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UNFPA

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Draft country programme document for the Islamic Republic of Iran

Proposed UNFPA assistance: \$10.5 million: \$9.5 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2005-2009)

Cycle of assistance: Fourth

Category per decision 2000/19: C

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

	Regular resources	Other	Total
Reproductive health	5.00	1	6.00
Population and development strategies	3.25	-	3.25
Gender	0.50	-	0.50
Programme coordination and assistance	0.75	-	0.75
Total	9.50	1	10.50

I. Situation analysis

1. The Islamic Republic of Iran, with a population approaching 67 million, is undergoing a demographic and socio-economic transition. Life expectancy is 69 years. Adolescents constitute 28 per cent of the population. Those aged 65 years and above account for about 5 per cent of the population, but their share of the population is increasing.

2. Fertility, which has decreased dramatically during the past decade and a half, has reached replacement level at 2.0 children per woman. Although the population growth rate is less than 1.5 per cent per year, the Iranian baby boomers (those born between 1979 and 1989) are now in their reproductive years. The reproductive behaviour of this group, which numbers close to 18 million, will determine whether the country undergoes a second population explosion.

3. Per capita gross domestic product is close to \$2,000 and is growing at 2 to 3 per cent per year – slower than the rate of inflation. Eighteen per cent of the population lives below the poverty line, and income distribution is skewed. Unemployment is a major development challenge: the unemployment rate is 24 per cent in the 15-29 age group and roughly 22 per cent among women.

4. The Islamic Republic of Iran has successfully met many of the commitments of the Programme of Action of the International Conference on Population and Development (ICPD). The maternal mortality ratio is 37 deaths per 100,000 live births, and the infant mortality rate is 28.6 deaths per 1,000 live births. Ninety per cent of births are attended by skilled attendants. The contraceptive prevalence rate is 56 per cent for modern methods and 74 per cent for all methods. The unmet need for family planning is approximately 8 per cent. There are, however, regional disparities in reproductive health indicators.

5. The national family planning programme has been a great success, and population growth and fertility are no longer seen as pressing concerns. As a result, funding for the programme has remained static for the last few years and has actually decreased in real terms.

6. Gender disparities persist. Women's participation in development is hindered by societal expectations regarding gender roles and other sociocultural factors. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is still under consideration by the national legislature. The fourth five-year development plan (2005-2009), currently before the parliament, addresses a number of empowerment and gender issues and calls for the elimination of violence against women.

7. There were 700,000 reported cases of sexually transmitted infections (STIs) in 2003, and more than 30,000 people are estimated to be living with HIV/AIDS. The prevalence of HIV/AIDS in the general population is less than 0.1 per cent, with prevalence in the 15-24 age group estimated at less than 0.01 per cent. According to sentinel surveillance data, the prevalence among high-risk groups is much higher – over 1 per cent among intravenous drug users. The challenge will be to maintain the low overall level of HIV/AIDS prevalence while curtailing prevalence in high-risk groups.

8. The common country assessment (CCA) was completed in 2003. Reproductive health, population dynamics, gender equity and equality, the availability of disaggregated population data, and the linkages of these issues to poverty are reflected in the document. The United Nations Development Assistance Framework (UNDAF) priorities of greatest relevance to UNFPA are: achieving the Millennium Development Goals (MDGs), good governance, and emergency preparedness and assistance.

II. Past cooperation and lessons learned

9. The first and second UNFPA country programmes focused on population and family

planning. The third country programme focused on advocacy for reproductive health education in both the formal and informal educational systems; improved the quality of reproductive health services and information; and created institutional capacity to mainstream gender concerns. The contribution of the programme to HIV/AIDS prevention efforts was primarily in the area of information, education and communication (IEC) activities. Adolescent reproductive health remains a sensitive topic, despite clear evidence of unmet need. In the population and development sector, the programme strengthened national capacity in data collection and analysis. The programme also helped to establish a graduate-level programme in population and development at Shiraz University.

10. UNFPA efforts focused on five provinces where needs were greatest. UNFPA helped the Government increase access to safe delivery and reproductive health services and to implement a successful pilot reproductive health education project. The Government plans to integrate reproductive health education into the national curriculum by 2006. In the informal educational system, literacy, life skills and reproductive health education were extended beyond the original target districts. The Government has also recognized gender-sensitive training and has made it available on a voluntary, in-service basis.

11. One of the lessons learned during the previous country programme is the need for better coordination between and within sectors as well as between the Government, civil society and development partners. There is also a need to document processes and activities, and to generate accurate, up-to-date, disaggregated data at national and subnational levels. Another lesson is that programme needs and feasibility should determine which geographical areas are selected for UNFPA interventions. UNFPA must continue to advocate gender mainstreaming in the population and development strategies of the Government. The country's susceptibility to natural disasters points to a need to address

reproductive health concerns in disaster settings.

III. Proposed programme

12. The proposed programme reflects the CCA/UNDAF priorities as well as the strategies of the UNFPA multi-year funding framework (MYFF), 2004-2007. It conforms to the fourth five-year development plan. The programme reflects the new strategic direction of UNFPA, and its programme cycle is harmonized with those of other United Nations agencies. The programme will seek to improve partnerships with non-governmental organizations (NGOs) and other development partners, such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), UNDP and the United Nations Office on Drugs and Crime (UNODC).

13. The programme will be results-oriented and will emphasize national capacity-building. Some interventions will be directed at the national level, but most will concentrate on three selected geographical areas, based on programme needs and feasibility. UNFPA will continue South-South initiatives through seminars, conferences, study tours and training in countries of the region, particularly Muslim countries. The programme will be implemented in accordance with the objectives of the ICPD and the MDGs.

14. The goal of the fourth country programme is to contribute to the national goal of enhancing the quality of life of the Iranian people through: (a) improved access to high-quality reproductive health services; (b) improved national statistical capacity in monitoring the ICPD goals and the MDGs; and (c) empowerment of women. The programme will contribute to the following UNDAF priorities: (a) strengthening capacities and capabilities for achieving the MDGs; (b) good governance; and (c) disaster management.

15. The proposed programme will have three mutually reinforcing components: reproductive health, population and development strategies,

and gender. Funds will also be provided for programme coordination and assistance.

Reproductive health component

16. The expected outcomes of the reproductive health component are: (a) increased access to comprehensive, high-quality reproductive health services and information for vulnerable groups, including women and adolescents; and (b) increased availability of high-quality reproductive health services and information for populations affected by disaster. The first outcome will contribute to the following UNDAF outcome: increased access to basic social services, including reproductive health care and HIV/AIDS prevention and services for all vulnerable groups; and national capacity to monitor the MDGs is established. The second outcome will contribute to the following UNDAF outcome: strengthened disaster risk management at national and local levels.

17. Output 1: Increased availability of high-quality reproductive health services and commodities. Efforts will aim to improve the quality of reproductive health services, specifically in family planning and safe motherhood. Reproductive health services will be integrated with services for reproductive tract infections and sexually transmitted infections, including HIV/AIDS. The quality of reproductive health services for men will also be improved. In selected geographical areas, the programme will help to develop evidence-based services for reproductive morbidity. There will be a special focus on the delivery of services related to gender-based violence. Given the decreasing investments in family planning, efforts will be made to help ensure reproductive health commodity security.

18. Output 2: Improved youth-friendly reproductive health information and services. UNFPA will continue its policy dialogue with the Government on adolescent sexual and reproductive health information and services. Currently, reproductive health services for unmarried adolescents are not integrated into the primary health-care system. UNFPA will seek to ensure recognition of the reproductive

rights of young people. A pilot project integrating adolescent sexual and reproductive health services into the primary health-care system will be initiated in selected geographical areas.

19. Output 3: Improved information and services for STIs and HIV/AIDS. UNFPA will focus on condom promotion and programming, particularly among youth and groups exhibiting high-risk sexual behaviour. The Fund will support advocacy efforts aimed at reducing the stigma of HIV/AIDS and will continue to mobilize the support of religious leaders.

20. Output 4: Increased awareness and capacity in reproductive health, adolescent sexual and reproductive health, reproductive rights and gender issues. UNFPA will consolidate its efforts to promote culturally sensitive training on gender and reproductive health, particularly with regard to reproductive rights. The Fund will make efforts to ensure support from policy makers, religious leaders and the media, and to integrate gender concerns into reproductive health policies, plans and programmes.

21. Output 5: Strengthened national capacity in disaster preparedness to address reproductive health concerns in emergency and post-conflict situations. UNFPA will follow a two-pronged approach: it will establish a working group on reproductive health commodity security, and it will also develop protocols and train government authorities on providing reproductive health information and services during humanitarian crises. UNFPA will also seek to mobilize funds to provide reproductive health information and services in crisis situations.

Population and development strategies component

22. The outcomes of the population and development strategies component are: (a) improved production and utilization of data disaggregated by gender, age and geographical location; and (b) enhanced national capacity in population teaching, training and research.

These outcomes will contribute to the following UNDAF outcome: national capacity to monitor the MDGs is established.

23. Output 1: Increased capacity to monitor ICPD goals and MDGs. In partnership with other United Nations agencies, UNFPA will provide training and technical support for national institutions to ensure better monitoring of ICPD goals and the MDGs. UNFPA will also advocate the practice of evidence-based policy-making to create a demand for accurate and updated ICPD and MDG data.

24. Output 2: Research and training in population and development. The programme will support research on the linkages between reproductive health, poverty and sustainable development. It will also continue to provide assistance on a limited basis for university-level teaching and training and to develop curricula on population and development. The programme will support evidence-based advocacy on existing and emerging issues related to population, sustainable development and gender. Poverty-reduction strategies, such as microcredit programmes, will also be considered.

Gender component

25. The country programme outcome within the gender component is enhanced institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity. This outcome will contribute to the following UNDAF outcome: to strengthen capacities for the rule of law and to strengthen institutions responsible for national management systems.

26. Output 1. Evidence-based advocacy for legislation that protects against gender-based violence. Little information on gender-based violence exists, and initiatives to address this issue have only just begun. In partnership with other United Nations agencies, UNFPA will continue its advocacy and policy dialogue to eliminate gender-based violence and to ratify the CEDAW. UNFPA will also expand its policy dialogue to advocate necessary

legislation and better coordination of measures to further implement the ICPD Programme of Action and the Beijing Platform for Action. UNFPA will support training, sociocultural research and operations research in this area.

IV. Programme management, monitoring and evaluation

27. The Ministry of Foreign Affairs will be the central coordinating agency for the proposed programme. UNFPA will also establish partnerships with NGOs to facilitate networking opportunities in population, reproductive health and gender for national NGOs, the Government and the private sector. All projects and activities will be implemented at the national and/or provincial levels and will be jointly monitored by UNFPA and the implementing agencies through field visits, annual project review meetings, studies, and qualitative and quantitative indicators.

28. The UNFPA country office in the Islamic Republic of Iran consists of a Representative, an Assistant Representative, a national programme officer, a programme associate and administrative support staff. Programme funds will be earmarked for one national programme post and two administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical backstopping.

RESULTS AND RESOURCES FRAMEWORK FOR THE ISLAMIC REPUBLIC OF IRAN

National priorities for 2005-2009: (a) strengthen capacities and capabilities to achieve the MDGs; and (b) mitigate impacts of disaster on vulnerable populations and reduce loss of life, suffering and damage to national resources and property				
UNDAF outcomes: (a) increased access to basic social services, including reproductive health care and HIV/AIDS prevention and services for all vulnerable groups, and national capacity for MDG monitoring established; and (b) strengthened disaster risk management at national and local levels				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased access to comprehensive, high-quality reproductive health services and information for vulnerable groups, including women and adolescents</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Reproductive health and gender incorporated into the MDG report • National and subnational policies in place to increase access of youth to high-quality reproductive health information and services • Contraceptive prevalence rate increased • Unmet need for family planning reduced • Perinatal mortality rate reduced • Incorporation of gender-based violence components into the reproductive health package at the primary health-care level <p>Outcome:</p> <ul style="list-style-type: none"> • Increased availability of high-quality reproductive health services and information for populations affected by disaster <p>Outcome indicator:</p> <ul style="list-style-type: none"> • Reproductive health concerns integrated into national preparedness plan for emergencies 	<p>Output 1: Increased availability of high-quality reproductive health services and commodities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of facilities providing high-quality family planning and safe motherhood services (based on prescribed criteria) increased • Proportion of births attended by skilled birth attendants in selected areas increased • Number of men accessing male clinics in selected areas increased • Percentage of facilities offering interventions for selected morbidities in selected areas increased • Management of victims of gender-based violence piloted in health centres • Number of contraceptive stock outs decreased <p>Output 2: Improved youth-friendly reproductive health information and services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of young people (aged 10-24) utilizing appropriate reproductive health information and services increased in selected areas • Proportion of policy makers expressing support for adolescent sexual and reproductive health increased <p>Output 3: Improved information and services for STIs and HIV/AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Increased percentage of population aged 15-24 who are aware of at least one way of contracting STIs and HIV • Increased condom use among those aged 15-25 • Increased proportion of policy makers, community leaders and religious leaders expressing support for HIV/AIDS information and services 	<ul style="list-style-type: none"> • WHO, UNICEF, UNODC, United Nations theme group on HIV/AIDS, United Nations theme group on gender • Literacy Movement Organization, Centre for Women's Participation, National Statistical Centre, Ministry of the Interior, Ministry of Health and Medical Education, Ministry of Education • NGOs 	<p>Regular resources: \$5 million</p> <p>Other resources: \$1 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
		<p><u>Output 4:</u> Increased awareness and capacity in reproductive health, adolescent sexual and reproductive health, reproductive rights and gender issues</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of media spots on gender and reproductive health issues increased • Number of sectoral plans reflecting gender and reproductive health issues <p><u>Output 5:</u> Strengthened national capacity in disaster preparedness to address reproductive health concerns in emergency and post-conflict situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Protocols and training manuals developed and utilized • Percentage of government officials and health staff sensitized on reproductive health issues in emergency settings who are involved in the disaster management plan 		
<p>National priority for 2005-2009: strengthen capacities and capabilities to achieve the MDGs UNDAF outcome: increased access to basic social services, including reproductive health care and HIV/AIDS prevention and services for all vulnerable groups, and national capacity to monitor the MDGs is established</p>				
Population and development strategies	<p><u>Outcome:</u> Improved production and utilization of data disaggregated by gender, age and geographical location</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Sex disaggregated, gender-sensitive data available and utilized to formulate and monitor national and subnational development goals • Government budget allocation for data collection and analysis as a proportion of gross domestic product increased <p><u>Outcome:</u> Enhanced national capacity in population teaching, training and research</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Existence of a human resource plan in population and development ▪ Existence of a perspective plan on population and development 	<p><u>Output 1:</u> Increased capacity to monitor ICPD goals and the MDGs</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Sex-disaggregated, gender-sensitive database at national and subnational level established • Biennial reports on selected ICPD and MDG indicators <p><u>Output 2:</u> Research and training in population and development</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Graduate-level curriculum on population and development updated and utilized • Percentage of students enrolled in graduate programme on population and development increased • Number of research studies implemented on emerging population and development issues and policy lessons drawn 	<p>All United Nations agencies represented in the Islamic Republic of Iran</p> <p>Management and Planning Organization, National Statistical Centre, Ministry of Health and Medical Education</p>	<p>Regular resources: \$3.25 million</p>

National priority for 2005-2009: development of national capacity for good governance				
UNDAF outcome: to strengthen capacities for the rule of law and to strengthen institutions responsible for national management systems				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Gender	<p><u>Outcome</u> Enhanced institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ National and subnational mechanisms in place to monitor and reduce gender-based violence ▪ Civil society partners actively promote gender equality, women's and girls' empowerment and reproductive rights 	<p><u>Output 1:</u> Evidence-based advocacy for legislation that protects against gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Increased availability of data on gender-based violence ▪ Number of statements against gender-based violence made by policy makers and key influential persons increased ▪ Percentage of victims of gender-based violence aware and willing to talk about gender-based violence problems and issues increased 	<ul style="list-style-type: none"> ▪ UNDP, UNICEF, United Nations theme group on gender ▪ Centre for Women's Participation, all branches of Government ▪ NGOs 	<p>Regular resources: \$0.5 million</p> <hr/> <p>Programme coordination and assistance: \$0.75 million from regular resources</p>