Introduction

The Syrian government has ratified the Millennium U.N. Declaration that was endorsed at the Millennium Summit in New York in the year 2000. Since then, national efforts aimed at achieving the millennium development goals have registered advancement in their concept of the goals and their ability to achieve them. Syria has witnessed a positive surge at this level within the past 18 months by placing its millennium development goals at the top of national development plans and strategies within the framework of the reform and development program, which considers the achievement of sustainable human development one of its topmost priorities.

Thus, the millennium development goals top the strategic priorities of the tenth five-year plan (2006-2010). This plan seeks to eradicate poverty, raise the educational level of the underprivileged segments, improve the level of social and health services, develop the infrastructure in the neediest areas, secure financial resources to the poor, and enhance the role of society in the development process.

Within this context, the second national report on the Millennium Development Goals, which was prepared in cooperation with the State Planning Commission (SPC) and the Coordinating Body of U.N. Organizations, stresses the commitment of the Syrian government to the U.N. Millennium Declaration.

If the First National Report on the Millennium Development Goals that was issued in 2003 dealt with the generalities of the goals with some analytical details, the second report focuses on Syria's endeavours to realize these goals. The report sought support for its arguments from the

compiled studies prepared by the Syrian government and the UNDP specifically. It is the study of macro-economy and its relationship to poverty, and Syria's Human Development Report of 2005, which dealt with the issue of education. The report is based on reports and data of the U.N. systems and the Syrian government, especially those issued by the Central Bureau of Statistics, or those resulting from numerous U.N. projects and studies.

This report will assist policy designers and decision-makers in taking the necessary measures to distribute financial and material resources in a manner, which would ensure improvement of conditions in remote areas, and would eliminate the obstacles faced by the national development goals. We hope this report would help improve the quality of services extended, giving precedence to quality over quantity, since most of these services are in dire need of improving the means of delivering them to the public, and of convincing the public of their usefulness and preference.

Despite the realized accomplishments, studies and research on poverty have highlighted the extent of its relationship with the spread of illiteracy, the availability of health services, and its social interaction. Studies and research on education, the standards of its quality, the money spent, and its association with the labour market and its size, showed the serious challenges that face an integrated, balanced and equitable growth in the coming decade, if such challenges are not dealt with, especially in remote areas.

In conclusion, I extend sincere thanks and high appreciation to the SPC, all national authorities and experts, which have contributed to the issuance of this second national report on the millennium development goals in Syria, and which is being issued on the occasion of the convening of the 60th U.N. General Assembly Session in September 2005, which will review the progress made in realizing the millennium development goals.

I also seize this opportunity to re-emphasize the commitment of the U.N. organizations operating in Syria to work with all parties to realize these goals within the context of comprehensive national development and integral human development.

Ali Al-Za'tari
United Nations Resident Coordinator, Syrian Arab Republic

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Preface

Geographical and Demographic characteristics⁽¹⁾:

Syria is located on the east coast of the Mediterranean. The country is spread over 18,517,971 hectares, six million hectares of which are agricultural lands, while the rest are mountains and deserts.

The number of inhabitants inside Syria was 17,980 thousand in mid 2004. They are distributed between children (under 15 years of age) who make up 39.6%, people in the working age group (from 15-65 years of age) 56.6%, the elderly (65 years and over) 3.6%. Thus, Syrian society continues to be characterized as a young society, having a high percentage of children and a low percentage of older individuals.

Administratively, the population is distributed over 14 governorates. The population density differs greatly from one governorate to another.

Damascus is the most densely-populated governorate with a population density of 14381 persons per square kilometer. Deir Ezzor is the least dense governorate with a low population density of 29 persons per square kilometer. In 2004, 50.18% of the population lived in urban areas, while 49.82% lived in rural areas.

The total fertility rate dropped to 3.5 in 2004 compared with 8 in the 1960s and 1970s. There is a sizeable difference in the fertility rate between urban and rural areas. In 2001, the rate was 3.4 in urban areas

⁽¹⁾ The data in this paragraph are compiled from the Statistical Abstract 2004. Tables of chapter 2, Population and Demographic Indicators, and from the results of the General Census of Population and Houses, 2004.

and 4.4 in rural areas. Furthermore, data points to a vast disparity in the age fertility rates related to the educational level of women. These rates are at their highest levels among illiterate women and at their lowest levels among women who hold secondary certificates and above.

The crude mortality rate is one of the lowest in the world, not exceeding 4 per thousand in recent years. This is due to the great development in all stages of education and to the achievements realized in the field of health services on the one hand, the relatively young age composition, and the low rate of older individuals in society, on the other.

Due to progress in the area of fertility and mortality, the population growth rate dropped from 33 per thousand prior to the 1990s to 24.5 per thousand in the past five years (from 2000 to 2004). The population growth rate varies greatly from one governorate to another, and from one city to another. This is because of the disparity in the fertility levels, internal migration from rural to urban areas, and from small and medium towns to large cities, particularly Damascus.

Socio-economic characteristics:

Syrian society is highly vibrant and dynamic. In the past three decades, it has undergone significant transformations, which have had a sizeable impact on the life of individuals. In terms of education, there were significant developments that led to a consistent annual increase in the number of schools in all stages of education, and an increase of the number of faculty members. Academic programs and plans have developed and the quality of teaching has improved. The response to education in all stages has increased, particularly females. The net enrolment in elementary education between 1990 and 2004 increased from 95.4 to 98% of the total number of pupils, and from 95.2% to 97.9% in the number of females. Efforts to control the drop-out rate in basic education and in the field of combating illiteracy have reflected positively upon the percentage of literates among adults (15 years and over). It rose from 78.1% in 1995 to 81% in the year 2000, then rose to 82.9% in 2002. However, it dropped in 2004 to 81%. Nonetheless, the illiteracy rate continues to be high and more effort and effective policies are required to overcome the problem. As for the total number of enrolment in all stages of education, it reached 60.9% in 1995, then rose to 62% in 2004.

On the other hand, major quantitative and qualitative developments have also taken place in the areas of health. The number of hospitals, beds, physicians and nurses has increased in all governorates.

Vaccination campaigns against various diseases have expanded. The quality of treatment of all diseases has improved, in addition to the quality of food. The result was an improvement in the health of individuals and a drop in mortality rates among children, infants and mothers, and a rise in the life expectancy at birth. The expected age at birth rose from 68.1 years in 1995 to 75.5 years in 2000, and to 72 years in 2004. The share of females in this development was higher than that of males. The age expectancy at birth for females rose from 69.5 years in 1995 to 71.3 years in 2000, then to 72.5 years in 2004, while for males, the age expectancies in the same three years were 66.5, 68.9 and 71.5 respectively.

Concerning the workforce, basic economic activity continues to be low, amounting to 27.6% in the year 2004. The main reason for this is the weak participation of women in the workforce. The male workforce rate is 45.2%, while for females the rate is 9.2%. More than 72% of the workers are employed in the private sector, both organized and unorganized. In the governmental sector, the number of workers does not exceed 27.2%. A large percentage of the workers work in agriculture (over 26%), while the percentage of those working in the industrial sector does not exceed 13.6%. The unemployment rate reached 12.3% in 2004.

Traditional sectors continue to dominate the structure of the national economy. A large portion of it is concentrated in basic activities, such as agriculture and light industries, most of which are devoted to producing consumer goods. Data indicates that the economic growth rate was modest in the years following 1998. Moreover, the capital formation process was slow during that period, particularly in the private sector. All of this has led to a slowdown in the increase of the per capita share of the GDP in recent years. This share at the fixed prices of the year 2000 rose from 52951 Syrian Pounds in 1995 to 55389 Pounds in 2000, and to 56309 Pounds in 2002, then to 57228 Pounds in 2003. The exchange rate of the US dollar in the neighboring market, the per capita share of the GDP at the fixed prices of 2000 was \$1244.6 in 1995, \$1197.8 in 2000, \$1218.3 in 2002, and \$1238 in 2003.

The tenth five-year plan is radically reconsidering the development strategy in Syria. The plan was laid down to embody the current socio-economic trends of moving to the social market economy system. This system focuses on competition and efficiency of the production processes, raising work productivity on the one hand, and on improving the conditions of the disadvantaged population segments and the neediest areas, on the other hand. The millennium development goals are based on this plan, which also focuses “greatly” on developing human resources

and making good use of them. It also focuses on restructuring the national economy and gradually transforming it from an economy that depends largely on unqualified workers to an economy of knowledge that relies on scientific and technical qualifications – an economy characterized by flexibility and impetus, thus allowing it to develop continually. It is hoped that the outcome of this five-year plan would reflect “well” on the efforts of the Syrian government aimed at realizing the millennium development goals.

Purpose of the report:

The aim of the report is to assess the current situation of human development in Syria, and the progress achieved during the period between 1990 and 2004 in terms of implementing the millennium development goals that were laid down until the year 2015. The report monitors the development realized towards attaining the eight goals of the millennium, not only at national level, but also at the level of each of the 14 governorates where data is available. Thus, the report shows the disparities that continue to exist among the governorates in this respect. The report clearly points out to the governorates and areas that require exerting special attention by the government and local community bodies and others, so that they can catch up with other governorates on the path of achieving those goals.

Moreover, the report, in examining each of the eight goals and what was realized until 2004, indicates the challenges that face the achievement of these objectives, or that encounter the process of measuring their indicators and impede the assessment of what was achieved thereof. It also indicates the set of legal and administrative factors which have facilitated the process of realizing each goal. Finally, the report lists a set of policies required by the tenth five-year plan 2006-2010 in order to ensure the achievement of each of the millennium’s goals. It also specifies the resources which should be allocated therefor, and the necessary prospects of technical and financial cooperation.

The report is an important document that must be placed in hands of the responsible people and researchers to familiarize them with the progress achieved towards attaining these goals. It is a revision of a set of available social, economic and demographic data, and an indication of their development in the past years, from 1990 to 2004. The report also

helps decision-makers take appropriate measures towards a fair distribution of financial and other resources that would guarantee the improvement of the conditions of disadvantaged areas, and the elimination of the obstacles that impede the realization of the millennium goals.

Methodology used in preparing the report:

The report is based on data provided by the Central Bureau of Statistics (CBS) about the indicator values related to millennium development activities in Syria for the year 1990 (which is considered the base year) and the year 2004 (which is considered the year of the interim goals). We then examine the targeted values of these indicators in the year 2015. These targeted values were projected in 2004. Thus, in 2004, there are two values for each indicator: an actual realized value and a targeted value. A comparison of these two values would enable us to gain insight into the progress realized in attaining each objective up to 2004, and if we have indeed attained the desired interim target of that year.

A study was prepared in the report for each of the eight goals by an ad-hoc committee of personnel in the SPC, the respective ministries, the NGOs, and the coordinating body of the activities of U.N. organizations in Syria, which are in constant contact with the development of socio-economic conditions in Syria. Thus, these individuals were able to read the purports of the figures for the past period and the current situation, and to deduce the development achieved towards realizing each of the millennium's goals. Several meetings were held among the members of these committees in order to discuss the ways of preparing the study for each goal. The studies of these committees were then compiled by the principal author of the report, and they were coordinated and re-drafted in one style.

It is worth noting that there was effective participation in preparing this report by the office of the U.N. Resident Coordinator in Syria, the UNDP, UNFPA, UNICEF and the WHO. Responsible personnel of these organizations actively participated, whether in establishing the general layout of the report, or in the discussions that took place in the meetings of committees which prepared the studies of the eight goals, or in drafting the report in its final version and in producing it.

The report adopts clear scientific and factual methodology in its analyses, conclusions and proposals. It very clearly defines the points of strength in the administrative and legal domains in order to enhance and consolidate them. It also defines the weaknesses and impediments of

these domains, and indicates the set of the required policies and strategies in order to eliminate them or mitigate their effects.

Alongside the report, there will be a set of cultural activities to present the report and announce the millennium development activities, and Syria's position on the path of achieving those goals.

These activities include, *inter alia*, which is an official ceremony to publish the report, to be held in the Culture Hall of Dara's in early September. It will be attended by prominent official figures, representatives of international organizations and members of the diplomatic corps in Damascus, as well as representatives of various media, and community members concerned with issues of development and advancement of society. This ceremony will be a prominent cultural and scientific event in order to raise the awareness of individuals in society about the millennium development activities, raise their interest in issues of current socio-economic development, and increase their participation in discussions and dialogues about them. The activities also include a set of seminars to be held in the coming months in a number of governorate centers to acquaint people with the report, and the millennium development goals in Syria and the ones achieved so far.

Millennium Development Goals:

In September 2000, the Millennium U.N. Conference was held at the Headquarters in New York. It was attended by representatives of more than 180 countries, including 50 heads of state. The representatives of the world countries signed the Millennium Declaration in which they pledged and committed their countries to achieve a set of specific goals up to the year 2015 in order to improve the living conditions of the disadvantaged segments in each society. These goals were concentrated in eight main groups placed in 18 sub-goals. Forty-eight indicators were laid down to measure them, and to assess the accomplished achievements. The following is a set of main goals and sub-goals:

- 1- Eradicate extreme poverty and hunger:
 - Reduce by half the rate of population whose income is less than one U.S. dollar between the years 1990 to 2015.

- Reduce by half the rate of population who suffer from hunger between the years 1990 to 2015.
- 2- Achieve the comprehensive primary education:
 - Enable the children (male and female) to finish the primary education stage by the year 2015.
 - 3- Enhance gender equality and enhance the role of women:
 - Cancel the differences between both sexes in the primary and secondary education by the year 2005 and at all levels by the year 2015.
 - 4- Reduce the mortality rate:
 - Reduce by two thirds the mortality rate among children under five years between the years 1990 and 2015.
 - 5- Improve mother's health:
 - Reduce by three quarters the mortality rate among the mothers in the age of reproduction between the years 1990 and 2015.
 - 6- Combat AIDS, malaria, and other diseases:
 - Stop the spread of AIDS by the year 2015.
 - Stop the spread of malaria and other main diseases by the year 2015.
 - 7- Stress the environmental sustainability:
 - Combine the concept of sustained development with the country's policies and programs, and the optimum use of environmental resources.
 - Reduce by half the rate of population who have no access to potable water, between the years 1990 and 2015.
 - Achieve significant programs in improving the living conditions for at least 100 million people of those who live in random residential areas up to the year 2020.
 - 8- Develop international cooperation for the sake of development:
 - Develop an open financial and commercial system based on a legal terms of reference.
 - Meet the special needs of the under-developed countries.
 - Meet the special needs of the non-riparian countries and the small islands.

- Deal comprehensively with the problem of debts of developing countries.
- Deal with the developing countries and implement strategies for providing productive job opportunities for young people.
- Cooperate with the pharmaceutical firms for providing drugs to developing countries.
- Make available new technological expertise, especially in the field of informatics and communications, in cooperation with the private sector.

At the level of measuring the indicators of those goals and monitoring the progress achieved towards attaining those goals, the first report on the millennium development goals in Syria was prepared in June 2003 in cooperation with the SPC and the UNDP. The present report highlights the progress achieved by Syria up to the year 2004 towards attaining these objectives and to witness a larger expansion in the field of cooperation between the SPC and UN organizations with the support and coordination of the SPC and the office of the UN Resident Coordinator in Syria.

**Questionnaire about the extent of the
awareness of the community of the
Millennium Development Goals**

On the margin of preparing the national report on the millennium development goals, a special questionnaire was prepared about the awareness of these goals. The purpose of the questionnaire was to gain insight into the extent of the awareness of a number of segments of society about the millennium development goals. The city of Damascus was chosen for collecting the data required for the questionnaire, because it is the capital, on the one hand, and because it is composed of a number of segments of the society, and individuals who came from different governorates, on the other.

The questionnaire was prepared and executed by the SPC, the CBS and the Family Planning Society. The sample comprised 200 individuals distributed as follows:

- 30% members of the general public.
- 10% decision-makers.
- 10% university professors.
- 10% university students.
- 10% employees.
- 10% media personnel.
- 10% members of national societies.
- 10% members from business sector.

The sample was divided at the rate of 58.5% males, and 41.5% females.

The results showed that 60% of those questioned had heard about the goals: 65.8% males, and 51.8% females. The major concentration of the rate of those who heard about the goals was among the decision-makers (100% of them), as well as among members of the People's Assembly, and university professors. The rate was lowest among employees and workers (42.4%).

The results also indicates that the higher the academic level of those questioned, the more their knowledge about the goals. This rate was lowest among holders of the intermediate certificate and lower 33.3%, and was the highest among holders of PhDs 93.3%.

The majority of those who were familiar with the goals stressed that the implementation of these goals contributes to the development of the society (92.6% in general, 89.6% males, 97.7% females). The rate of those who consider that awareness of these goals contributes to progress in society among physicians and pharmacists was at its lowest value 50%, and was at its highest value 100% among decision-makers, members of the People's Assembly, university professors and housewives. If we look at the academic level of those questioned, we would see that the highest value was among holders of PhDs, and the lowest value was among holders of the intermediate certificates and lower.

The data showed that 74.8% of those questioned (the highest rate) know that controlling abject poverty and hunger is one of the goals, and 34.1% of them (the lowest rate) know that strengthening international cooperation for the sake of development is one of those goals. A comparison between merchants and journalists indicates that 100% of merchants in the sample showed their total ignorance of any of the goals, while 100% of journalists indicated that they were aware of all the goals.

When asked about the source of information for these goals, it appeared that 54% of those questioned learned about them from the TV, 54% from newspapers, 2% through schools and universities, 3% through public relations, and 5% through specialized books and human resource reports.

If we look at those who believe that the realization of the goals would contribute to developing society in terms of the nature of such contributions, we see that a large portion of them 47.3% consider that what is important is to make society aware of the positive nature of the objectives, 13.4% consider that what is important is to exert concerted efforts while 0.9% consider that what is important is to establish gender equality and to achieve a balance between income and work, and combat administrative, social and economic corruption. 0.9% of those questioned do not know how this could happen, though they believe that realization of the goals would contribute to the development of society.

Of those who do not believe in such contributions: 22.2% believe that this is due to the presence of factors that impede the goals, such as severe poverty and lack of awareness; 11.1% justify their view by saying that these goals are theoretical with no concrete plans to apply them, that there is not enough time for that, and that there is a lack of necessary possibilities. A portion of them do not know why the realization of the goals does not contribute to the development of society.

**FIRST GOAL
ERADICATE EXTREME POVERTY
AND HUNGER**

Purpose 1- Reduce by half the rate of population whose daily income is less than one dollar.

Review of the progress achieved:

Given the unavailability of data about poverty in Syria prior to 1997, it was not possible for the current analysis to adopt the year 1990 as a basis to calculate the millennium's goals. Therefore, we adopted the year 1997 as a basis to calculate the first goal. In this report, a specific line or level was drawn for poverty based on the welfare indicator, and the conditions of the individual or family on one side of the line¹.

Indicator 1: Reduce by half the rate of population whose daily income is less than one dollar¹.

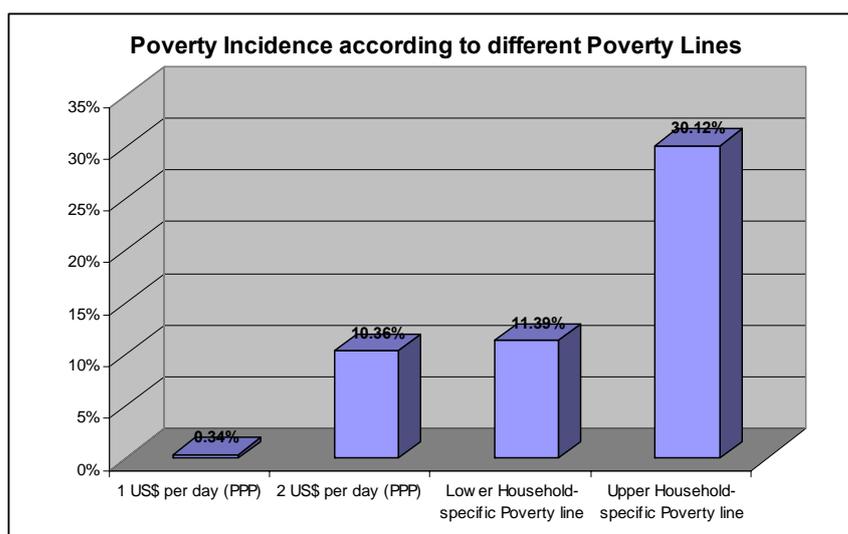
In studying this goal, we did not rely on the rate of population whose daily income is less than one dollar (or two dollars), believing that standard international poverty lines are not the best to describe the phenomenon in Syria. We relied instead on a household specific methodology, calculating the highest and lowest national poverty lines in light of the spending on the family's needs. Unlike standard poverty lines, this method takes the following factors into consideration:

- 1- The macro-economies based upon the family dimension.
- 2- Regional difference in consumption and price patterns.
- 3- The difference in the basic needs of various family members (male and female).

Based on the aforementioned, the progress achieved in the field of controlling poverty shows that the country is moving on the right path towards realizing the first millennium goal.

¹ Diagnostic study of poverty in Syria /Dr. Hiba Laithi 2004/ UNDP, Damascus/. The study was prepared based on the analysis of the survey of family spending in Syria conducted by the CBS in 1996-1997 and 2003-2004.

¹ Due to the lack of systematic data on poverty in Syria prior to 1997, the current analysis, as is the case with all poverty maps in Syria, adopt this year instead of 1990 as the base year to monitor and analyze the state of poverty. For this reason, the purposes of the first goal of the millennium in this study are calculated by decreasing by half the level of indicators in 1997.



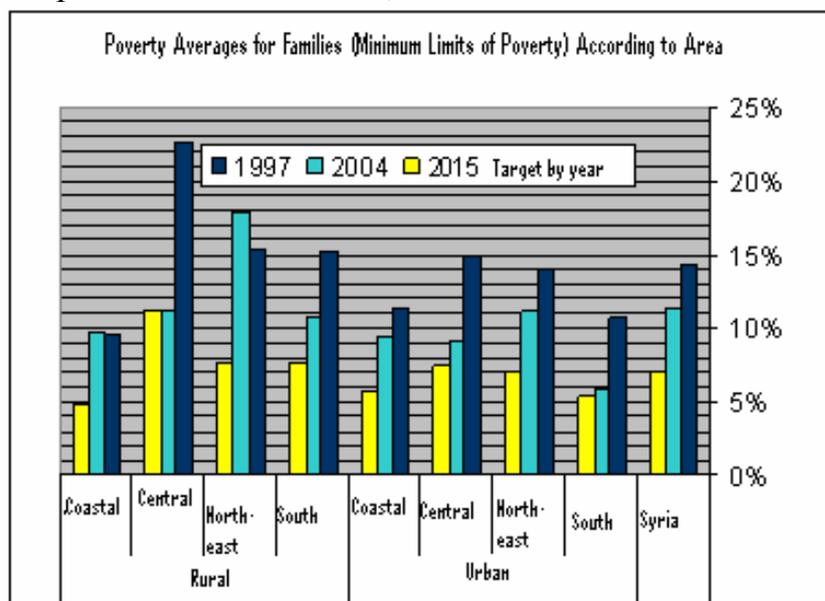
We notice that the poverty rate, according to the lowest poverty line (i.e. 1459 pounds per capita monthly), has regressed in general from 14.26% in 1997 to 11.39% in 2004 due to the increase in spending by the individual by a rate exceeding the average growth of the GDP. In addition, the achievement until 2004 exceeds the interim goal for this year, i.e. 11.49%. It is expected that this goal can be achieved in 2015, namely to reduce the rate of poor to 7.13%.

Table No.(1)- Percentage of the poor population according to the lowest poverty line by governorates in 1997 and 2004, and the targeted percentages in 2004 and 2015.

Governorate	1997	Actual 2004	Target 2004	Difference between target and actual 2004	MDG 2015
Damascus	10.51	4.74	8.47	3.73	5.26
Damascus Countryside	11.02	5.44	8.88	3.44	5.51
Homs	19.37	9.02	15.6	6.58	9.69
Hama	18.69	11.57	15.06	3.49	9.35
Tartous	11.49	6.94	9.26	2.32	5.75
Lattakia	9.34	11.55	7.52	-4.03	4.67
Idleb	13.55	9.81	10.92	1.11	6.78
Aleppo	17.94	19.88	14.45	-5.43	8.97
Raqqa	16.28	17.59	13.11	-4.48	8.14
Deir Ezzour	9.12	4.7	7.35	2.65	4.56
Hasakeh	8.81	10.09	7.1	-2.99	4.41
Sweida	18.77	17.72	15.12	-2.6	9.39
Dara'a	16.33	15.43	13.15	-2.28	8.17

Quneitra	18.99	14.85	15.3	0.45	9.5
Total	14.26	11.39	11.49	0.1	7.13

Reference: Diagnostic study of the state of poverty in Syria, in cooperation with the SPC, CBS and the UNDP 2004.



The disaggregated data, however, shows a less optimistic picture in light of the wide urban-rural gap. While the progress realized towards controlling poverty in urban areas was relatively quick and homogenous, poverty in rural areas seems to remain constant.

The poverty profile confirms the existence of the urban-rural gap. 38.3% of the poor work in agriculture, which is an insecure sector due to the risk of drought. Geographic characteristics acquired statistical importance in interpreting the extent of poverty, since it becomes apparent that poverty is concentrated in the northeastern region where 58.1% of the poor live. The disaggregated data also indicates that the conditions of some areas are worsening.

We noticed that the incidence of poverty has increased recently in rural areas in the northeastern and coastal regions. A deeper study of the problem proves the wide differences among the regions, particularly alarming in four governorates where poverty increased, namely Lattakia and three other governorates, which are called the poverty triangle. They are Aleppo, Rakka, and Hassakeh. Furthermore, the governorates of Sweida and Dara'a are slowly improving towards achieving the goal.

Indicator 2- Poverty gap

This indicator measures the depth of poverty in a society. The analysis of the poverty gap at the national level indicates a decrease in the depth of poverty at a pace that is faster than what is needed to achieve the purpose of the millennium goals, i.e. a drop from 2.88% in 1997 to 2.13% in 2004. This is due to the fact that most of the households are clustered around the poverty line. Therefore, poverty in Syria is a shallow phenomenon if compared with other countries of medium and low income families. The relatively equal distribution of income plays a fundamental role in the dimension of the poverty gap. In fact, though the value of the Gini coefficient rose from 0.34 in 1997 to 0.37 in 2004, which indicates a regression of the equality in the distribution of income (recent economic transformations were not in favour of the poor), its value is still rather low if compared to other countries.

Table No. 2- Percentage of poor families according to the poverty gap, by governorates, in the years 1997 and 2004 (%).

Governorate	1997	2004		Difference between goal and actual 2004	MDG2015
		Actual	Target		
Damascus	2.04	1.24	1.64	0.4	1.02
Damascus Countryside	2.15	0.71	1.73	1.02	1.08
Homs	3.98	1.38	3.21	1.83	1.99
Hama	4.27	2.15	3.44	1.29	2.14
Tartous	2.19	1.48	1.76	0.28	1.1
Lattakia	1.73	2.28	1.39	-0.89	0.87
Idleb	2.41	1.69	1.94	0.25	1.21
Aleppo	3.9	3.65	3.14	-0.51	1.95
Raqqa	2.84	3.91	2.29	-1.62	1.42
Deir Ezzour	1.69	0.68	1.36	0.68	0.85
Hassakeh	1.75	1.71	1.41	-0.3	0.88
Sweida	3.64	4.17	2.93	-1.24	1.82
Dara'a	2.92	3.22	2.35	-0.87	1.46
Quneitra	4.28	3	3.45	0.45	2.14
Total	2.88	2.13	2.32	0.19	1.44

Reference: Diagnostic study of the state of poverty in Syria, in cooperation with the SPC, CBS and the UNDP 2004.

At the regional level, it was possible to define several patterns of development even in cases where the change of the Gini coefficient was very limited. The income distribution has improved in the countryside of the southern and coastal regions, which explains the rapid drop of poverty levels in those regions. However, the rate of equality of income distribution regressed slightly or remained steady in all other regions. Poverty is now concentrated in the northeastern region and is of various forms. The governorates of Aleppo and Hassakeh, which are part of the poverty triangle are still slow in realizing the goal of reducing the poverty gap percentage despite the improvement achieved therein.

Table No.3- Gini coefficient according to regions, rural and urban in 1997 and 2004.

Year	South		Northeast		Central		Coastal		Total
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	
1997	0.33	0.33	0.33	0.33	0.32	0.33	0.36	0.33	0.34
2004	0.37	0.31	0.38	0.33	0.39	0.36	0.35	0.33	0.37

Reference: Diagnostic study of the state of poverty in Syria, in cooperation with the SPC, CBS and the UNDP 2004.

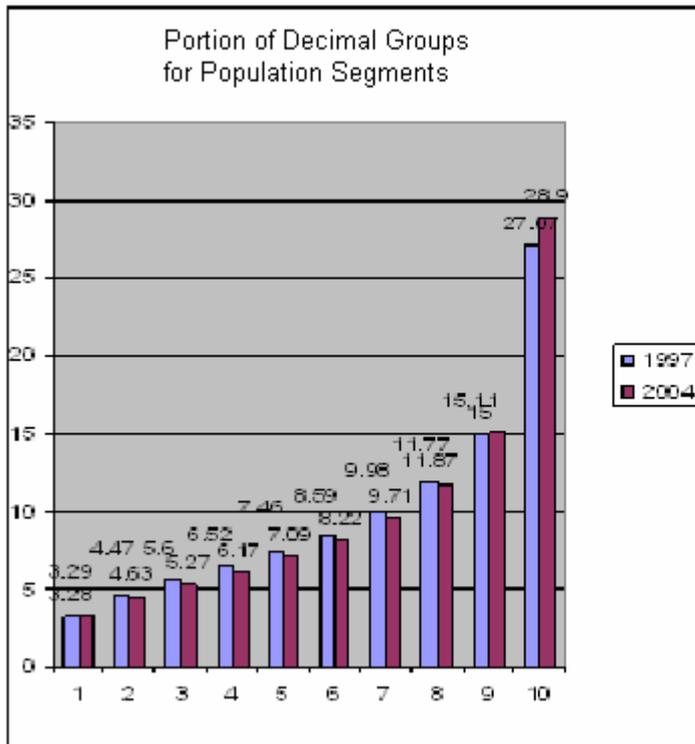
Features of Poverty and Hunger:

Education is negatively correlated to poverty, since over 18% of the poor people are illiterate. Poverty is higher and deeper among illiterate individuals and especially illiterate heads of families. Significant differences are evident between urban and rural areas. The presence of a vicious circle between the low level of human capital and poverty is well-known. Poverty decreases opportunities for learning and receiving health services, it leads to higher population growth rates. The opposite is also true, since high fertility escalates the problem of poverty. In facts, poverty is also highly linked to family size, since 44.6% of the poor live in households of 7-9 persons, while 34% of the non-poor live in the largest size households.

Indicator 3- Share of the poorest fifth of the population of the national consumption:

The data on the shares of expenditure by population decile show major disparities in the distribution of spending with a significant percentage of the population unable to enjoy a decent living standard, and meet their basic requirements of commodities and services. The best evidence of disparities in the distribution of spending is that about 50% of the population spend little more than 25% of the total family spending. Therefore, we state the following:

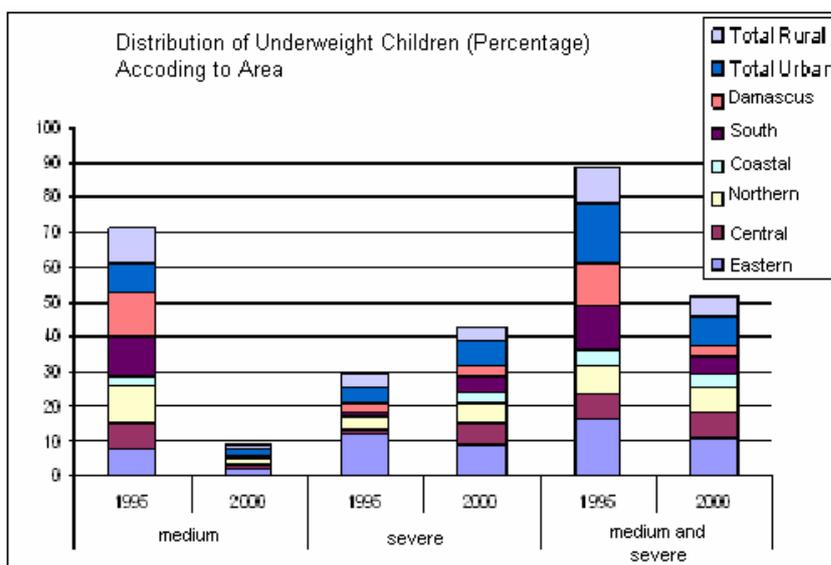
- The share of the poorest 10% of the population amounted to 3.29% of the total spending.
- The share of the poorest 20% of the population amounted to 7.76% of the total spending.
- The share of the richest 10% of the population amounted to 28.90% of the total spending.
- The share of the richest 20% of the population amounted to 44.01% of the total spending.



Comprehensive analyses of the surveys of household spending (1996-1997 and 2003-2004) indicate a regression of poverty in Syria in general, between the years 1997 and 2004. This regression is a result of the increase of the per capita spending share, especially in the central region, and at the national level - an annual increase in the average per capita spending share of 1.99%.

Purpose 2- Reduce by half the percentage of the population that suffers from hunger, between the years 1990 and 2015: There are two indicators:

Indicator 4: Number of weight deficient children under five years of age



Analysis of available data concerning the number of children under five years of age who suffer from weight deficiency, between the years 1995 and 2000, show an improvement in most regions.

The highest drop of this number was registered in Damascus 70%, followed by southern regions 57.5%, then in eastern regions 32%. But in the central regions, the number rose slightly. An analysis of the cases of severe weight deficiency as compared to the average indicates:

- An increase in severe weight deficiency cases in most regions, though the highest increase was in the central region 75%.
- A drop in the mean weight deficiency cases. The highest value was in Damascus 96% and the southern region 93%.

Indicator 5: Percentage of the population that do not spend the minimum limit of consumption of nutritional energy²:

Significant changes occurred in the composition of the spending of households between the years 1997 and 2004. This change was represented in some governorates with a drop in the monthly spending of these households on food commodities³ and services. This is apparent in the Aleppo countryside, Idleb and Deir Ezzor, while the average spending composition remained constant in the countryside. The percentages of the population who do not achieve the minimum limit of nutritional energy increased in the northern and northeastern governorates.

² Diagnostic study of the state of poverty in Syria in cooperation with the SPC, CBS and UNDP/2004

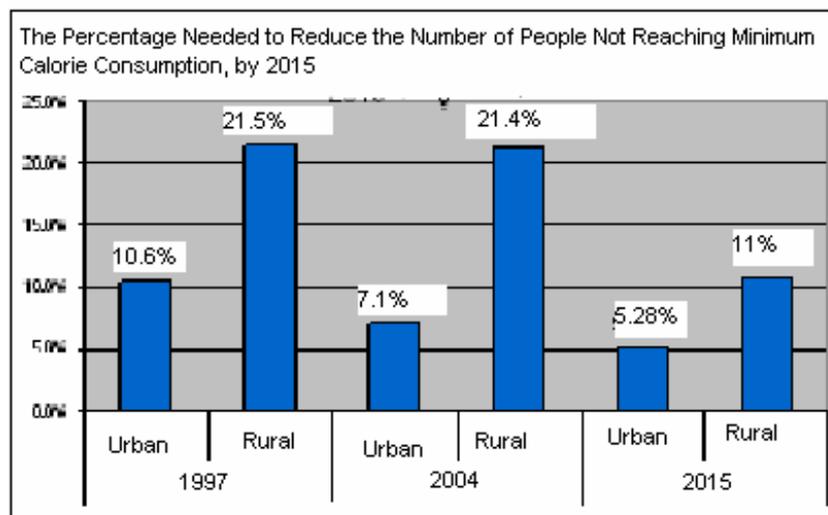
³ The average per capita consumption of nutritional energy was adopted (2100 calories in urban areas and 2310 calories in rural areas).

Table No. 4: Percentages of children (under five years) who have a weight deficiency, according to region in the years 1995 and 2000.

Region	Medium and severely underweight		Severely underweight		Medium underweight	
	1995	2000	1995	2000	1995	2000
Eastern	7.4	2	11.9	9.1	16.4	11.1
Central	7.4	0.8	1.6	6.3	6.9	7.1
Northern	10.9	1.8	3.4	5.3	8.3	7.1
Coastal	2.9	0.2	--	3.4	4.9	3.6
Southern	11.5	0.8	1	4.5	12	5.1
Damascus	12.3	0.4	2.7	3.3	12.5	3.7

Reference: Multi-indicator survey of the years 1995, 1996, 2000, 2001. Central Bureau of Statistics in cooperation with UNICEF.

A study of nutritional deficiency in the desert and marginal areas⁴ shows that 19% of the Syrian population who live in poor areas of the country, that is the third, fourth and fifth dry and semi-dry areas



were not enjoying food security. The lack of food security among the inhabitants of those areas amounts to over 31%.

Impeding factors:

- A drop in growth of the GDP from 7.2% between the years 1996- 1998 to only 0.9% between 1999 and 2002.
- A drop in investments in a manner that makes them insufficient to finance the needed capital accumulation, resulting in a slow growth of job opportunities. This is in

⁴ Study of the features of food security in the desert area and the degraded lands /World Food Program 2002/.

addition to regression of skills and production technologies, and a rise in unemployment which reached 12% in 2003.

- Continuation of a number of customs and traditions, especially in rural areas, such as early marriages, school drop-outs, a decrease in the spread of family planning methods.
- A drop in income from agricultural work and in the ability of farmers to have access to loans.

Assisting Factors:

- An analysis of the determinants of the macro-economy, such as the overabundance of the balances of payments, control of the government's budget, and a drop in the inflation rates in recent years and reserve deposit of foreign currency at the Central Bank, all point out to a relatively balanced economic condition at this stage, and seems adequate to avoid a monetary crisis. The above would help decision-makers in implementing a comprehensive package of measures to deal with poverty.
- The relatively low percentage of poor people in Syria makes it somewhat easy to reduce poverty. This is facilitated by the commitment of the Syrian government throughout history to provide free health services to all its citizens, and its commitment to subsidize a number of basic commodities needed by all members of society, particularly poor people.
- Activities of the local and national societies through the principle of social interdependence.
- At the demographic level, the population growth rates have tended to decrease recently, and death rates tended to drop. This improves the labour market conditions and reflects positively on employment and acquiring income.

Strategic interventions:

- 1- Adopt a policy of sustainable economic development that takes into consideration improving the income level, increasing job opportunities, fighting unemployment, and achieving more equality in the distribution of income to favour of the poor.
- 2- Raise the academic level of the segments within society that are threatened with poverty, and eradicate illiteracy.

- 3- Reduce internal migration.
- 4- Build networks and social security packages for comprehensive health and social security, and provide popular housing.
- 5- Ensure access of the poor to financial resources through financing small and micro enterprises.
- 6- Increase investments in the more needy governorates with particular concentration on northeastern regions.
- 7- Activate the role of the local community and develop the responsibilities of local societies from charitable work to a development work.
- 8- Develop the countryside and the desert through developing public services therein, especially expanding the spread of facility networks and infrastructure services.
- 9- Develop a social welfare strategy that focuses especially on the disabled, and those who suffer from temporary risks or crises. The state is recommended to intervene in cooperation with NGOs to provide systematic support on a case-by-case basis.

**THE SECOND GOAL
ACHIEVE UNIVERSAL PRIMARY
EDUCATION**

Goal No.3: Ensuring that by 2015, all children, male and female, can attain the full school curriculum of primary education

For over three decades, the Syrian Arab Republic has been working to achieve the principle of democratic education, linking it to comprehensive development, and situating it within the reach of all, males and females, as a right guaranteed by the state. Syria applied compulsory education according to Law No. 35 of 1981, which provides for the enrollment of Syrian children, and those like them, 6-11 years of age, in primary schools. Since the rate of drop-out is high following the primary stage, necessity has required the extension of compulsory education until the ninth year of school. Hence Law No. 32 of 2002 was issued, to combine primary and intermediate education into one stage, called the stage of basic education. Thus compulsory education now extends from the first to the ninth year.

Review of the Progress Achieved:

In the following, we deal with three main indicators in education, namely the rate of net enrollment in primary education, the proportion of those who reach the sixth year, and the rate of literate people within the 15-24 age category.

Indicator No. 6: The rate of net enrollment in primary education

Data indicates that noticeable advances have been achieved in this rate at the national level (6-11 years), between 1990 and 2004. It was 95.4% in 1995, and reached 98% in 2004, thus achieving the interim goal set for that year. This means that the rate of pupils not enrolled in basic education in 2004 did not exceed 2% of the abovementioned age category. In that year, the rate of enrolled females amounted to 97.9%, thus attaining its set target, too.

The proportion of children in the 6-11 age category enrolled in basic education differs from one governorate to another. In 2004, the proportion was the least in the governorates of Raqqa (93.2%), Deir ez-Zour (93.4%) and Hassaka (94.8). That was due to the low level of social awareness of the issue of education by some parents. It was also due to family mobility related to pasturage and in search of sources of income to cover family expenditure, such as harvesting in areas other than those of their usual residence. In the governorates of Damascus, Tartous and Qunaitera, however, the proportion exceeded 99%.

Table No. 5: Net rate of enrollment in primary education, pupils reaching the 6th year, and literate inhabitants of the 15-24 age category, 1990-2004 (%)

Source: Data of the Ministry of Education, 1990 and 2004, and the General Census of Population and Houses, 2004, from the Central Bureau of Statistics

Indicator No. 7: The portion of pupils reaching the 6th year of education:

Data indicates that the proportion was 93% in 1993, all in all, 96% male and 89% female. In 2004, the percentages were 88.5% and 89% respectively. These figures indicate a narrowing of the gap between the two genders to just 1%. On the other hand, if the target set for pupils reaching the 6th year of education in 2004 was 96.9%, i.e. 98.2% male and 95.2% female, it is apparent that none of those proportions were actually realized in 2004. This indicates that drop-out cases continued in the stage of primary education, for economic, social and educational reasons.

The rates of those reaching the 6th year of education sometimes show vast differences from one governorate to another. There are governorates where this proportion reached

100% in 2004, such as Lattakia, Tartous and Suwaida, and others where it is still low, such as Aleppo (76%), Raqqa (82%) and Hassaka (85%). The proportion of females continues to be lower than that of males in a number of governorates. Only the governorates of Lattakia, Tartous and Suwaida attained the interim goal of 2004, to which Homs came close. None of the other governorates attained the desired goal. Aleppo showed the greatest deficit, at 21.8% short of the projected goal. The differences between the projected and real goals were large in the governorates of Hassaka (7.5%) and Raqqa (7.4%). This calls for special attention to be given to those governorates.

Indicator No. 8: The rate of literacy in the 15-24 age group

At the national level, this rate was 88% in 1990 and 92% in 2004, also falling short of the projected target of 94.7% by 2.2%. The rate of literacy in 2004 was short by 1% in males and 3.9% in females. This denotes a prejudice against females in education and literacy that requires more concentrated efforts to educate females and eliminate illiteracy in their ranks.

Collected data indicates that the proportion of literacy among the 15-25 age group is low in governorates of the eastern region and the Aleppo countryside. In Deir ez-Zour, this proportion was 87.3% among males and females put together, but did not exceed 70.2% among females only. In the Aleppo countryside, it is 85.5% out of the total of males and females together, but only 80.1% among the females, while in the governorates of Damascus and Qunaitera, this rate rises to 99%. This calls for the concentration of efforts in governorates where the rate is low, in order to raise these levels to the standards of the more advanced ones.

Net proportion of enrollment in primary schools (6-11 age group), 2004

Diagram No. 1

Enrollment in basic education from the 1st to the 6th year, 2004

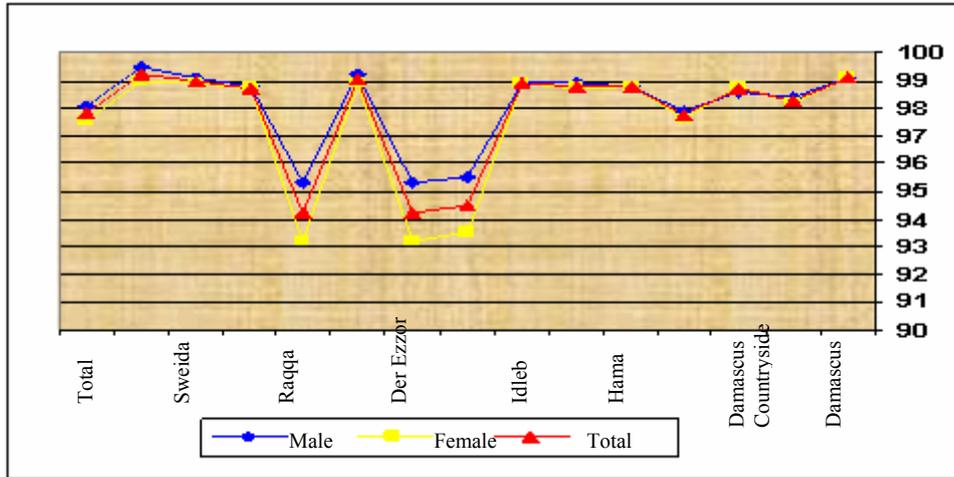


Diagram No. 2

Table No. 6: Rate of enrollment in schools 6-11 age group, and literacy in the 15-24 age group, males and females, by governorates, 2004

Governorates	Rate of enrollment			Percentage of literates		
	Male	Female	Total	Male	Female	Total
Damascus	99.3	99.4	99.3	99.2	98.9	99.0
Aleppo	98.5	98.1	98.3	92.4	86.6	89.6
Damascus countryside	98.9	99.0	98.9	98.0	97.4	97.7
Homs	98.2	97.8	98.0	97.1	96.1	95.6
Hama	89.9	98.9	98.9	96.9	94.7	95.8
Lattakia	98.9	98.9	98.9	98.3	98.8	98.5
Edleb	99.1	98.9	99.0	96.6	93.4	95.1
Hasaka	96.1	93.3	94.8	87.8	75.6	81.8
Deir ez-Zour	95.8	93.0	94.4	86.2	70.2	78.3
Tartous	99.2	99.1	99.1	98.8	98.9	98.8
Raqqa	95.8	92.5	94.2	85.0	71.2	78.1
Der'aa	98.9	98.9	98.9	98.5	97.9	98.2
Suwaita	99.2	99.1	99.1	98.9	98.6	98.8
Qunaitera	99.3	99.1	99.2	99.1	98.9	99.0
Total	98.2	97.6	97.9	94.6	90.2	92.5

Source: Data of the Public Census of Population and Houses, 2004 and the Central Bureau of Statistics.

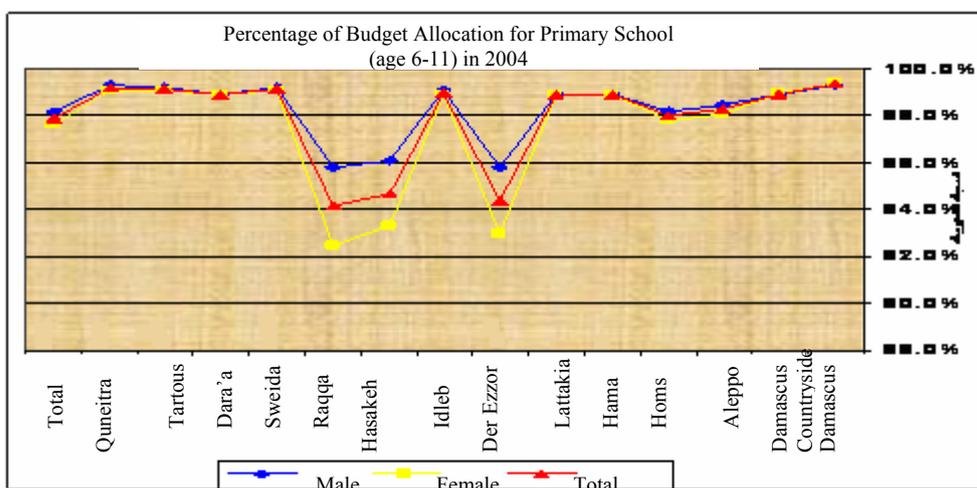


Table No. 7: The rate of males and females reaching the 6th year of education, from 1990 to 2004, by governorates (%)

Governorates	1990			2004			2004		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Damascus	95	93	94	97.8	96.9	97.4	96	94	95.0
Damascus countryside	93	91	92	96.9	96.0	96.5	94	94	94.0
Aleppo	96	93	95	98.2	96.9	97.8	75	77	76.0
Homs	94	89	92	97.4	95.2	96.5	97	94	96.0
Hama	93	89	91	96.9	95.2	96.0	93	92	92.5
Lattakia	98	96	97	99.1	98.2	98.7	100	100	100.0
Edleb	94	89	91	97.4	95.2	96.0	93	89	91.0
Hasaka	89	75	83	95.2	89.0	92.5	86	83	85.0
Deir ez-Zour	82	69	77	92.1	86.4	89.9	88	91	90.0
Tartous	98	99	98	99.1	99.6	99.1	100	100	100.0
Raqqa	82	69	76	92.1	86.4	89.4	83	81	82.0
Der'aa	97	95	96	98.7	97.8	98.2	96	95	95.5
Suwaida	97	76	86	98.7	89.4	93.8	100	99	99.5
Qunaitera	97	95	96	98.7	97.8	98.2	96	94	95.0
Total	96	89	93	98.2	95.2	96.9	89	88	88.5

Source: Data of the Ministry of Education, 1990 and 2004

Hindering Factors

- 1- The rate of population growth is still relatively high; and this necessitates the construction of many schools every year to accommodate the increasing numbers of pupils at this stage.
- 2- The drop-out rate in the basic education stage is still relatively high, for the following reasons:
 - Economic reasons, particularly the high rate of poverty in society, the spread of the child labour phenomenon, unemployment among the literate, and the poor material outcome of learning.
 - Social reasons, particularly bias against females, and the lack of awareness of the importance of education.

- Educational reasons, including the poor relationships between teachers and pupils, traditional teaching methodologies, recurrent failure of pupils, absence of co-operation between schools and parents, and the lack of family follow-ups on the status of education of their children.
- 3- The small share allotted for education in the general budget of the state.
 - 4- The considerable spread of illiteracy, especially among mothers.
 - 5- The poor educational capacities of some senior educational officials.
 - 6- Discrepancies in the levels of education and the provision of educational services among governorates.

Assisting Factors

- 1- The enactment of Law No. 32, of 2002, to combine the two stages: Primary and intermediate stages into one, named Basic Education, and making it both free and compulsory.
- 2- The introduction of informatics in school curricula and its widespread use in society.
- 3- The increase in number of rural schools, and the spread of education in rural areas, where parity is being attained with the urban areas in enrollment in various stages of education.
- 4- The enactment of the Law of Private Education, which has allowed the private sector to actively contribute to the achievement of the desired educational goals.

Strategic Interventions

Analysis of the current situation and the progress achieved in the values of educational indicators has indicated that there are two main problems facing the attainment of the desired millennial goals in Syria, namely school dropouts and illiteracy. The two are intertwined, each increasing the intensity of the other. Therefore, effective measures are necessary to deal with them. The following are some suggestions in this respect:

- Helping to secure job opportunities for unemployed pupils' parents, and implementing child labour laws.
- Urging parents and the local community to show interest in schools, and to participate in their affairs. There should also be a family-awareness campaign.
- Providing school buildings which are within close proximity of children's houses, with modern technical equipment and appropriate facilities.
- Increasing expenditure on education.
- Improvement of teaching methodologies and curricula.
- Involving those engaged in social and economic activities in the process of assessing and developing educational curricula.
- Finding suitable means to apply compulsory education and to stop any form of school drop-outs.
- Preparing a comprehensive national plan to eliminate illiteracy within a specified period; and providing all the requirements of success for such a plan.
- Concentrating attention on the more backward areas in the field of education, granting them more financial and other kinds of support, particularly through donations of international bodies.

Clearly, there should be integrated efforts by the governmental sector, civil society, the private sector and donors, in order to attain the desired goal of comprehensive

basic education. As we have seen, there are many assisting factors that can be tapped to reach this goal.

**THE THIRD GOAL
PROMOTE GENDER EQUALITY AND
THE EMPOWER WOMEN**

Goal No. 4: The elimination of gender inequality in basic and secondary education. It is preferable to achieve this by 2005, and at all levels of education by 2015:

The concept of Empowerment:

The concept of empowerment is based on the ability of the individual to become an active participant in various fields of social and economic life. This means the ability to make a change in the other, who may be an individual, a group, or an entire community. This concept presumes the promotion of the participant and the development of his/her capacities, potential, effectiveness and existence. It is thus closely linked to the presence of the self and the consolidation of its abilities of participation and free choice. This is briefly known as the concept of the consolidation of capacities. Its measure at the conceptual level is associated with three main aspects, namely, the political participation of women, economic participation, and control of economic resources. Let us now review the progress attained in each aspect.

Review of the Progress Achieved:

The government of the Syrian Arab Republic is committed to the Beijing Plan of Work, which calls for the promotion of the status of women, the elimination of all obstacles hindering their participation in all aspects of public and private life, the adoption of the concepts of gender justice, and empowering women to achieve sustainable development. In pursuit of national work in support of women, the government has taken measures to implement the results and recommendations of the Beijing Conference. This is apparent from the development of the values of the social indications.

Indicator No. 9: Male/Female Proportions at Various Levels of Education:

The data indicates that the proportion of females to males at the basic, general secondary and vocational stages of education at the national level has witnessed a tangible development between the years 1990 and 2004. However, the interim goal of 2004 has not been achieved in any stage of education, except the general secondary stage (15-17 age group), where the goal was exceeded by 8%. This was due to the movement of males into the work market, and to the educational policies of the previous years that tended to increase the proportion of students directed towards general education, and to decrease the direction to vocational education. It was also due to the fact that some girls declined to enroll in vocational education, and sat instead for the examination of general secondary education, in order to enroll in universities. Thus, university education witnessed some noticeable development at the national level between the years 1990 and 2004, as the proportion of females to males at this stage (18-23 age group) rose from 58% to 88.2%. This exceeded the 2004 interim target of 82%.

When discrepancies among governorates are closely scrutinized, we notice that the highest figures of this proportion at all levels of education came from the governorate of rural Damascus. This may be due to the fact that males go to work, particularly in agriculture, while females working in this field in rural areas of Damascus are less than those in other governorates. As for the interim goal of 2004, we notice that in the basic stage of education (6-11 age group), the female – to – male proportion in all governorates was below the expected goal, with the exception of the governorate of Deir ez-Zour, where the proportion was 87%, i.e. 3% above the goal. Contrary to this, the stage of basic education, the 12-14 age group, witnessed a larger number of governorates exceeding the interim goal. The highest rate of this increase was in the governorate of rural Damascus 7%. This was also the case in the general secondary education. As for vocational education, the rates were clearly short of the target, particularly in the governorates of

Damascus, Deir ez-Zour and Lattakia. In the university stage (18-23 age group), the female proportion in the governorate of Lattakia, especially in rural areas, was one of the highest 154.7% in 2004, exceeding the proportion in the general level by 80.6%.

In general, it is clear that the proportion of females to males in the northeastern region is one of the lowest, considerably less than that of the general rate and the 2004 interim goal. This is due to the prevailing habits and customs, which consider a girl's literacy adequate, and to the spread of the tradition of early work in agriculture, especially during the agrarian seasons, which coincide with the academic year, particularly in rural areas.

Indicator No. 10: The Proportion of Literate Females (15-24 age group)

What has been stated about the previous indicator also applies to this one. Despite the development of this proportion at the general level, it remains less than the expected goal. One of the lowest rates, particularly in the rural areas, was in the north eastern region. In the Deir ez-Zour countryside, this proportion fell to 68.9% in 2004, lower than the general rate by 23%. A clear discrepancy exists between the urban and rural areas.

Table No. 8 Percentage of Females in Pre-University Stages of Education (1990-2004) by Governorates (%)

Governorate	6-11 age group Basic	12-14 age group Basic	15-17 age group Secondary	15-17 age group Secondary
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							general			vocational		
	1990	2004 Target	2004 Real	1990	2004 Target	2004 Real	1990	2004 Target	2004 Real	1990	2004 Target	2004 Real
Damascus	95	98	95	95	98	96	105	102	118	80	91	64
Damascus Countryside	93	97	96	82	92	99	103	101	151	76	89	122
Aleppo	81	92	89	61	83	87	87	94	82	52	79	73
Homs	93	97	94	84	93	94	93	97	125	59	82	85
Hama	92	97	93	72	88	90	84	93	106	46	76	82
Lattahia	96	98	94	97	99	98	104	102	125	72	88	59
Deir ez-Zour	66	85	87	40	74	69	64	84	78	61	83	49
Edleb	92	97	96	27	68	74	44	75	60	47	77	57
Hasaka	81	92	88	56	81	77	63	84	85	64	84	96
Raqqa	74	89	86	34	71	77	37	72	70	28	68	64
Suwaida	94	97	95	90	96	95	90	96	131	73	88	100
Der'aa	96	98	95	74	89	92	68	86	107	64	84	88
Tartous	95	98	94	100	100	95	103	101	122	70	87	78
Qunaitera	95	98	92	83	93	93	81	92	132	91	96	123
Total	88	95	92	82	92	88	91	96	104	70	87	85

Source: Ministry of Education Data 2004 and Education and Examination Statistics of the Academic Year 1990-1991.

Table No. 9: Percentage of females in the university stage (18-23 age group), and literate females (15-24 age group) in 2004 (%)

	1990	2004 Target	2004 Real	2015
Percentage of females, university stage (18-23 age group)	58	82	88	100
Percentage of literate females (15-24 age group)	86	94	92	100

Source: Data of the General Census of Population and Houses, 2004

Table No. 10: Percentage of females in the university stage of education (18-23 age group) and literate females (15-24 age group), by governorates, 2004 (%)

Governorate	Females in the university stage			Percentage of literate females		
	Urban	Rural	Total	Urban	Rural	Total
Damascus	99.2	–	99.2	94.2	–	94.2

Aleppo	75.5	19.9	62.7	93.0	84.4	89.9
Damascus countryside	110.7	102.2	108.0	98.6	93.5	96.7
Homs	110.9	80.4	100.3	95.5	93.9	94.7
Hama	86.0	73.4	79.4	93.5	93.4	93.5
Lattakia	133.1	154.7	141.5	99.5	97.9	98.7
Edleb	73.6	40.7	52.3	94.3	89.8	91.1
Hasaka	78.3	36.2	56.5	92.5	77.8	83.3
Deir ez-Zour	70.9	8.2	47.1	92.4	68.9	79.6
Tartous	119.8	116.5	117.7	101.8	97.1	89.3
Raqqa	46.9	17.8	35.9	94.1	76.9	84.0
Der'aa	77.1	55.3	65.8	94.4	93.0	93.7
Suwaida	141.1	106.1	118.1	107.3	97.6	100.4
Qunaitera	–	50.0	50.0	–	94.0	94.0
Total	96.0	74.1	88.2	95.0	88.3	91.9

Source: Data of the General Census of Population and Houses, 2004

Indicator No. 11: Women's participation in work in non-agrarian Sectors

From the available data, we notice that the participation of women in the work of non-agrarian sectors is still weak, in comparison to the progress achieved in the field of education. In 1993, the proportion of female participation in sectors of material production at the general level amounted to 13.1%. This proportion then declined to only 3% in 2004. The sector of production services witnessed a modest development in female participation between 1993 and 2004, rising from 4.4% to 10%. On the other hand, there was a significant rise in women's participation in the sector of collective and social services from 22.5% in 1993 to 47.2% in 2004, an increase of 22.4%. This represents the feminization of the services sector and the exclusion of women from the centers of production and economic decision-making. There was a noticeable difference between urban and rural proportions in 2004. In urban areas, this proportion rose to 52.3%, while it declined to 37.2% in rural areas. This may be due to the rise in the proportion of women working in agriculture in the countryside. The data indicate clear discrepancies among governorates in female participation in

non-agrarian activities. The lowest value of this percentage in 2004 was in the governorate of Edleb 33.8%.

Table No. 11: The proportion of working women (aged 15+), urban and rural, 1993-2004 (%):

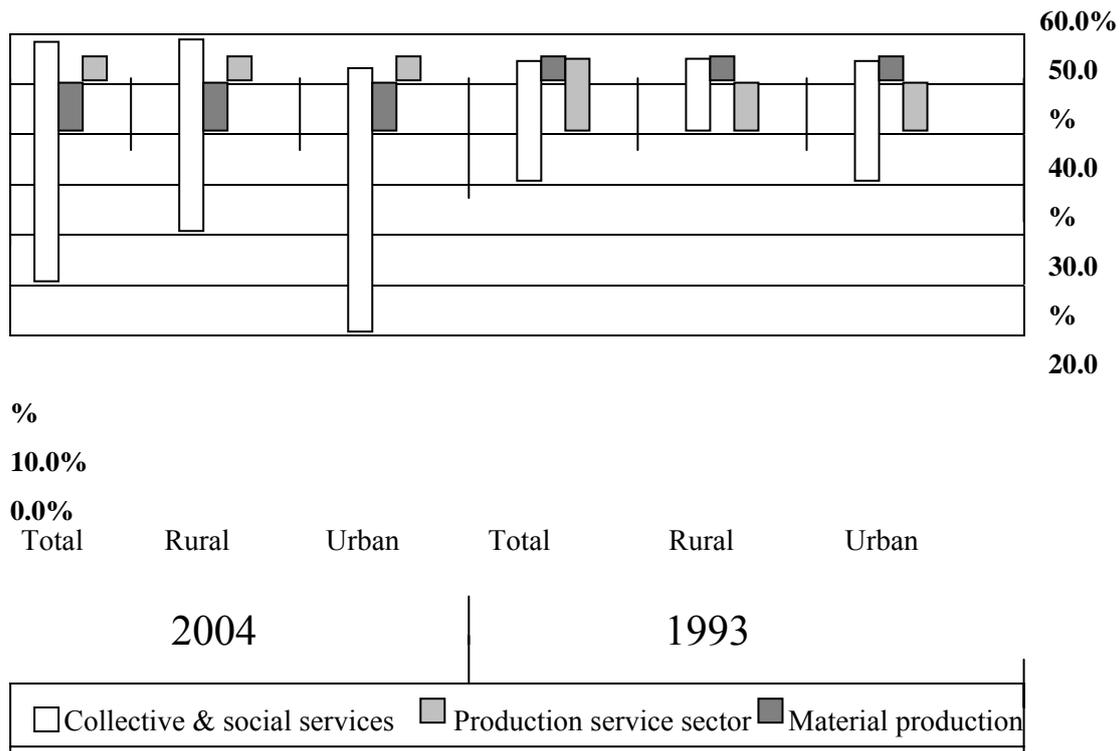
	1993			2004		
	Urban	Rural	Total	Urban	Rural	Total
Material production sector	13.1	13.2	13.1	4.9	6.0	5.3
Production service sector	4.9	3.4	4.4	10.5	8.9	10.0
Collective and social services	25.6	15.5	22.5	52.3	27.2	47.2

Source: Integrated Demographic Survey, 1993 & Data of Public Census of People & Houses, 2004

It should be noted that there are many types of other duties undertaken by women to help their families, without available. These include paid work in houses, in the irregular sector, rural work, and other types of work which does not appear in national calculations or statistical surveys. Therefore, some decline is evident in women's participation in various economic activities, which is contrary to the real situation. There is also a professional prejudice in the vocational distribution of females. In some professions like nursing, teaching and social services, the proportion of females is noticeably high. However, this proportion declines in production, industry and construction work. Rates to decline as we move to higher professions, such as engineering and medicine, with the exception of gynecology. As for the governmental sector, the largest proportion of women is concentrated in clerical and secretariat professions. This is not a good indicator, since it shows that most female work is confined to low grades on the professional ladder, and in a limited number of traditional jobs. Therefore, women's employment is characterized by a lack of access to management and decision-making positions.

Diagram No. 3

Proportion of working women (15 +) in sectors, urban / rural, 1993-2004



Indicator No. 12: Women’s seats in the People’s Assembly and the Executive Authority

The available data show the development of the proportion of female membership in the People’s Assembly during successive legislative sessions. This proportion reached 9.6% in the fifth legislative session (1990-1994). It rose to 12% in the eighth legislative session. Women occupied 30 out of 250 seats of all governorates. This continues to be a high rate among Arab countries, coming directly after Iraq and Tunisia. On the governorate level, however, the rate remained constant, particularly in the northern and eastern governorates, which were represented by one woman for each governorate during elections of the last four legislative sessions, covering the period from 1990 to 2006. As for Qunaitera, it remained without female representation in the People’s Assembly.

However, the legislative level had no similar development in terms of representation in executive institutions. The number of women ministers in all successive governments from 1990 to

2004 remained conspicuously low. There were only two out of 30 ministers, and their posts in all successive Syrian governments remained confined to ministries of traditional tasks (the Ministry of Labour and Social Affairs and the Ministry of Culture). Men occupied the main posts in ministries related to strategic and vital decisions (the Ministry of Defense, Foreign Affairs and the Interior).

On the other hand, the number of female members of local councils increased, although their proportion there is still low. In 1975, there were 27 women in these councils. They increased to 189 women in 1999, and 797 in 2003, doubling seven times. For the first time, a female was appointed chairperson of the Homs Council in 2005. In general, however, women's share in leading governmental posts remains small, accounting for only 7% of the ministries, 7% of ambassadors, and 20% in trade unions.

Hindering Factors

- 1- The lack of a media role to raise public awareness of women's issues, especially the necessity of creating positive changes in behaviour, and inclinations regarding social gender, empowerment of women and procreative health.
- 2- Obstacles related to the lack of implementation of laws and legislations.
- 3- The existence of obvious discrepancies between urban and rural areas.
- 4- The existence of some detrimental traditional habits in some social circles, particularly the poor, rural communities, concerning the education of girls. Priority in education is given to males, while females shoulder the burdens of housekeeping at an early age. They are also married off early, to give birth to numerous children. They are also deprived of education and learning a vocation.

Assisting Factors

- 1- The Syrian constitution consecrates the principle of gender equality.
- 2- There are strong international and governmental efforts to activate the role of women.
- 3- A set of laws and legislative decrees have been issued to improve the status of women, children, and the family.
- 4- The creation of the Syrian Committee of Family Affairs.
- 5- Some 25% of the investment approbations of the ministries and other public bodies have been allocated to support women's activities and increase their contribution to development.
- 6- A number of organizations are concerned with women's affairs.
- 7- Units and directorates of women's empowerment have been created in some ministries, such as the Ministry of Agriculture, the Ministry of Labour and Social Affairs, the Central Bureau of Statistics and the State Planning Commission. They work to develop concepts and to integrate these concepts of social gender into development plans.
- 8- The Law of Local Administration (1972) enabled many women to join local councils and executive offices in the governorates, towns and villages.

Strategic Interventions

- 1- All efforts are integrated to encourage women to seek employment, and to facilitate their access to credit and facilities.
- 2- Women's empowerment continues, in order to consolidate their role in social and political life, to take their necessary share in the legislative, executive and judiciary

authorities, and the elimination of all obstacles hindering this.

- 3- Edeavouring to provide social services in support of women's work.
- 4- Providing women with the necessary cultural, administrative, technical and political qualifications that would enable them to play their appropriate role in society, and sending them to obtain training. They should be aggressively introduced to leading positions in work and society.
- 5- Continuing to develop statistical systems to include all fields of irregular work, such as unpaid agrarian labour, and household service. Such data should be included in national calculations. More field studies and surveys should be undertaken in order to assess the real volume of women's contribution to economic activities and national production.
- 6- Laws and legislations should be developed in line with the agreement of the elimination of bias against women. A civil family law should be enacted to consecrate real equality between men and women, protect women from violence, and put an end to customs and traditions that hinder women's contribution to the establishment of a modern, liberated and democratic community.
- 7- The efforts of governmental, non-governmental and civil society organizations should be co-ordinated to encourage women to participate in political, economic and social life, and to attain their ambitions.
- 8- Attention should be paid to women with special needs, through programs designed to qualify them for self-reliance; and they should be provided with the necessary social support.
- 9- A specialized center of scientific research should be established to study the status of women and the obstacles hindering their development and education.

- 10-Academic curricula should be developed to promote real gender equality, replacing the prevailing stereotypes with the concepts of social gender.
- 11-Measures and awareness campaigns should be consolidated to advocate education for all, to reduce cases of drop-outs in the stage of basic education, particularly among females, to completely eliminate illiteracy. Additional resources should be allocated for education, training, habilitation, and courses for women, especially in remote areas most in need.
- 12-A national survey should be undertaken to scrutinize domestic violence, in order to obtain accurate statistics about the extent of the spread of violence against women. This would help to set up the framework of a comprehensive policy to deal with this common problem. A hotline should be set up to report cases of violence; and women should be urged to know their rights as women, wives and mothers.

**THE FOURTH GOAL
REDUCE CHILD MORTALITY**

Goal No. 5: Reduction of under-five infant mortality rate by two thirds, from 1990 to 2015

Review of progress attained

The government of the Syrian Arab Republic pays special attention to childhood issues, and provides the best means of child care. This has been reflected in national plans and higher political orientations to advance the status of children and to continue to assess the social, health, educational, legal, cultural and informational aspects thereof. Efforts in this field by all departments and bodies concerned have led to improved child-health indicators. This in turn, has led to a tangible reduction in the mortality rate of infants under five years of age during the past few years, at the general level, as well as in each governorate.

Table No. 12: Development of under 5 infant mortality rate (1993-2004) by governorates

Year Governorate	1993 Standard year	2004		2015 Target year	Percentage of progress attained (1993-2004) of the millennium target
		Target	Real		
Damascus	41.15	27.40	18.44	13.72	83
Damascus countryside	41.47	27.60	19.19	13.82	81
Aleppo	41.94	28.00	19.41	13.98	81
Edleb	42.00	28.00	18.43	14.00	81
Lattakia	41.26	27.60	19.10	13.75	81
Tartous	83.47	25.60	17.80	12.82	81
Homs	42.25	28.20	19.56	14.08	81
Hama	41.67	28.80	19.29	13.89	81
Hasaka	42.30	28.20	19.58	14.10	81
Deir ez-Zour	42.12	28.10	19.49	14.04	81
Raqqa	42.99	28.70	19.90	14.33	81
Der'aa	42.22	28.20	19.54	14.07	81
Suwaita	42.99	28.70	19.90	14.33	81
Qunaitera	42.12	28.10	10.49	14.04	81
Total	41.70	27.80	19.30	13.90	81

Indicator 13 The under-5 infant mortality rate

This rate at the national level was 41.70 per thousand in 1993, and 19.30 per thousand in 2004. The rate projected for the latter year was 27.80 per thousand. This means that Syria has greatly exceeded the interim target. In fact, what has been achieved in the field of reducing infant mortality rates between 1993 and 2004 was equal to 81% of the gross reduction needed to attain the final target projected for the year 2015.

As for infant mortality rates at governorate levels, each one of the 14 Syrian governorates has attained the interim target of 2004. In fact, during the period from 1993 to 2004, each governorate reduced its infant mortality rate by more than the 81% of the total reduction required to attain the final target of 2015. There are clear discrepancies among the governorates concerning this percentage of the achievement. However, there are still some slight differences in the value of this indicator. The value of this rate in 2004 was lowest in the governorate of Tartous (17.8 per thousand), followed by Damascus (18.44 per thousand), and reached its highest point in the governorates of Raqqa and Suwaida (19.9 per thousand).

Indicator No. 14- The Rate of Suckling Mortality:

Concerning the suckling mortality rate, it was 34.6 per thousand in 1993, and 17.1 per thousand in 2004. The projected rate in the latter year was 23.1 per thousand. Therefore, Syria has greatly surpassed this interim target of 2004. In fact, what has been achieved in this field between 1993 and 2004 accounts for 76% of the total reduction required to attain the final target.

Clearly, each governorate has exceeded the interim target of the suckling mortality rate in 2004. In fact, from 1993 to 2004, each governorate reduced this rate by no less than 75% of

the total reduction required to attain the final target by 2015. There are no clear discrepancies among governorates concerning the achievement percentage, but there are still some obvious differences concerning the value of this indicator. The value of this rate in 2004 is lowest in Lattakia (15.52 per thousand), then in the governorates of Tartous (16.95 per thousand) and Damascus (16.98 per thousand). The highest values assumed by this rate are in the governorate of Hassaka (19.56 per thousand), followed by Der'aa and Qunaitera (19.17 per thousand). This necessitates the government pay special attention to the health situation in these governorates.

Table No. 13: Development of the rate of suckling mortality, 1883-2004, by governorates

Year Governorate	1993 standard year	2004		2015 Target year	Percentage of progress attained (1993-2004) of the millennium target
		Target	Real		
Damascus	34.36	22.90	16.98	11.45	76
Damascus countryside	35.53	23.70	17.56	11.84	76
Aleppo	36.05	24.00	17.82	12.02	76
Edleb	38.01	25.30	18.78	12.67	76
Lattakia	31.24	20.80	15.52	10.41	75
Tartous	34.30	22.90	16.95	11.43	76
Homs	37.79	25.20	18.68	12.60	76
Hama	35.98	24.00	17.78	11.99	76
Hasaka	39.57	26.40	19.56	13.19	76
Deir ez-Zour	35.29	23.50	17.44	11.76	76
Raqqqa	37.02	24.70	18.30	12.43	76
Der'aa	38.39	25.60	19.17	12.80	75
Suwaida	37.71	25.10	18.64	12.75	76
Qunaitera	38.79	25.90	19.17	12.93	76
Total	34.6	23.10	17.10	11.53	76

Source: Survey of mother – and – child health 1993 & Data of the Public Census of People and Houses, 2004, the Central Bureau of Statistics

Hindering Factors

- 1- Unequal distribution among governorates of health institutions and providers of health services, i.e. doctors and health technicians.
- 2- Limited financial capacities, as compared with the needs.
- 3- Administrative and technical difficulties that stem from office bureaucracy.
- 4- Poor potentials for intervention to reduce the mortality of the less than one year old age group or infants less than one month old. This required great technological experience. Some mortalities result from birth deformities or hereditary diseases.
- 5- Economic factors, particularly the low level of the per capita share of the gross domestic production. This has a negative impact on both families and individuals, particularly infants.
- 6- Some environmental and behavioral factors have negative implications on the health of individuals in the community in general, and infants in particular.

Assisting Factors

Some health, economic, social, demographic and environmental factors have contributed, and are still contributing to the process of reducing the rate of infant and suckling mortality. The following is a quick presentation of these factors:

1- Health Factors

1. The adoption of primary health care as a key pivot in the strategy of the Ministry of Health. This includes preventive programs that contribute to the reduction of infant diseases, morality, obstetric and hereditary diseases in particular. The national vaccination program, integrated child-health care, premarital medical check-ups, and the

program of parturitional health care are examples of such preventive measures.

2. An increase in the number of health institutions, primary health centers, general and specialized hospitals.
3. Human resource development, expansion of training and qualifying activities, concentration of basic medical education, particularly for those working in the field of primary health care, and the graduation of personnel operating in this field at all levels of public sanitation, studies and management of health systems
4. Development of mechanisms of quality control, and a plan for improving performance in primary health care at all levels.
5. The comprehensive nature of the health system, including treatment services, early detection and treatment of diseases.
6. Movement towards areas with health and demographic indicators of shortcomings or deficiencies, through a number of special programs.
7. Coordination of active efforts among various relevant sectors, and the activation of the role of the local community, through the Healthy Villages Program, aiming at the improvement of the quality of life, and strengthening the principle of self reliance.
8. Supporting programs of family health-awareness in the mass media.
9. Expansion of child health services, mother's health and procreation.

2- Social, Demographic and Environmental Factors:

1. Provision of educational services throughout the country, the establishment of a network of such services in all urban and rural areas, and the improvement of quality, and provisions for scientifically qualified personnel.
2. The decline of the population growth rate.

3. Efforts exerted to provide a sound environment to help eradicate several diseases and their causes, including malaria, leishmaniasis, hepatitis, summer diarrhea... etc.

3- Other Assisting Factors

1. Political and governmental commitment to attain the targets of the millennium development, and to reduce infant mortality and diseases, until the attainment of international rates in developed countries, as well as the provision of all means to achieve these objectives.
2. Active and continuous coordination with all bodies concerned with childhood affairs, particularly school health, which cares for pupils' health and nutrition. There are also programs that combat accidents, child infections and take care of retarded and otherwise disabled children, stressing the social aspects in all child care programs.
3. The provision of technical and financial assistance from UN agencies.

Strategic Interventions

Despite progress in the reduction of the mortality rate of children below five years of age and suckling mortality, which gave Syria an advanced position in the region, more efforts are still needed to reduce these rates in order to meet the targets set for 2015. This calls for the following important strategic interventions:

- 1- Continuing to develop and implement technical and administrative programs to improve the quality of medical services for newborn and premature babies.
- 2- Increasing funds allocated for the health care sector within government budgets, particularly those allotted for primary health care at the national and domestic levels.
- 3- Improving the quality of services offered by the Ministry of Health, and the performance of personnel operating in

health care institutions in general, and primary health care in particular.

- 4- The achievement of maximum equity in the distribution of health services among areas and governorates, with more attention to areas with special needs, calling for urgent intervention.
- 5- Provision of modern, advanced medical equipment, vaccines, serums and necessary medications.
- 6- Asking international organizations to increase financial aid and technical expertise they provide.
- 7- Active integration and coordination with relevant sectors, and activation of the roles of the domestic, local community and private sector.
- 8- Enhancing child health programs, such as:
 - a) procreative health care (premarital medical examination, pregnant care, care during birth, safe birth, newborn care), and concentration of care on the common causes of infant and suckling mortality
 - b) Maintaining the ratio of vaccinations to remain at the current standard at least, and endeavouring to upgrade it as much as possible, in collaboration with all national activities in this field, in order to include all infants.
 - c) The adoption of the program of integrated medical child care (IMCI), aimed at improving the skills of health personnel, parents and the community to care for infants at home.
 - d) Promoting the family organization program, resorting to creative ideas and initiatives to change behaviour in this direction, with the involvement of men.
 - e) Promoting sound, healthy behaviour by the family and the community, particularly in relation to the health of infants
 - f) The development of a preventive program to curb the spread of diseases related to malnutrition among

children, and to provide early detection of such cases among infants.

FIFTH GOAL
IMPROVE MATERNAL HEALTH

Objective Six: Reducing Mothers' mortality rate by three quarters between 1990-2015

Progress Review:

Care to women through all health stages, obstetrics in particular, were and still are a priority for the Syrian health sector. This concern has increased after holding the Housing and Development Conference in Cairo in 1994, in which Syria took part.

There are currently, many programs in action that foster the health of mothers and that work directly and indirectly reduce mortality rates. This includes the security programs that extends care to pregnant women, obstetrics care, and care post partum care. This is in addition to the family regulation systems, early diagnosis of cancer, adolescent health programs and diagnosis of sexually transmitted diseases.

- **Index 16: Maternity Mortality Rate**

This rate was 17 for every 100,000 deliveries in 1993, but dropped to 58 in 2004, thus overpowering the interim target of 66.9 set for the same year. Hence, Syria has during the period 1993-2004 realized 62 % cut rate out of the gross cut rate scheduled for 2015.

Table 14: Maternity Mortality rate according to governorate (per 100,000 deliveries)

Year Governorate	1993	2004		2015	Progress during 1993-2004 compared to 2015 target (%)
		Target	Actual		
Damascus	63.78	39.90	34.26	15.95	62
Damascus-Rural	135.21	84.60	72.62	33.80	62
Aleppo	114.9	71.80	61.71	28.73	62
Idlib	114.08	71.30	61.27	28.52	62
Latakia	81.39	50.90	43.71	20.35	62
Tartus	67.64	42.30	36.33	16.91	62
Homs	78.59	49.10	42.21	19.65	62
Hama	84.06	52.50	45.15	21.02	62
Hasaka	139.83	87.40	75.10	43.96	68
Deir Al-Zor	121.99	76.20	65.62	30.50	62
Raqqa	150.89	94.30	81.04	37.72	62
Deraa	122.04	76.20	65.55	30.41	61

Sweida	117.7	73.60	63.21	29.43	62
Qneitra	105.48	66.00	56.65	26.37	62
Total	107	66.90	58.00	26.75	61

Ref.: Maternity & Child Survey 1993, population & houses census 2004, Central Statistics Office.

Despite continuing progress at the national level, there are differences as to maternity mortality rates among the governorates. The highest rate has been observed in Raqqa, which is a remote governorate with a poverty rate up to 17.6 %, the highest in Syria. This is followed by Hasaka 75.10 %, the rural Damascus area 72.62 %, Deir Al-Zor 65.62 % and Deraa 65.55 %.

All this highlights that the neediest areas are the eastern ones, where economic and educational standards are low, and local midwife delivery rates are high. In fact, the shortage of health services in general, childbirth in particular, as well as the shortage of childbirth cadres have altogether played a role in the rise of mortality rates in the before mentioned areas.

In line with the real status of these areas, the Ministry of Health, in cooperation with world organizations, devised special programs to improve delivery services in general and secure maternity services in particular. This was through the selection of 25 health areas that are in the dire needs governorates. These programs are efficiently working on improving the delivery indices in these areas after cooperation with all relevant sectors.

- **Index 17-Rate of deliveries through trained cadres**

This index was up to 87.9 % in 2001. The 2004 estimates indicate that the index is up to 89.7 %. But home delivery rates represent a high percentage of total deliveries in Syria. These were up to 44.6 % in 2001 (Family Health Survey). Nurses supervised 73 % of these deliveries, specialized physicians supervised just 8.3 %, and midwives supervised 21.3 %. In rural areas, home deliveries were higher or up to 50.8 %, with midwives supervising 30.9% of the total.

Index	1993	2004		2015 (Target)	Progress during 1993-2004 compared to 2015 target (%)
		Target	Actual		
Deliveries supervised by trained health cadres	76.8	88.4	89.7	100	56
Spread rate of family regulation procedures among wives	39.9	50	49.5	60	48

Ref.: Maternity & Child Survey, Population & Houses Census, 2004-
Central Statistics Office

To address the current status, efforts are being made currently to run hospitals in the governorates and health areas, which would contribute to raising the rate of deliveries in hospitals. Obstetrics and gynecological services are basic services extended by these hospitals, which totaled 77 at present. The number of delivery beds in public hospitals totaled 1066, and expansion in opening natural delivery centers in the governorates numbered 35 centers by the end of 2004. This has contributed to making available natural delivery services, and thus cutting down on the maternity death rate at the national level.

In addition, the cadres offer delivery services that attracted attention through continued medical teaching courses, and refreshment courses for staff working in natural delivery centers, with the aim of improving the service standards that hinge upon the basic delivery service criteria.

- **Index 18- Spread rate of family planning procedures among wives**

The employment of family planning procedures is still limited in many areas, the agrarian in particular. This usually occurs in the close to term pregnancies and undesirable pregnancies, and consequently in raising health complications during pregnancy as well as higher maternity death rates in these areas. Employment of family planning procedures by wives was up to 46.6 % (Family Health Survey 2001) including 35.1 % for employment of modern family planning techniques. In 2004, this employment rate was 49.5 %.

There is a dire need for satisfying the family planning requirements, which couples cannot live up to in some areas. These conditions are up to 30.6 %. Hence making available family planning requirements, and launching awareness campaigns would decrease the number of unplanned deliveries and would contribute to the improvement of maternity health and reducing maternity mortality rates.

It is worth noting that employment of family planning techniques was relatively high in some governorates; Tartous, Damascus, Latakia and Sweida in particular. However, it was low in other governorates such as Deir Al-Zor, Quneitra and Riqqa. These governorates need further efforts in this regard. It is a fact that high fertility reflects negatively on the health of mothers. But the overall fertility rate has dropped in the Syrian Arab Republic from 5.1 deliveries during 1991-95 to 3.58 in 2004. This is consistent with the rise of the marrying age, the rise of female educational standards, and job seekers, in addition to the spread of family planning services.

Health of the adolescent and youth are priorities for health care programs because they represent a high portion of the demographic structure. The 20-24 age group represent 36% of the total population. In 2001, a family health survey indicated that one quarter of the pregnancies involved those below 19 years of age and 21 % of pregnancies involved mothers in the 20-24 age group. Hence, there is a dire need for providing care for adolescent health in general, and their delivery health in particular.

Impediments:

- 1- Bad distribution of health services rendering cadres in the governorates inefficient, in particular what concerns secure delivery and maternity services, absence of staff incentives in areas that are in desperate need for these services, which in turn reflects upon the standards of available services.
- 2- Socials and cultural elements are still in effect, in addition to the underlying maternity practices in some areas, such as home deliveries and recurring family deliveries.
- 3- Absence of proper monitoring of home deliveries which continue to spread in Syria.
- 4- Imbalance between the number of annual deliveries and maternity facilities.
- 5- Low level of awareness by female maternity age groups of risk factors during pregnancy, delivery, and post partum.
- 6- Lack of good infrastructures at many government health facilities, that maintain the privacy and secrecy factors preferred by beneficiaries of delivery services in general.
- 7- Failure of the statistical system in making available continuous, precise and up-to-date data on mortality rates of mothers and children.
- 8- Weak benefit at times from the health services made available by health centers, run at rural areas in particular.
- 9- Weak role played by some sectors, media in particular, to support health development realized in the world arena.

Assisting factors:

- 1- Political commitment to secure all delivery health services in line with the recommendations of the Housing and Development Conference held in Cairo in 1994.
- 2- Finalizing the Syrian national delivery strategy that focuses on reducing the mortality rate of mothers and children.

- 3- Developments in the health field in general and the maternity and delivery services field in particular.
- 4- Financing the health sector, in particular supplies required for family regulation techniques. The government has drafted a budget for purchase of condoms starting in 2005. This follows supply of family regulation requirements by the international organizations (UN Housing Fund) since the early 1970s.
- 5- Cooperation of government, private sector and civil society in extending delivery health services in general and maternity services in particular.
- 6- Rise of the role of private societies and non-government organizations (NGO's) to upgrade the role of women in various fields including health, education, culture, social and political.
- 7- Carrying out various national surveys to expand the database relevant to various housing conditions.

Strategic Interventions:

- 1- Rise of government health spending rate, with emphasis on primary health care.
- 2- Speeding up the health insurance system to secure offering of good health services, and delivery health services in particular.
- 3- Launching the housing policy in Syria and considering the delivery health services as a basic strategy within the framework of this policy.
- 4- Emphasizing the extending of health services to the neediest areas in particular, by making available the cadres capable of extending these services.
- 5- Assisting the private sector in improving its secure delivery and maternity services and supervising service providers through coordination between this sector and the local societies.
- 6- Encouraging mothers to go to the hospitals for deliveries and for natural childbirth, besides discouraging extreme resorts to surgical interventions, caesarian deliveries in particular.

- 7- Promotion of awareness of decision makers and local society on delivery health issues and activating the role of the media and other relevant sectors.
- 8- Allowing special concerns for securing supplies needed for delivery health, including multiple options for family regulation planning.
- 9- Improving the standard of health services extended by government health centers and realizing the set quality standards.
- 10-Devising the mechanism appropriate for securing a periodical and national database relevant to maternity and children's mortality.

**SIXTH GOAL
COMBAT HIV/AIDS, MALARIA AND
OTHER DISEASES**

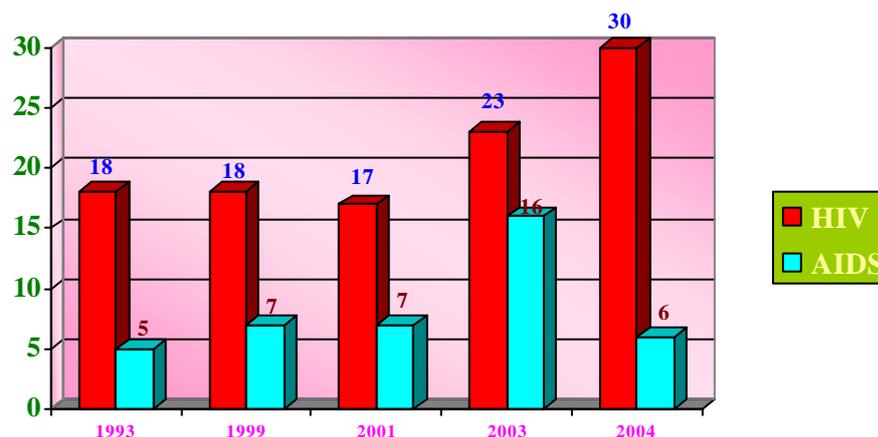
Objective 7 – Cut and restriction of AIDS spread and exterminating it by 2015

Review of realizable progress

Cutting the spread of AIDS is still an international, regional and local objective due to the inherent dangers of this disease on human, social and economic development. In Syria, AIDS represents a serious challenge for society and the government. The comprehensive protective measures are the cornerstone for dealing with this disease.

- **Index 19 – Spread of the AIDS virus**

Syria has the lowest AIDS infection rate in the world, whether traced or relevant to the rate of spread of the disease among the population, or high risk groups, despite multiple experiments carried out to check those AIDS patients. The AIDS tests totaled 330,456 in 2004. After surveying ages of Syrians infected with the AIDS virus, it was evident that most of the infections were common among the younger generation groups, 85% of those infected were 39 years old or below and 50 % were below 24 years. Infected males outnumbered infected females three to one. Unsafe sexual relation was one of the major pathways for spreading the AIDS virus and represented 77 % of the cases. This is followed by contaminated blood transfusion that represents 12.4 % of the cases, drug injections represented 6.5 %, and transmission of the virus by pregnant mothers to newborns represented 4%.



Number of Syrian and Non-Syrian AIDS cases discovered in Syria by the end of 2004

Table 16: Accumulated Syrian AIDS cases according to age brackets until the end of 2004

Age group	Males	Females	Registered cases
Below 15 children	14	6	20
15-24	26	13	39
24-49	110	28	138
Over 50	8	2	10
Total	158	49	207

Ref: Ministry of Health statements, 2004

The family health survey statistics for 2002, 69 % of infected females, who are in childbearing years (15-49) have information about AIDS, 95.7 % know that the disease is spread through sexual intercourse with an AIDS infected male, and 4.1 % through contaminated blood transfusion, 92.5 % of them think that protection from AIDS is accomplished through safe sexual relations, 52.3 % are concerned about proper blood transfusions and 15.9 % count on the use of male condoms.

Statements show that knowledge about the disease and preventive measures rise with the advancement of age and education standards. Also, knowledge standards in urban areas are higher than those in rural areas.

Obstructing factors:

- 1- Limited potentials
- 2- Social impediments and critical protective interventions, in particular patients fear negative social considerations.
- 3- Adoption of behavioral factors.
- 4- Limited role of the media
- 5- Limited national expertise in the field of AIDS treatment and support for those infected with the disease.
- 6- Absence of sexual education in scholastic curricula, and health awareness programs.

Assisting factors:

- 1- Availability of indigenous expertise to combat the disease.

- 2- Devising protective measures based on analytical studies and epidemiological research.
- 3- Cooperation among various national sectors.
- 4- Main government commitment for support
- 5- Cooperation with international organizations in the field of support for national plans to combat AIDS.
- 6- Launch health awareness and cultural campaigns within multiple social ranks.
- 7- “Damascus Declaration” on Moslem and Christian clerics regarding AIDS.
- 8- Training physicians and paramedics on arrangements regarding AIDS and its prevention.
- 9- Extending voluntary and free services in addition to running guidance and awareness centers in all governorates, besides participation of all organizations and government institutions in that process.
- 10- Medical care for AIDS patients, including free antiviral medications.
- 11- Social and psychological care for AIDS patients and their families.
- 12- Applying protective blood transfusion measures.
- 13- Efforts by the National Committee to combat AIDS to implement a national strategy for combating AIDS.

Future Prospects:

- 1- Rise of AIDS victims in particular within the framework of exposed groups, due to the rise of risk factors and the need for support and preventative measures for high risk groups.
- 2- Rise in the rate of female victims compared to males and children.

Strategic Interventions:

The national plan to combat AIDS includes the following objectives:

- 1- Upgrading the national response standard.
- 2- Fostering a comprehensive prevention strategy.
- 3- Continuing free care and treatment for patients.
- 4- Establishing a monitoring and assessment system.

To pursue the efficient implementation of the national plan to combat AIDS, an interim plan was devised to set the stage for the ten year plan 2006-2010, that emphasizes the following:

- Preparation of the information and data on the epidemic's status as well as regional and local developments.
- Fostering participation of civil society sectors.
- Concerting national and international efforts to strengthen the national response.
- Approval of the following protective strategic pivots:
 - Awareness, education, guidance and securing special service centers especially for exposed groups.
 - Combat the transmission of AIDS from pregnant mothers to the fetus.
 - Secure blood transfusion.
 - Combat the contamination of health institutions
 - Promotion of a tracing and monitoring system.

The following are vital steps in combating the spread of AIDS:

- 1- Strengthening awareness programs directed at exposed groups, high risk groups, and young age groups in and out of schools, as

well as at regular and irregular housing locations, whether males or females and securing service centers that offer free voluntary analysis and counseling.

- 2- Offering the guidance and voluntary analysis services for women of childbearing age and answering special concern about AIDS in pregnant women, and offering them antiviral medications to protect the fetus from infection.
- 3- Strengthening the media's social health promotion, and upgrading its role in combating the disease.
- 4- Fostering the role of educational institutes, private sector, society's religious clerics within a framework of an awareness and promotion campaign.
- 5- Training national cadres to combat AIDS, upgrading their qualification standards and exchange of expertise with advanced states.
- 6- Forging effective partnerships with national parties operating to combat AIDS, and with specialized international organizations.
- 7- Developing systems and mechanisms needed for making available a periodical and precise database on the AIDS disease.

Objective 8 – Reducing Malaria rate, restricting and exterminating the disease and other major diseases

Review of realizable progress:

This paragraph shall deal with three epidemics namely Malaria, Leishmania, and Tuberculosis, due to the low incidence of other diseases in Syria if not totally absent.

1. Malaria

In the early 1980s, *Malarial* casualties were gradually disappearing after they numbered in the hundreds. The areas hit with these diseases were decreasing in number, and the casualties were finally restricted to small areas such as Malkiya and Ras Al Ein in the Hasaka governorate. The number of casualties registered in recent years was very limited and numbered in the single digits. This indicates that Malaria was not a serious health problem in Syria. It is clear at present that the problem is under full

control, after the decrease of local casualties from 61 in 2001 to one in Malkiya in 2004. The Malaria infections coming from other states endanger the passengers, in particular in light of the wide scale trade and cultural exchange with African states, beside the presence of chronic cases that are non-curable and that resulted in the death of Syrian citizens traveling to these states. The rate of casualties has dropped in 2004 to only 12.

There is a need to reach, in the near future, a method for exterminating local Malaria casualties and keep the country clear of this disease, reduce the cross-border casualties by way of promoting for the individual protective measures, employment of the most up-to-date protective medicines, treating the casualties on the spot through controlling the number of passengers coming from areas harbouring the disease.

2. Leishmania

Leishmania, a skin disease, is the oldest disease known to Syria. It is called the “Aleppo Pimple”. It was discovered decades ago in the Aleppo governorate and the Euphrates basin. After stopping the spraying campaigns to combat Malaria, it was noticed that this disease was spreading in Aleppo, Idlib, Hama, Tartous and Latakia in the mid eighties. Later, this disease spread to a lesser degree into other governorates. The casualties reached a peak in 2003, and totaled 28,880. Then the casualties started decreasing gradually and totaled 26,878 in 2004. They also dropped in some governorates as follows: 54% in Hama, 22% in Tartous, 20% in Idlib, and 3% in Latakia. But casualties were on the rise in other governorates namely Hasaka (Shaddadi), Deir Al-Zor and Damascus-Rural areas (Al-Dmeir) due to the rise of new hotbeds. The derma Leishmania is and will continue to be an important problem that requires incessant, continued efforts, and great cooperation to cut down the casualties and exterminate hotbeds to stop the spread of the disease and restrict it to the least possible number of infections.

Impeding factors:

- Bad environmental conditions, in particular the spread of open sewage drainage systems, non-technical garbage removal, the accumulation of organic fertilizers and animal wastes close to homes, and greenhouses, and unlicensed animal farms.
- Failure of public parties in carrying out the combative process, in particular municipalities, as well as agricultural guidance units.

Assisting factors:

- Need for cooperation by state ministries
- Assistance from international organizations, such as the World Health Organization (WHO), UNICEF, and Red Crescent as to training and rehabilitation.
- Cooperation between the government on one hand and the popular organizations and labor unions on the other hand.
- Availability of trained and qualified cadres
- Considerable government support and commitment represented in making available free medications, pesticides and diagnosis requirements.

3. Tuberculosis (TB)

Syria is a moderately TB infected state. In 2004, the patients suffering from various types of TB totaled 42 tubercular cases for every 100,000 of the population, including 18 positive and contagious cases for every 100,000 of the population.

Impeding factors:

- 1- Inadequate concerns for TB within primary health care programs.
- 2- Shortage of available resources
- 3- Lack of technical staff working in the field of combating TB, same as other contagious diseases.
- 4- Lack of incentives for patients to encourage them to pursue the treatment process, in particular in the absence of the TB Combat Society services.

- 5- Failure of the private sector in registering TB cases, and failure to follow up TB cases until they are fully cured.

Assisting factors:

- 1- Government commitment to apply the TB treatment strategy under direct supervision.
- 2- Availability of all standard trained cadres
- 3- Available free treatment and restricting use of TB medications in the Ministry of Health and other parties that treat TB patients.
- 4- Instructions that organize relations with the public sector working to combat TB (Ministry of Higher Education, Interior Security Forces-Medical Services, Military Medical Services and UNRWA).
- 5- Support for contagious TB patients to encourage them to continue their commitment to medical treatment.
- 6- Participation of local partners (labor unions, popular organizations, pharmaceutical companies) in promoting health awareness through TV ads, and printing posters, booklets, publications, films etc..
- 7- Cooperation with the WHO in all fields of action
- 8- Availability of a reference laboratory to combat TB.

Strategic Intervention:

- 1- Further government, local subsidies as well as contributions of world organizations in support the health sector.
- 2- Support for patients in the northern and eastern areas.
- 3- Forging sector-wise alliances for human health purposes (Local Administration and the Environment Ministry, Agriculture, Housing and Facilities, etc...)

- 4- Centering on the use of pesticide saturated mosquito nets, in the stricken areas in particular, by importing these nets and distributing them, to discontinue the spread of the disease.
- 5- More concern to early diagnosis of casualties and treating them until fully cured.
- 6- Support and securing trained and qualified health cadre
- 7- Expanding the initiative of cooperation among the public, private and other sectors, in addition to securing the adequate funding for that process.

**SEVENTH GOAL
ENSURE ENVIRONMENTAL
SUSTAINABILITY**

Objective 9- Including principles of Sustainable Development in state policies and programs and stop of loss of environment resources

- **Index 25- Forest areas**

Forest areas totaled 2.22 % in 1995 compared to 2.53 % in 2004. This rate has marginally increased due to a decrease of these of areas between the years 2000-2002, construction pressures, climatic changes, a drop in rainfall rates, a rise of temperatures during the drought season in the region during the last seven years, and spread of fires. To protect the region from desertification and drought, the Syrian Arab Republic has drafted a greening plan to raise the afforesting rate in woodland areas, essentially to upgrade green patches and to increase forest areas to 3.86 % in the year 2015.

Table 17- Forest areas, protected areas 1995-2004 (%)

INDEX	YEAR	2004		2015	Progress during 1995-2004 compared to 2015 target (%)
	1995	Target	Actual		
Forest areas	2.22	2.96	2.53	3.86	20
Rate of protected areas to protect biodiversity-to total area	0.14	-	1.02	-	-

Ref.: Ministry of Agriculture-Public Environment Authority 2004

- **Index 26- Rate of protected areas to keep biodiversity- to total area**

Protected areas depend upon allocating specific areas of land or sea to protect and maintain bio-diversity and natural resources. Protected areas turned into locations of great social and economic importance and a source for sustenance of local inhabitants, and a mean for protection for river basins from erosion.

Also this area is suitable as a shelter for an unlimited wealth of species, beside supporting the process of prosperity of tourism and recreational sectors and providing available areas for science and research requirements. Hence the Syrian Arab Republic has added to the fifth ten year plan the need to have a number of protectorates in all governorates according to a study for protection of creatures prone to extinction.

Areas protected to maintain biodiversity totaled 0.14 % of total areas in 1995, and increased to 1.2 % in 2004. By mid of 2005, it was announced that 15 natural protectorates were established in the Syrian forests, as well as littoral and marine areas, in addition to over 35 grazing protectorates in the nomad areas.

The national strategic plan aims at reaching 1.3 % area in 2015. This matches the rate approved by the international bio-diversity convention and signed by all parties concerned. These protectorates include Lazab, Euphrates Hawaej, Lajat, Jabla gulf, Arwad surroundings, Oteiba Lake, Qarn Lake and Rakhla.

Impeding factors:

1. Shortage of national cadres qualified in the management of natural protectorates.
2. Low standard of actual participation of other national parties in the rehabilitation and establishment of protectorates as well as corresponding cadres and direct supervision and control of these positions

Strategic Interventions

Activation of environmental tourism as being an economic source for individual and social benefits, beside investment of protectorates without inflicting damage to the surrounding tourism sites, and to maintain their sustainability.

Objective 10- Cut down rate of those unable to have access to secure potable water to half by 2015

Water pollution is very harmful to human health, and could be translated into hundreds of millions of Syrian Pounds (SP) that are deducted from National Product in the health sector. This is represented in absenteeism or drop of production due to sickness, in addition to the great impact on children and eventually resulting in the death of many.

The Syrian Arab Republic's top concerns are directed towards health issues, including securing clean and pure drinking water sources to citizens, and transfer of the same through healthy networks. This is in addition to monitoring the drinking water and sterilizing it with chlorine to keep pollutants under control, 84.2 % of the population had access to sustainable pure drinking water in 1990, including 79.9% supplies to rural areas and 94.9 % for urban areas. This has increased to 88.3 % in 2004, including 76.3 % to rural areas and 97.1% in urban areas.

Statements indicate vast differences among governorates for the abovementioned rates. Continuous efforts will be made until these differences among governorates are close to the general average.

Table 18- Population having access to sustainable and pure tap water in urban and rural areas for 2000, 2004

Year	Urban	Rural	Total
2000	94.9	71.9	84.2
2004-tareget	95.6	75.7	85.8
2004-actual	97.1	76.3	88.3
2015-target	97.5	86	92
Progress in 2000- 2004 (%)	85	31	53

Ref: Internal Migration Survey 2000, Population and Housing Census
2004

Impeding factors:

- Drought that hit most Syrian areas for years.
- A high population growth rate and presence of small and distant housing conglomerates.
- Natural and technical factors that obstruct the process of securing a pure and healthy water supply network.
- Wasting drinking water due to a drop in water costs.

Strategic Intervention

- Securing adequate funds for establishing the new drinking water projects.
- Continue the process of replacing the old water networks that cause leakage with new and expanded networks.

• Index 30- Rate of population with access to a sanitary network

The rate of the population with access to a good sanitary network during 2000-2004, rose from 44.1% to 45.2 % in rural areas and dropped from 96.5 % to 94.5 % in urban areas. This decrease in the rate is due to the fast population growth and spread of arbitrary

housing units in cities. The state has resorted, within the context of the tenth five year plan, to taking all measures required to reduce this phenomenon and give priority to address and manage this trend.

The new plan will reduce differences among governorates until they are up to the gross average.

Table 19- Rate of population with access to a sanitary network. Rate of population with access to secure housing in 2000, 2004.

Index	2000			2004		
	Urban	Rural	Total	Urban	Rural	Total
Population with access to a sanitary network	96.5	44.1	71.8	94.5	45.3	73.8
Population with access to secure housing	-	-	96.1	-	-	93.2

Ref: Interior Migration Survey 2000. Population and Housing Census 2004
 Population with access to secure housing totaled 96.1 % in 2000 and 93.2 % in 2004. The decrease in this rate is due to the rapid population growth rate and spread of arbitrary housing in cities, despite great developments in the field of housing, based on government and private sector efforts. The government has taken part in construction of many laborer and popular allocated housings in addition to university tutor housings.

The government is still considering some laws and legislation that would push forward the drafting of drawings for works in progress and limit construction violations. Law 26 of 2000 that was amended by law 60 of 1997, was issued on construction expansion to secure housing in all Syrian governorates and areas. This makes more possible the realization of the target in 2015.

Impeding factors:

- High population growth rates that represent a great challenge
- Collective housing violations in large cities in particular, and absence of effective control by competent parties
- Confined organization drawings and the inability to absorb future residents.

Air Pollution:

High energy consumption rates whether by service, industry and other economic sectors, in addition to urban development and transport means collectively contributed to the high rise of emitted pollutants that cause deterioration of the surrounding atmosphere (Ozone). The CO₂ emission rate was up to 3.5 % in 2001. Hence the objective is to realize the following:

- Cut pollution by drafting policies that are compatible with sustainable development plans
- Reduce the health/ economic costs of air pollution and establishing possible alternatives for decreasing emission rates.

Strategic Interventions:

1- Devising sustainable systems for improving air quality in major cities, taking into consideration the types of pollutants and their concentration in the surrounding atmosphere besides the impact of the same on the public.

2- Running monitoring networks to detect pollution sources.

3- Activating the management system of industrial installations and cities, power generation stations and developing them to comply with international standards, in addition to applying cleaner production principles and procedures.

To realize this, the following should be observed:

- Upgrade efficiency of required protective mechanisms to protect environment and natural resources.
- Review and update environment criteria and specifications
- Upgrade management qualifications for protectorates and seek the means that secure economic benefits to secure sustainability.
- Strengthen the environmental database

- Foster private sector roles for protection of the environment and maintain natural resources and biodiversity.
- Develop institutional potentials for environment action
- Approve a system for sustainable environmental management in order to improve the environment, and reduce pollution.
- Encourage environmental research and include environmental themes into education and media activities

**EIGHTH GOAL
DEVELOP A GLOBAL PARTNERSHIP FOR
DEVELOPMENT**

Objective 16- Developing and enforcing acceptable strategies and productive activities for the younger generation through cooperation with developing states

Creation of labour opportunities is a top concern for Syria within the current vast developments in information techniques, communication, innovation and rapid changes that led to great changes in the production process. This problem is pressuring the workforce market, in addition to the pressure felt from the rising number of individuals joining the workplace for the first time, thus aggravating further the unemployment problem, in particular at level of the young (15-24 age group).

Review of Realizable Progress:

Statements indicate a rise of unemployment among those age bracket 15-24 in general, compared to other age groups in the workforce. This rate has risen from 11.5 % males, 21% females and 13.9% of gross total in 1995 to 22%, 36.7% and 24.9% respectively in 2004.

This remarkable rise in the unemployment youth rate is due to a group of factors including intermittent technological developments, in particular, information and communication technologies. This is in addition to the rise of annual population growth rates in the seventies and eighties which led to the rise of individuals seeking employment recently, as well as to a rise of living requirements that forced part of the employed to seek second jobs, and with others still working past their retirement age, and female contributions to economic activities.

Table 20-Unemployment rate 15-24 for governorates, according to gender in 1995, 2004 (%)

Year Governorate	1995			2004		
	Male	Female	Total	Male	Female	Total
Damascus	4.6	11.7	5.5	7.6	24.4	10.3
Dam.-Rural	6.3	11.4	6.8	16.4	30.6	18.2
Aleppo	6.4	19.9	8.9	17.7	25.7	18.9
Homs	16.3	19.4	16.6	21.7	44.9	26.2
Hama	5.0	12.8	7.7	29.8	41.4	32.6
Latakia	22.8	33.9	27.2	42.9	68.8	50.7
Idlib	20.3	17.8	19.2	22.7	25.2	23.1
Dir Al-Zor	15.8	16.8	16.1	22.4	24.8	23.1
Hasaka	19.1	15.4	17.6	41.1	42.2	41.4

Tartous	33.8	61.9	44.5	36.0	63.7	45.1
Riqqa	10.1	3.3	8.6	16.1	17.2	16.4
Deraa	8.3	38.1	11.3	15.0	28.4	16.7
Sweida	30.3	0	25.3	27.5	64.4	36.1
Qneitra	34	72.7	46.4	21.1	31.9	22.7
Total	11.5	21.0	13.9	22	36.7	24.9

Ref: Workplace survey 1995. Central Statistics Office, Population and Housing statements 2004.

Statements indicate great unemployment rate differences among the youth of various governorates.

This unemployment rate was very high in Latakia and Tartous governorates in 2004 compared to other governorates, and to what they were in 1995. The rate in both of the mentioned governorates in 2004 was up to 50.7% and 45.1%, respectively compared to 27.2% and 44.5% in 1995. However the least rate in 2004 was in the Qneitra governorate 22.7%.

In addition, the unemployment rate among females is remarkable compared to males in most governorates. Only a few governorates such as the northeastern governorates that are mainly concerned with agricultural activities are exceptions, such as Hasaka, Deir Al-Zor and Riqqa. In every one of mentioned governorates, the unemployment rate is close for both males and females, and sometimes the first rate is higher than the second. In fact the unemployment rate changes every month, in particular when works of many are seasonal in nature. But it is clear that the (15-24) age group is more affected by seasonal unemployment.

Impeding factors:

- Rise of annual population growth rate to 2.58% during 1994-2004. This is a major challenge for the labour market and reflected on rise of youth unemployment in particular.
- Decline in the educational standard of the unemployed 57.6 % of the total unemployed in 2003 held only the elementary certificate or even less than that.
- Rise of illiteracy rate among females in particular

Assisting factors:

The most important factors that help in addressing problems of the youth in general and the unemployment problem in particular include the following:

- Rise of women's contributions to economic activities.
- Establishment of the Public Authority of National Program for Combating Unemployment.
- Issue of law 32 of 2002 that made education compulsory until end of basic education stage.
- Governmental commitment to subsidize mini and medium size projects
- Incessant work for developing the education system and linking outputs with labor market requirements

Strategic Interventions:

1. Improving the education structure of the workforce to increase the rate of those holding a secondary degree or higher
2. Permanent development of training and rehabilitation modes with the aim of upgrading the skill standard of the workforce and their potentials to find jobs.
3. Upgrade scientific research and finance scientific centers to create technological upheaval in the country and to create further labour opportunities.
4. Encourage individual initiatives for creativity, in particular those that end up in investment, and creating fresh labour opportunities.
5. Developing legislation relevant to the labour market
6. Develop Social Security and Retirement Fund systems
7. Develop the Social Care program for special needs groups
8. Secure assisting services for female workers

Objective 17- Working with pharmaceutical companies to develop basic medications for developing nations

- **Index 46- Rate of population with permanent access to basic medications (unavailable)**

Realizable Progress

Remarkable progress was realized recently at the level of producing basic drugs in Syria. A number of locally licensed drug plants were increasing in number to reach a total of 24 plants in 1990, to 57 in 2004. This resulted in the increase of the number of pharmaceutical preparations that are locally licensed for production from 502 in 1990 to 4522 in 2004. In fact, all local plants produce pharmaceutical preparations according to international requirements and standards with access to ISO certificates.

The rise of local production standards resulted in the need for satisfying local demand for medications from 7% in 1970 to 87% in 2002, according to the 2003 report of the German Agency for Technical Cooperation (GTZ). The locally produced batches include most of the basic medications. The number of medical materials included in the basic medication list up-to-date totals 1020 materials and linked to 32 medication codes. However, import of codes is limited to cancer related medications, immunity medications, vaccines, hormone and X-ray drugs, blood derivatives, noting that some of these codes are on the way to local production.

The Health Ministry's strategy hinges on permanently securing the production of safe and effective medications to citizens at reasonable prices. The ministry has worked to devise the organizational requirements, including the orders, circulars and guiding lines for permanent development and control of pharmaceutical industries in a manner compatible with international standards.

The ministry's policy resulted in encouraging the drive for manufacture of basic drugs, securing their permanent availability in sufficient quantities from more than one source.

It facilitated manufacture of quality drugs by seven plants and non-quality drugs by 10 plants. The ministry also expressed its intent to manufacture some drugs locally due to need. The low prices of locally produced drugs enabled a wide group of citizens to have access to drugs.

Impeding Elements

- Some laws that extend the period required for imports of raw pharmaceutical materials and industrial installations, and that limit the move for expanding pharmaceutical facilities.
- Absence of conditions for proper storage of medications, which could at times reflect negatively on quality.

- Rise of cost of local production of pharmaceutical preparations due to the continued rise of both energy and raw material costs.
- Low price of national drugs compared to same manufactured overseas, thus weakening the conviction of quality and impeding export to other states such as Lebanon, Jordan and Saudi Arabia.

Strategic Interventions:

- Direct drug plants to manufacture medications that require high technology but not yet locally produced to date, such as cancer and hormone related medications, blood derivatives as well as others. This could be by concession from a foreign company and the help of donors.
- Work with the WHO on devising a list of the Syrian basic medications that should be permanently available
- Underline the need for continued quality standards and development according to international standards.
- Encourage vegetarian medications in particular those derived from natural resources available locally.
- Continue subsidizing this industry, which has great impacts on the national economy and public health.

Objective 18-Making modern technologys available, in particular what concerns the information and communication fields in cooperation with special sector

Impact of communication and information technologies reflect widely on all economic and social activities.

Developing communication and information technologies is closely linked with various developmental aspects of all sectors starting from industrial production to services.

These technologies play a vital role in developing modern societies to lead to information societies. Informatics are correlated with all activities that lead to the spread of knowledge and its end products, including education as well as media including press, radio and TV as a prelude for cultural and intellectual production.

Realizable progress:

Telephone service

The rise in the number of individuals having access to this service from 4.39% in 1990 to 14.8 % in 2004. There is great difference in this rate among cities. The rate is high in Damascus and Aleppo compared to the less developed cities such as Deir Al-Zor, Hasak and Raqqa. Capacity of the telephone network was up to 3,389 million numbers in 2003. This is 6% higher than the planned capacity totaling 3.1 numbers.

Mobile Telephone

This service was introduced in Syria near the end of 2002. But this was not commonly used due to many reasons including very high service fees. Recently, however, the service has been widely used and subscribers totaled 1.185 million by end of 2003 and nearly 1.8 million by end of 2004.

Internet service

Introduced in a restricted manner four years ago, and became common in 2002-2003, with total subscribers up to 110,000. The Internet service is provided by both the Public Telecommunications Institute and the Syrian Scientific Society for Informatics.

Impeding factors:

- Some external impediments, in particular, the inability of the Syrian Arab Republic to have access to modern technology products.
- Low foreign investments in this sector that is a “basic” consumer of foreign exchange.
- Serious shortages of qualified and national cadres specialized in communication and information technologies.

- Absence of a comprehensive outlook upon technology and communication projects.
- Weak employment of the available computer capacity.
- Employment of information technology is not under control and not used as a tool to assist the decision making process.
- Some laws and systems have become outdated, and incompatible with international developments.

Assisting factors:

1. Need for basic supportive parties including the government, private sector, or NGO's.
2. Automation of a considerable number of public and private institutions.
3. There is a national initiative to increase potential of graduates in the technology and communication areas. A higher committee was formed for this initiative and a specialized institute for communications and informatics was established.
4. Running programs for upgrading communication and information potentials to improve production at the agricultural, industrial and service levels.
5. The Communications and Technology Ministry is working on restructuring itself to secure the upgrading of standard of services it renders.

Strategic Interventions:

- Developing communication and information technologies through having an environment conducive and support for investment therein.
- Making available a modern organizational framework that takes into consideration the Syrian conditions, as well as a legal technical framework.
- Fostering the development of the infrastructure, protection of intellectual property, spread dissemination and a wide scale sharing of knowledge.

- Devising and harmonizing the criteria, besides making available a secure and healthy working environment.
- Introducing the efforts and programs related to communication and information technologies into the national development strategies at the level of various sectors.
- Activating institutional activities.
- Seeking donor parties to offer technical and financial support for developing these services.

**THE TENTH FIVE-YEAR PLAN
AND THE
MILLENNIUM DEVELOPMENT GOALS**

Springing from the Syrian Arab Republic's belief in the importance of the MDGs and projected direct impact of the realization of these objectives on the welfare of citizens, the Tenth Five-Year Plan for economic and social development was prepared in a way that allows the prioritization of the MDGs.

The Plan hinges on the fact that the realization of some human development targets also obtains the interim targets of the MDGs. The national priorities of the Tenth Five-Year Plan (2006-2010) make this quite evident, as follows:

1- Sustainable economic development that requires the following:

- Increasing total investment
- Improving investment conditions
- Boosting competitive potentials at both local and international levels
- Upgrading the cultural structure through research, development and creative movement at the national economic levels
- Structural transformation that creates higher added values, and fostering the interconnectedness of sectors.
- Structural change in Syrian exports and increasing total non-oil exports.
- Building up a market that hinges on competition as well as cancellation of all modes of monopoly.
- Maintaining environmental resources.

2- Upgrading productivity of the means of production through:

- Increasing capital intensity
- Intensive investment in human capital, by reform of education, training and scientific research systems.
- Developing administrative potentials and systems.
- Transferring and naturalizing technology and investment in research and development.

3- Human development standards and decreasing poverty through:

- The realization of interim MDGs.
- Upgrading the education standard of poverty-threatened groups.
- Building up social security networks.

- Securing access of the poor to funds needed for financing mini- projects.
- Fostering the role of society in the development process.

4- Macroeconomic stability through the following:

- Maintaining low inflation rates.
- Financial and monetary policies compatible with the MDGs.
- Stability of foreign exchange rates.

5- Creation of labor opportunities:

- Establishing labor intensive and capital intensive industries
- Upgrading the training and rehabilitation standards to end up with a trained and creative workforce.
- Encouraging initiatives and creative ideas while avoiding dependence on the State for creating labor opportunities.
- Encouraging the rise of mini and medium size projects besides fostering their competitive potentials.
- Developing labor market mechanisms and legislation.

6- Improving public administration competence:

- Fostering law supremacy and transparency.
- Firmly establishing professional and responsible civil service that aims at serving the citizen.
- Firmly establishing the principle of accountability and questioning before citizens and their representatives at both central and local levels.
- Fostering local and non-centralized administration.
- Creating an atmosphere conducive for turning private sector into a control party.
- Promoting the role of the media.
- Promoting a salary- and incentive scale-based on competence and professionalism

Since planning human resources is an important part of the overall process of sustainable economic and social development, because humans are the beneficiaries of development as well as development's basic resource, the realization of the objectives of the Tenth Five-Year plan would expand the options of humans in a variety of fields, in addition to upgrading family living standards at the economic, health, education and culture levels. This makes the society more capable of assuming an effective role in the development process and the drive for development and modernization in all sectors. The Plan's human development strategy hinges on the following:

- Improving human development indices at all levels; health, education, living standard etc.
- Creating balanced development in all governorates.
- Realizing targets of millennium development in 2015

To realize objectives of this strategy, the Tenth Five-Year plan has devised a host of general objective; most importantly:

- Creating 1.25 million labor opportunities, in addition to an emphasis on growth that generates labor opportunities and cutting down the unemployment rate to 6 percent by the completion of the Plan.
- Cutting down the poverty rate by 25 percent or to 8.7 percent and with more equitable distribution of income, and cutting down the Gini coefficient to 30.4.
- Upgrading living standards to bring per capita income out of GDP to US\$1,500 by the completion of the plan.
- Seeking balanced population growth that matches development requirements or an average of 2.34 percent.
- Making available integrated health care to all citizens, and combating diseases related to age and contemporary ways of life. Maternal mortality rates should be held to 43 for every 1,000 deliveries; infant mortality rate at 15.7 per 1,000; and under-five mortality rate at 17 per 1,000.
- Expanding the scientific research process and developing corresponding centers.
- Activating women's roles at both the family and social levels and fostering their participation in all fields, in a system based on competency.
- Protection of the environment and safeguarding natural resources, combating pollution by supplying clean tap water to 91.8 percent of the population and increasing the proportion of those having access to a sanitary network up to 80.4 percent.
- Quantitative and qualitative promotion of the education process

- Improving the educational structure and the standards for the population and workforce.
- Balancing the development process in governorates and between urban and rural areas
- Upgrading the social contribution to the GDP

It is clear from the above that interim progress towards the MDGs is the focus of the Tenth Five-Year plan. In fact, the Plan was devised to realize these objectives, which seek better living conditions for all social groups.

RECOMMENDATIONS

First: General recommendations:

- 1- Encouraging scientific research and scientific counseling at the economic and social levels to arrive at objectively justified decisions. This particularly concerns encouraging scientific research to select the best development option out of those possible, to explore fresh investment projects, to develop education procedures and methodologies as well as health care procedures, spreading information technology and safeguarding natural resources.
- 2- Applying concern to quality over quantity.
- 3- Increasing financial allocations for spending on development of human resources, particularly education and health services.
- 4- Expanding initiatives for cooperation between the government and private sector representatives, activating the social role regarding the presentation of care and assistance to the poor, handicapped and unemployed in addition to boosting women's role and status.
- 5- Activating the role of media institutions regarding the development of education concepts, in particular teaching girls, stopping child labor and fostering women's roles and status, improving knowledge of proper health practices and knowledge about the AIDS and other contagious diseases as well as the protection of the environment and natural resources.
- 6- Continuing the development of statistical systems; preparing more studies and field surveys on different economic and social issues, in addition to establishing a national data base including economic, educational, health and environmental indices.
- 7- Focusing on the areas and groups that are in dire need for labor opportunities; offering education and health services including delivery of further financial and other support, seeking fewer differences between areas and national groups.
- 8- Upgrading the potential of national institutions in the fields of education, health, environmental protection and modern information technology.

Second: Decreasing poverty:

1. Adopting sustainable economic and social development should take the following into consideration:
 - ❖ Improving per capita income
 - ❖ Creation of further labor opportunities
 - ❖ More equitable distribution of income by emphasizing the needs of the poor
 - ❖ Raise investment rates in the more needy governorates and areas
 - ❖ Improving labor market legislation

- ❖ Establishing health insurance and comprehensive social security networks. Also, securing housing for the poor.
- ❖ Expanding the micro-financing base.

Third: Education:

- 1- Improving educational procedures and methodologies
- 2- Creating the appropriate means to apply compulsory education
- 3- Making more efforts to secure school buildings close to children residences.
- 4- Activating the law banning child labor.
- 5- Stopping all dropping out from basic education, especially among girls
- 6- Devising a national plan to root out illiteracy within a short time and secure all requirements for success.

Fourth: Fostering role of women:

- 1- Enabling women and fostering their roles in the economic, social and political spheres.
- 2- Fostering the role of women at the legislative, executive and judicial levels, and removing all hurdles that obstruct that process.

Fifth: Child health:

- 1- Follow up the development and enforcement of technical and administrative programs, in a bid to boost the quality of services rendered to children and to upgrade their efficiency and competence, including:
 - A. Concern over newborn and premature children
 - B. Special concern to primary health care
 - C. Focusing on preventative programs for restricting the spread of malnutrition diseases among children and early detection of children hit with these diseases.
- 2- More control on health services rendered by the private sector

Sixth-Maternal health:

- 1- Encouraging mothers to deliver babies in hospitals.
- 2- Launch the housing policy and making child delivery health one of its basic strategies.
- 3- Making available the requirements for maternal health including multiple options for family planning.

Seventh: Combating AIDS and other diseases:

- 1- Launching more awareness programs on HIV/AIDS in and outside of schools.
- 2- Establishing more service centers that offer free, voluntary analysis and counseling.
- 3- Allowing more concern to early detection and treatment of epidemical diseases

Eighth: Ensuring environmental sustainability:

- 1- Making more efforts to secure clean drinking water and sanitary installations in the areas that are in need.
- 2- Expanding the establishment of natural preserves, in addition to prudent investment in the same.
- 3- Activating environmental tourism.
- 4- Devising a sustainable system for improving the atmosphere in major cities.
- 5- Establishing monitoring networks and defining sources of pollutants.
- 6- Activating a system for industrial installations and power generators, in addition to upgrading the same to international standards.
- 7- Enforcing the principles and procedures of cleaner production

Ninth: International cooperation

- 1- Devising a national strategy for international cooperation that encourages donor states and organizations to render further technical and financial support and push up contributions in the fields of education, health, birth, environment protection, and the expanse of modern information technology as well as poverty-cutting and women participation programs.
- 2- Emphasizing to donor states and parties the importance of living up to their commitments spelled out during international conferences towards developing states, and offering the aid to which they have committed themselves.

**STATISTICAL ABSTRACTS ON ECONOMIC
AND SOCIAL CONDITIONS**

Table 1- Distribution of workforce according to sector-2003

Sector	Proportion (%)
Government	27.2
Regular private	34.9
Irregular private	37.5
Cooperative, joint	0.4
Total	100.0

Ref: Table ¾ of statistical abstract 2004

Table 2- Distribution of workforce according to economic activity-2003

Economic Activity	Proportion (%)
Agriculture, hunting, forestry	26.2
Industry	13.6
Bldg. and construction	11.2
Commerce, hotels, Restaurants	15.2
Transport, communications	5.9
Finance, insurance, realty	2.0
Services	25.9
Total	100.0

Ref.: Schedule ¾ of statistical abstract-2004.

Table 3- GDP structure at market value, per sector and standard figures for years (at fixed 2000 prices)

Year	1990		1995		2000		2002		2003	
	Structure	Standard figure	Structure	Standard figure	Structure	Standard Fig.	Structure	Standard fig.	Structure	Standard fig.
Agriculture	25	57	23	79	25	100	27	117	26	114
Industry, mining	26	49	28	77	30	100	28	99	27	98
Bldg., construction	3	57	3	89	3	100	3	103	3	111
Wholesale, retail	20	75	21	117	15	100	15	106	15	116

Transport, communication, warehouses	10	45	11	74	13	100	13	112	13	115
Finance, insurance, realty	3	53	4	87	4	100	3	103	3	108
Social, personal services	2	43	2	57	2	100	3	103	3	134
Government services	11	72	8	81	8	100	9	110	10	129
Non-profit organizations	0	37	0	56	0	100	0	127	0	139
Total	100	56	100	84	100	100	100	108	100	111

Ref: Tables 10/16, 11/16 of statistical abstract 2004.

Table 4-Per capita income share of GDP at market value based on 2000 fixed prices in years (SP)

Years	1970	1980	1990	1995	2000	2001	2002	2003
Per capita income out of GDP	28,454	51,776	42,138	52,951	55,389	56,141	57,121	57,228

Ref.: Schedule 21/16 of statistical abstract 2004.

Table 5- proportion of parliamentary seats held by women during various legislative terms (%)

Governorate	5th term	6th term	7th term	8th term
Damascus	17	17	10	14

Dam.-Rural	11	11	11	16
Aleppo-city	10	10	10	5
Aleppo-areas	6	6	9	9
Homs	9	9	17	13
Hama	9	9	9	14
Latakia	12	12	12	12
Deir al-Zor	7	7	7	7
Idlib	11	11	11	11
Hasaka	7	7	7	7
Riqqa	13	13	13	13
Sweida	-	-	-	17
Deraa	10	10	10	10
Tartous	8	8	15	31
Qneitra	-	-	-	-
Total	9.6	9.6	10.4	12

Ref.: Parliament statements 2004.

Table 6-Total vaccines for age group (12-23 months)

Vaccines	Maternity, child health survey-1993	Multiple index survey-1999	Family health survey-2001
TB	95	95.5	98.5
Triple-first dose	99.3	90.7	97.2
Triple-second dose	91.9	90	94.2
Triple-third dose	82.3	84.8	90.1
Child polio-first	99.3	87.3	96.4
Child polio-second	91.9	86.9	95.2
Child polio-third	82.3	80.5	91.3
Measles	83.5	85.3	90.3
Rate of those having vaccinations and all doses	73.3	(no estimate)	82.4

Table 7: Rate of vaccines after 2002 after enforcement of comprehensive vaccination (%)

Year	TB	Quadruple, polio-3rd	Measles	Hepatitis-3
2003	100 %	99%	98%	98%
2004	100%	99%	98%	98%

Ref.: Ministry of Health statements 2003, 2004

Table 8: Rate of use of family planning tools in 2004, by governorate

Governorate	(%)
Damascus	68.0
Dam.-rural	58.5
Homs	52.4
Hama	42.2
Tartous	72.4
Latakia	62.1
Idlib	34.1
Aleppo	47.1
Riqqa	30.0
Deir Ezzor	20.4
Hasakeh	31.8
Sweida	60.0
Dara'a	37.1
Quneitra	29.7
Total	49.5

Ref.: General population and housing census, Central Statistics office

Table 9: AIDS victim (1987-2004), Leishmania victims (2004), according to governorates

Governorate	AIDS victims (1987-2004)							2004 Leishmania
	Males			Females			Total	
	Alive	Dead	Departures	Alive	Dead	Departures		
Damascus	39	46	183	17	6	25	183	1382
Dam-rural	-	-	-	-	-	-	-	964
Qunetira	-	-	-	-	-	-	-	60
Dara'a	4	2	8	1	-	-	8	21
Sweida	4	3	8	-	1	-	8	19
Homs	4	9	24	4	2	2	24	260
Hama	2	1	6	-	-	2	6	1688
Latakiya	1	7	15	2	3	1	15	2377
Tartous	5	4	9	-	-	-	9	11471
Aleppo	14	10	54	12	2	14	54	3132
Idlib	-	2	4	1	-	1	4	4026
Hasakeh	1	2	6	-	2	-	6	60
Raqqqa	1	-	6	1	1	-	6	206
Deir Ezzour	1	2		-	1	-	7	1138
Total	76	88		38	18	45	330	26814

Ref.: Ministry of Health statements 2003, 2004.

Table 10-Local and foreign-origin Malaria cases, Leishmania cases according to year

Index	1995	2004	2010 Forecasted	2015 Targeted
Local Malaria cases	42	1	-	-
Foreign-origin Malaria cases	65	12	-	-
Leishmania cases	17109	26878	10000	5000

Ref.: Ministry of Health for years 1995, 2004.

Table 11-TB cases contracted during 1994-2004

Year	Total TB cases	Total positive Pulmonary TB cases	Total positive pulmonary TB cases-re-treatment	Negative pulmonary TB cases	Off-pulmonary TB cases
1994	5127	1175	50	2248	1654
1995	4404	1295	28	1507	1574
1996	5200	1523	117	1767	1793
1997	4972	1402	78	1617	1875

1998	5317	1593	89	1618	2017
1999	5421	1556	125	1594	2149
2000	5187	1563	264	1371	1989
2001	5145	1507	230	1316	2092
2002	4914	1447	230	1234	2003
2003	4966	1545	222	1026	2173
2004	4708	1561	203	819	2125

Ref.: Ministry of Health for said years.

Table 12- Distribution of houses according to tap water supply, sanitary installations and safe access according to governorates in 2004 (%)

		Tap water supply			Sanitary installations			Secure access		
Governorate		Secure	insecure	Total	improved	unimproved	Total	secure	Insecure	Total
Dam.	Total	98.9	1.1	100	98.6	1.4	100	98	2	100
Aleppo	urban	96.2	3.8	100	95.4	4.6	100	93.8	6.2	100
	rural	50.9	49.1	100	37.9	62.1	100			
	total	81.6	18.4	100	76.8	23.2	100			
Dam.- rural	urban	94.1	5.9	100	96.6	3.4	100	92.8	7.2	100
	rural	88.9	11.1	100	85.7	14.3	100			
	total	92.4	7.6	100	93.1	6.9	100			
Homs	urban	97.5	2.5	100	96.8	3.2	100	96.1	3.9	100
	rural	80.3	19.7	100	66.8	33.2	100			
	total	90	10	100	83.7	16.3	100			
Hama	urban	98.7	1.3	100	94.3	5.7	100	94.1	5.9	100
	rural	85.9	14.1	100	50.3	49.7	100			
	total	91	9	100	67.8	32.2	100			
Latakiya	urban	99.2	0.8	100	96.3	3.7	100	96.1	3.9	100
	rural	80.6	19.4	100	62.3	37.7	100			
	Total	90.5	9.5	100	80.4	19.6	100			
Idlib	Urban	97.6	2.4	100	95.2	4.8	100	94.7	5.3	100
	rural	81.9	18.1	100	48.2	51.8	100			
	Total	86.8	13.2	100	62.8	37.2	100			
Hasakeh	urban	97	3	100	92.4	7.6	100	90.9	9.1	100
	Rural	45.8	54.2	100	24.4	75.6	100			
	total	65.6	34.4	100	50.6	49.4	100			
Deir Ezzour	urban	95.8	4.2	100	74.3	25.7	100	74.1	25.9	100
	rural	80.5	19.5	100	14.6	85.4	100			
	Total	87.9	12.1	100	43.5	56.5	100			
Tartous	urban	98.8	1.2	100	92.2	7.8	100	92.1	7.9	100

	rural	87.9	12.1	100	45.2	54.8	100			
	Total	91.2	8.8	100	59.5	40.5	100			
Riqqa	urban	99.2	0.8	100	81.7	18.3	100	81.7	18.3	100
	rural	82.9	17.1	100	13.9	86.1	100			
	Total	89.4	10.6	100	40.7	59.3	100			
Dara'a	urban	98.6	1.4	100	87.7	12.3	100	87.4	12.6	100
	rural	98	2	100	25.7	74.3	100			
	Total	98.3	1.7	100	55.2	44.8	100			
Sweida	urban	98.5	1.5	100	79.1	20.9	100	78.9	21.1	100
	rural	95.5	4.5	100	21.5	78.5	100			
	total	96.5	3.5	100	41.2	58.8	100			
Quneitra	rural	98.1	1.9	100	56.7	43.3	100	-	-	-
	total	98.1	1.9	100	56.7	43.3	100			
	urban	97.1	2.9	100	94.5	5.5	100	93.2	6.8	100
	rural	76.3	23.7	100	45.3	54.7	100			
	Total	88.3	11.7	100	73.8	26.2	100			

Ref.: Population, housing census 2004.

Table 13-Gross average of air pollutant concentrates in Damascus city

Pollutants	Gross averages 2001	Gross averages 2004	Syrian Average Standard	WHO
) $\mu\text{g}/\text{m}^3$ (TSP	245	-	120	
) $\mu\text{g}/\text{m}^3$ (SO ₂	59	40	50	50
) $\mu\text{g}/\text{m}^3$ (NO ₂	49	59	40	40
(8 hours)) $\mu\text{g}/\text{m}^3$ (CO	5.6	4	10	10

Ref.: Environment studies and research center 2001, 2004

Table 14-Telephone service according to governorates (1990-2004)
(%)

<i>Governorate</i>	<i>1990</i>	<i>2004</i>
Damascus.	12.43	29.74
Dam-rural	1.56	14.06
Homs	3.7	16.07
Hama	3.98	14.19
Tartous	5.25	37.89
Latakiya	5.83	20.82
Idlib	2.54	10.68
Aleppo	3.41	11.79
Raqqa	2.21	8.62
Deir Ezzour	2.07	9.06
Hasakeh	2.43	8.39
Sweida	5.85	18.9
Dara'a	3.27	12.21
Quneitra	6.16	14.22
Total	4.39	14.8

Ref.: Family income and expense survey, 2004. Labor market survey
2003

**QUESTIONNAIRE ON INDIVIDUAL
AWARENESS OF MILLENIUM
DEVELOPMENT GOALS**

Table 1- Relative allocation of sample members according to profession and knowledge on MDGs

	Male			Female			Total		
	Yes %	No %	Total %	Yes %	No %	Total %	Yes %	No %	Total %
Employees, workers	43.1	56.9	100	41.5	58.5	100	42.4	57.6	100
Journalist	75.0	25	100	100	-	100	85.7	14.3	100
Student	71.4	28.6	100	57.1	42.9	100	61.9	38.1	100
Housewives	-	100	100	50	50	100	33.3	66.7	100
Physicians, pharmacists	100	-	100	50	50	100	66.7	33.3	100
Businessmen	50.0	50	100	-	-	100	50	50	100
Craftsmen	80.0	20	100	-	-	100	80	20	100
Retiree	50.0	50	100	-	-	100	50	50	100
Engineer	66.7	33.3	100	-	-	100	66.7	33.3	100
Teacher	-	-	100	-	100	100	-	100	100
Faculty member (University)	100	-	100	100	-	100	100	-	100
MP	100	-	100	100	-	100	100	-	100
Assistant Minister	100	-	100	-	-	100	100	-	100
Deputy governor	100	-	100	-	-	100	10	-	100
General manager	100	-	100	-	-	100	100	-	100
Total	65.8	34.2	100	51.8	48.2	100	60	40	100

Table 2: Relative allocation of sample members according to education, knowledge of MDGs

	Male			Female			Total		
	Yes %	No %	Total %	Yes %	No %	Total %	Yes %	No %	Total %

Intermediary and over	38.1	61.9	100	22.2	77.8	100	33.3	66.7	100
Secondary	50	50	100	51.5	48.5	100	51	49	100
University	73.3	26.7	100	56.4	43.6	100	66.7	33.3	100
Masters	75	25	100	50	50	100	70	30	100
Phd	92.3	7.7	100	100	-	100	93.3	6.7	100
Total	65.8	34.2	100	51.8	48.2	100	60	40	100

Table 3- Relative allocation of sample members according to profession and opinion on whether MDGs contribute to social development

	Male			Female			Total		
	Yes %	No %	Total %	Yes %	No %	Total %	Yes %	No %	Total %
Employees, laborers	77.3	22.7	100	100	-	100	86.8	13.2	100
Journalist	100	-	100	66.7	33.7	100	83.3	16.7	100
Student	80	20	100	100	-	100	92.3	7.7	100
Housewives	-	-		100	-	100	100	-	100
Physicians, pharmacists	-	100	100	100	-	100	50	50	100
Businessman	100	-	100	-	-	100	100	-	100
Craftsmen	100	-	100	-	-	100	100	-	100
Retiree	100	-	100	-	-	100	100	-	100
Engineer	100	-	100	-	-	100	100	-	100
Teacher	100	-	100	-	-	100	100	-	100
Faculty member (University)	100	-	100	100	-	100	100	-	100
MP	100	-	100	100	-	100	100	-	100
Assistant Minister	100	-	100	-	-	100	100	-	100
Deputy governor	100	-	100	-	-	100	100	-	100
General Manager	100	-	100	-	-	100	100	-	100
Total	89.7	10.3	100	97.7	2.3	100	92.6	7.4	100

Table 4- Relative allocation of sample members according to education and opinion on whether MDGs contribute to social development

	Male			Female			Total		
	Yes %	No %	Total %	Yes %	No %	Total %	Yes %	No %	Total %

Intermediary and above	75.0	25	100	100	-	100	80	20	100
Secondary	88.9	11.1	100	100	-	100	96.2	3.8	100
University	90.7	9.3	100	95.2	4.8	100	92.2	7.8	100
Masters	83.3	16.7	100	100	-	100	85.7	14.3	100
Phd	100	-	100	100	-	100	100	-	100
Total	89.7	10.3	100	97.7	2.3	100	92.6	7.4	100

Table 5- Allocation of sample members according to profession and knowledge about MDGs

	Cut of poverty, hunger	Realization of comprehensive elementary education	Improve sex equality of both sexes	Cut child mortality	Improve maternal health	Comb at AIDS, Malaria	Stress sustainable environment	World cooperation	Other targets	Not mentioned	Do you know about MDGs
Employees, laborers	14	9	9	9	8	7	9	8	2	6	
Journalist	3	3	3	3	3	3	3	3	-	-	
Student	8	6	5	4	4	7	4	-	-	-	
Physicians, pharmacists	1	1	1	1	1	1	1	1	-	-	
Businessman	-	-	-	-	-	-	-	-	-	3	
Craftsmen	-	-	1	-	-	-	-	-	-	3	
Retiree	1	1	1	-	-	-	-	-	1	-	
Engineer	1	1	1	-	-	1	-	-	-	1	
Faculty member (University)	3	4	2	2	4	3	4	1	-	-	
MP	10	6	5	4	4	6	6	8	3	2	
Assistant Minister	13	6	4	3	5	2	9	6	3	-	
Deputy governor	1	2	1	-	-	-	2	-	-	-	
General Manager	1	-	-	-	-	-	1	-	-	-	
Total	56	39	23	26	29	30	39	27	9	15	

Table 6- Relative allocation of sample members according to profession, knowledge of MDGs - Males

	Cut of poverty, hunger	Realization of comprehensive elementary education	Equality of both sexes	Cut child mortality rate	Improve maternal health	Combat AIDS, Malaria ¹	Underline sustainable development	International cooperation	Other targets	Not mentioned	Did you hear About MDGs
Employees, laborers	29	15	18	12	12	14	14	15	5	6	39
Journalist	6	6	6	6	6	6	6	6	-	-	6
Student	19	20	11	9	8	19	8	3	-	-	26

Housewives	1	1	-	1	1	-	-	-	-	-	1
Physician, pharmacist	2	2	2	2	2	2	2	2	-	-	2
Businessman	-	-	-	-	-	-	-	-	-	3	3
Craftsmen	-	-	1	-	-	-	-	-	-	3	4
Retiree	1	1	1	-	-	-	-	-	1	-	1
Engineer	1	1	1	-	-	1	-	-	-	1	2
Faculty member (University)	7	9	4	6	8	8	8	1	-	-	9
MP	11	7	6	4	5	7	7	9	3	2	13
Assistant Minister	13	6	4	3	5	2	9	6	3	-	14
Deputy governor	1	2	1	-	-	-	2	-	-	-	2
General manager	1	-	-	-	-	-	1	-	-	-	1
Total	92	70	55	43	47	59	57	42	12	15	123

Table 7-Relative allocation of sample members according to education, knowledge of MDGs - Total

	Reduce poverty hunger, hunger	Realizing comprehensive primary education	Equality of sexes	Cut child mortality rate	Improve maternal health	Combat AIDS, Malaria	Promote sustainable environment	International cooperation	Other targets	Not mentioned	Did you know about MDGs
Intermediary and over	4	3	2	3	3	1	2	2	1	5	10
Secondary	17	17	12	7	7	17	7	4	-	3	26
University	51	37	30	22	23	33	31	24	8	7	66
Masters	7	5	6	5	5	4	7	5	-	-	7
Phd	13	8	5	6	9	4	10	6	3	-	14
Total	92	70	55	43	47	59	57	42	12	15	123

Table 8- Relative allocation of sample members according to education, knowledge on MDGs - Males

	Reduce poverty hunger, hunger	Realize comprehensive elementary education	Improve sexes equality	Cut child mortality rate	Improve maternal health	Combat AIDS, Malaria	Underline sustainable environment	World cooperation	Other targets	Not mentioned	Did you know about MDGs
Intermediary and over	3	1	2	2	2	1	2	2	-	5	8
Secondary	5	4	3	2	2	4	3	1	-	3	9
University	31	23	20	14	14	19	19	15	6	7	44
Masters	6	5	5	4	4	4	6	4	-	-	6
PhD	11	6	3	4	7	2	9	5	3	-	12
Total	56	39	33	26	29	30	39	27	9	15	79

Table 9- Relative allocation of sample members according to education, knowledge on MDGs - Females

	Reduce poverty hunger, hunger	Realize comprehensive elementary education	Improve sexes equality	Cut child mortality rate	Improve maternal health	Combat AIDS, Malari	Underline sustainable environment	World cooperation	Other targets	Did you know about MDGs
Intermediary and over	1	2	-	1	1	-	-	1	1	2
Secondary	12	13	9	5	5	13	4	3	-	17
University	20	14	10	8	9	14	12	9	2	22
Masters	1	-	1	1	1	-	1	1	-	1
Phd	2	2	2	2	2	2	1	1	-	2
Total	26	31	22	17	18	29	18	15	3	44

Table 10-Relative allocation of sample members according to profession, sources of knowledge on MDGs -Total

	TV	Newspapers	symposiums	Friends	Work	Internet	Specialized books, human development reports	Through Public relations	Schools, universities	Not mentioned	Did you know about MDGs
Employees, laborers	23	23	6	4	9	7	1	2	1	1	39
Journalist	2	6	5	1	2	2	2	-	-	-	6
Student	18	3	5	11	3	8	2	-	2	-	26
Housewives	1	1	1	-	-	-	-	-	-	-	1
Physician, pharmacist	-	2	2	-	-	2	-	-	-	-	2
Businessman	1	-	-	1	1	-	-	-	-	1	3
Craftsmen	3	2	-	2	-	-	-	-	-	-	4
Retiree	-	-	-	1	1	-	-	1	-	-	1
Engineer	2	2	-	-	-	-	-	-	-	-	2
Faculty member (University)	6	4	1	1	4	4	1	-	-	-	9
MP	9	8	2	3	2	-	-	1	-	2	13
Assistant Minister	1	13	11	-	5	1	-	-	-	-	14
Deputy governor	1	2	1	-	1	-	-	-	-	-	2
General manager	-	1	1	-	-	-	-	-	-	-	1
Total	67	67	35	24	28	24	6	4	3	4	123

Table 11-Relative allocation of sample members according to profession, sources of knowledge on MDGs-Females

	TV	Newspaper	symposiums	Friends	Work	Internet	Through Public relation	Schools, universities	Did you know about MDGs
Employees, laborers	11	8	2	2	6	5	1	-	17
Journalist	-	3	2	-	1	1	-	-	3
Student	12	2	4	8	2	3	-	1	16
Housewives	1	1	-	-	-	-	-	1	-
Physicians, pharmacist	-	1	1	-	-	1	-	-	1
Faculty member (University)	4	4	1	1	3	2	-	-	5

MP	1	1	-	-	-	-	-	-	1
Total	29	20	11	11	12	12	1	2	44

Table 12-Relative allocation of sample members according to profession, sources of knowledge on MDGs-Males

	TV	Journals	Symposiums	Friends	Work	Internet	Specialized books, human development reports	Through Public Relations	Schools, universities	Not mentioned	Did you know about MDGs
Employees, laborers	12	15	4	2	3	2	1	1	1		22
Journalist	2	3	3	1	1	1	2	-	-		3
Student	6	1	1	3	1	5	2	-	1		10
Physician, pharmacist	-	1	1	-	-	1	-	-	-		1
Businessman	1	-	-	1	1	-	-	-	-		3
Craftsmen	3	2	-	2	-	-	-	-	-		4
Retiree	-	-	-	1	1	-	-	1	-		1
Engineer	2	2	-	-	-	-	-	-	-		2
Faculty member (University)	2	-	-	-	1	2	1	-	-		4
MP	8	7	2	3	2	-	-	1	-		12
Assistant Minister	1	13	11	-	5	1	-	-	-		14

Deputy governor	1	2	1	-	1	-	-	-	-	-	2
GM	-	1	1	-	-	-	-	-	-	-	1
Total	38	47	24	13	16	12	6	3		2	79

Age bracket	Percent
15-19	6.8
20-24	18.5
25-29	21.0
30-34	7.3
35-39	11.7
40-44	8.3
45-49	8.8
50-54	7.3
55-59	4.4
60-64	4.4
65 +	1.5
Total	100.0
Sex	Percent
Male	58.5
Female	41.5
Total	100.0

Education	Percent
Illiterate	1.0
Elementary	6.3
Intermediary	7.3
Secondary	24.9

University	48.3
Masters	4.9
Phd	7.3
Total	100.0
Profession	Percent
Employee-male, female	40.0
Journalist-M, F	3.4
Laborer-M,F	4.9
Student-M,F	20.5
Housewife	1.0
Physician-M,F	1.0
Businessman	2.0
Technician-electric (Electronic)	0.5
Retiree	1.0
Photographer	1.5
Engineer-mechanic	1.5
Tailor	0.5
Unemployed	0.5
Pharmacist	0.5
Grocer	1.0
Tutor-M,F	1.5
University professor(faculty member, instructor)	4.4
MPs	6.3
Assistant Minister	6.8
Deputy governor	1.0
GM	0.5
Total	100.0
Have you heard about MDGs	Percent
Yes	60.0
No	40.0
Total	100.0

Targets	Percent
Cut extreme poverty and hunger	74.8
Comprehensive elementary education	56.9
Improve equality of sexes, foster women role	44.7

Cut down child mortality	35.0
Improve maternal health	38.2
Combat AIDS, Malaria and other diseases	48.0
Underline environment sustainability	46.3
Develop world cooperation for development	34.1
Improve standard of living	1.6
Home upbringing by parental guidance of	0.8
Foster role of youth in all spheres	1.6
Realize human development and upgrade growth rates in all fields	1.6
Combat unemployment	0.8
Secure freedom of thought and expression	1.6
Preserve cleanliness of environment, rationalize use of natural resources	1.6
Not mentioned	12.2
Sources of information on MDGs	Percent
TV	54.5
Journals	54.5
Symposiums	28.5
Friends	19.5
Work	22.8
Internet	19.5
Specialized books, human resources reports-UNDP	4.9
Through Public Relations	3.3
Schools, universities	2.4
Not mentioned	3.3

Would these targets serve the society	Percent
Yes	92.6
No	7.4
Total	100.0

How do MDGs develop the society	Percent
Through serious work to realize them	11.6
Arousing social awareness on positive aspects and root out backwardness and illiteracy	47.3
Joint efforts to upgrade standard of living and realize sustainable development	13.4
Upgrade citizen standard of living, prosperity is all what the citizen yearns for	9.8
Right man at right position	3.6
Apply the systems	8.9
Starting from myself- to cooperate with the group	2.7
I don't know	0.9
Income/work balance	0.9
According to convictions	1.8
Activate role of public sector, enforce social market plans	2.7
Increase growth rates, realize balanced development	3.6
Media vehicles, taking part in activities that boost these targets	3.6
Devise strategies and monitor human resources	4.5
Truthfulness and inducing of national conscience	1.8
Combat of administrative, social and economic corruption	0.9
Securing labor opportunities and combat of unemployment	4.5
Equality of both sexes	0.9

Undefined	0.9
Why wouldn't MDGs contribute to social development	Percent
They are theoretical and no steps exist to enforce that	11.1
Expanding economic and development differences among world states	11.1
Due to the present generation of the digital and song stations	11.1
Absence of directives	11.1
Obstacles impeding objectives (extreme poverty, absence of awareness)	22.2
Lack of required potentials (capital-labor chances)	11.1
I don't know	11.1
No time	11.1
Investing amounts allocated for sustainable development	11.1