

## Format for the Country Programme Performance Summary

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

<b>A. Country Information</b>		
Country name: <u>Iraq</u>		
Category per decision 2016/01:	Current programme period: 2016-2019	Cycle of assistance: 2nd

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
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**Output 1. The capacity of reproductive health workers is strengthened to provide high-quality reproductive health care by revising guidelines and standards and by providing training in 25 districts**

Indicators	Baseline 2016	Target 2019	End-line data 2018
• Proportion of primary health care units in the target areas providing family planning services	15%	50%	30%
• Percentage of health care providers with capacity to deliver family planning method mix in the target areas	40%	60%	45%
• Number of primary health care centres that have integrated youth-friendly services into the basic package of health services	17	40%	62.5%
• Number of health centres with delivery rooms complying with EmONC	26	52	42
• Number of UNFPA-funded women centres implementing the SRH awareness programme	0	80	30

**Key Achievements** *(input also from the last CP evaluation)*

The CP achievements are in line with the CP Output “Increased capacity of Ministry of Health, and civil society organizations to deliver integrated quality reproductive health services that meet the needs of vulnerable populations especially those in humanitarian settings.” There was capacity building of MoH staff on RH service provision, although most of the capacity building focused on government staff working in the RH clinics managed by UNFPA. The capacity of maternity hospitals catering for women from IDP and refugee camps also strengthened. The target group of the RH supported were in majority women living in camp settings.

Reproductive Health interventions were effective in delivering RH services and information in UNFPA-targeted locations. In two impact assessments conducted where the beneficiaries asked on their view of services, they received and accessibility, above 90 percent of beneficiaries responded highly satisfied or satisfied.

Responding to the massive displacement was an immense challenge. UNFPA relied on a camp-centric aid approach and mobilized all its available resources to front-line areas, providing basic services to civilians still located within newly or nearly liberated Mosul neighborhoods. By May 2017, UNFPA had managed to increase its capacity to provide emergency reproductive health services on front lines and strengthened referral pathways through five maternity hospitals, 14 mobile and static delivery rooms and 35 mobile and static reproductive health clinics in IDP camps as well as host communities in East and West Mosul. The RH facilities established and supported with personnel, equipment and supplies.

An assessment conducted by Médecins Sans Frontières (MSF) in 2017 on the emergency response during the Mosul liberation stated, “UNFPA’s response was of a high quality, with UNFPA cited as one of the highest performing WHO partners. Interviewees expressed appreciation for the following aspects of the UNFPA response: they were able to negotiate access effectively; they were operational relatively early in the response compared to other actors; they set up the ‘fastest’ response for primary health care; and the quality of their programmes was consistently good despite limited funding.”

UNFPA’s rapid response following the Mosul liberation was internationally recognized and the UNFPA Country Office commended for this responsiveness by the UN Country Team and the UNFPA Regional for the Arab States in Cairo. The fact that European Union emergency funding provided by ECHO had defined involvement of UNFPA in provision of health services as condition for WHO receiving funding promoted this example of successful inter-agency cooperation.

In facilities beside the provision of RH services, the CP also supported SRH awareness raising sessions of targeted populations. This provided mainly by medical doctors and to some degree through women centers and community mobilizers. Beneficiaries interviewed by the evaluation team expressed their appreciation of the maternal health services received.

**Output 2. Enhanced capacity of the national government and civil society organizations to design and implement programmes on reproductive health, social cohesion and civic engagement for vulnerable young people, with special focus on marginalized adolescent girls in humanitarian settings**

Indicators	Baseline	Target	End-line data
• Number of centres that train vulnerable adolescents and youth in life skills	0	30	4
• Number of governorates covered under Y-PEER capacity-building interventions	5	8	18
• Revised National Youth Strategy	0	1	1

**Key Achievements** (input also from the last CP evaluation)

In the current programme period 2016-2019, UNFPA has reached 280,000 boys and girls from IDP and refugee populations and raised awareness about child and forced marriage, STIs, SRH, peace building and other youth-related topics.

UNFPA has also strengthened Y-PEER network with a membership of 500 Y-PEERs in all 18 governorates of Iraq. The Y-PEERs supported interventions and conducted awareness raising, life skills education and civic engagement activities.

UNFPA provided technical support to the Ministry of Youth and Sports for the development of National Youth Strategy 2016-2026.

UNFPA has supported the Adolescent and Youth Survey conducted by the federal government and the Kurdistan Regional Government. A total of 238 enumerators were trained for the field work. The data was collected from 11,875 HH and 13,000 individual adolescent and youth age 10-29 years from 18 governorates. The results of the survey will inform evidence based programming and aligning national youth strategy 2016-2026 with National Vision 2030 Iraq in the new country programme.

To support the adolescent girl's empowerment, an adolescent girls' toolkit was developed and rolled-out in cooperation with UNICEF contributed to unifying approaches between UNICEF, UNFPA and other partners and standardize tools used by government and its partners in Iraq when working with adolescent girls.

Youth peace and security is an emerging area in UNFPA, over this period in three pilot projects UNFPA has trained 372 master trainers on peace building, and preventing from violence and extremism 10 Governorates. The programme has reached to 3,960 youth to promote key messages on peace building in communities. Youth also conducted community initiatives to promote social cohesion and peace building.

Youth Advisory Board is another participatory mechanism that UNFPA has established in 4 governorates (Basra, Wasit, Diyala and Najaf). First orientation of 25 YAB members and government officials was conducted successfully. The programme will continue in new country programme.

<b>Output 3: Strengthened capacity of government and civil society institutions to mitigate and respond to gender-based violence and harmful practices, with a special focus on vulnerable women in humanitarian settings</b>			
<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2019</b>	<b>End-line data 2018</b>
<ul style="list-style-type: none"> <li>Number of health service providers, social workers and law enforcement personnel trained to respond to gender-based violence (including sexual violence) in the five most affected governorates.</li> </ul>			
Medical Personnel:	<i>51</i>	<i>100</i>	<i>103</i>
Social Workers	<i>163</i>	<i>200</i>	<i>959</i>
Uniformed personnel	<i>224</i>	<i>400</i>	<i>594</i>
<ul style="list-style-type: none"> <li>Number of women centres supported by UNFPA to provide gender-based violence (including sexual violence) services in humanitarian settings</li> </ul>	<i>54</i>	<i>80</i>	<i>108</i>
<ul style="list-style-type: none"> <li>Number of UNFPA-supported advocacy campaigns at the governorate level against female genital mutilation</li> </ul>	<i>0</i>	<i>4</i>	<i>5</i>
<ul style="list-style-type: none"> <li>Sexual and gender-based violence minimum standards adopted at subcluster level</li> </ul>	<i>No</i>	<i>Yes</i>	<i>Yes</i>
<ul style="list-style-type: none"> <li>Number of women centres offering gender based violence prevention services that are adhering to standard operating procedures (staff trained, monitoring system in place)</li> </ul>	<i>0</i>	<i>70</i>	<i>30</i>

**Key Achievements** *(input also from the last CP evaluation)*

The CP reached around 1.5 million women, girls and community members with awareness raising on various topics including SRH, Gender-Based Violence (GBV), Protection from Sexual Exploitation and Abuse (PSEA) and child marriage (2016-2018) and reached 223,414 vulnerable women and girls with dignity kits. The CP supported the development of a number of national strategies, protocols and procedures.

The CP established and supported women safe spaces as well as a model and unique one stop center in Duhok (Women and Girls Treatment and Support Centre) which is currently being replicated in other governorates.

The CP established and supported 108 women safe spaces with focus on IDPs / refugee settings and host communities where all initial services of case management (psycho-social support (PSS), case management, referral) were provided to GBV survivors. In addition, the CP supported the establishment of the GBV survivor centre established in Dohuk to provide comprehensive medical, mental health and psychosocial care, which serves as a model for replication in other governorates. The CP also supported the establishment by KRG of a telephone hotline for survivors of GBV.

Moreover, the CP supported capacity strengthening of service providers and national institutions coordinating and overseeing work on gender equality, women's empowerment and the fight against GBV and violence against women.

In terms of coordination, UNFPA leads the GBV sub-cluster, which strengthened coordination, standardisation and information exchange between GBV actors. UNFPA also leads the GBV Case Management Working Group, as well as the Adolescent Girls Task Force.

Regarding the knowledge generation, UNFPA established the Gender Base Violence Information Management System (GBV-IMS) and carried out a number of studies. However, the current GBV-IMS system is managed by UNFPA in a parallel way without clear links with or inclusion of government. Not all partners of UNFPA or other GBV actors are members of the system.

The CP focused on GBV response and management, as well as on GBV prevention in the wider community in IDP / refugee sites and on preventing other harmful practices, such as child marriage, FGM and honour killings. Engagement of men and boys in the CP was not systematic nor well developed. In 2016: A campaign to reduce child marriage was launched in the Kurdistan region to address norms, practices and legal provisions on child marriage. This campaign included printing and distribution 5,000 IEC materials on child marriage. An advocacy brief on child marriage was developed and 5,000 copies produced in English, Arabic and Kurdish. In 2017, 19,301 girls and boys were reached with Child Marriage prevention messages and in 2018, 1,337 women and girls received, with support from UNFPA, prevention and/or protection services and care related to female genital mutilation. And 76,585 girls at risk of or affected by child marriage received, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage, including child marriage messages conveyed through radio broadcasts in targeted camps and out-of-camp locations.

Finally, UNFPA has initiated dialogue with government on handing over a number of women's spaces to local government authorities, without wide prior consultation with other partners on options for partners taking over support to the women's centres

**Output 4: Increased national capacity for the production and dissemination of quality disaggregated data to inform policies and programmes and to promote the integration of population dimensions in development planning**

<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2019</b>	<b>End-line data 2018</b>
• Number of staff from relevant government ministries successfully completing workshop on data collection, management, analysis and dissemination.	0	4 (in every ministry)	50
• Number of thematic in-depth analysis reports on key population issues produced	0	3	3
• Number of humanitarian crisis assessments conducted by the Government that reflect sexual and reproductive health, gender-based violence and youth issues	0	3	4

**Key Achievements** (input also from the last CP evaluation)

The main achievements of the CP included:

- Facilitation of Iraqi government delegations to attend a number of international meetings and conferences (2016),
- Facilitation of 4 humanitarian crisis assessments conducted by government which reflect SRH, GBV and youth issues (2016),
- Assistance to the UN system to profile IDPS, refugees and host communities in Kurdistan ensuring reflection of GBV and RH issues (2016),
- Support to a survey integrating indicators on youth in conflict, GBV and FGM in Kurdistan (2016),
- Support to a demographic survey in Kurdistan (2017),<sup>1</sup>
- Support to preparations for the National Adolescent and Youth Survey (2019),
- Support to preparations for the National Population and Housing Survey (2018 and 2019) planned to take place in 2020,

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<sup>1</sup> KRSO, UNFPA, IOM (2018): Demographic Survey, Kurdistan Region of Iraq.

<b>C. National Progress on Strategic Plan Outcomes<sup>2</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	0%	2015	0	2018	The list will be revised
Contraceptive prevalence rate (total)	33.6%	2011	36.1%	2018	MICS (modern method only)
Proportion of demand for contraception satisfied (total)	86.7%	2011	78.6%	2018	MICS
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	NA	NA	NA	NA	NA
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	90.0%	2011	95.6%	2018	MICS
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2015	6	2019	UNFPA Reports
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	NA	NA	NA	NA	NA
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	5.1%	2015	3.8%	2017	GoI Reports

<sup>2</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

### **Summary of National Progress**

1. As existing maternal health life-saving drug list for the maternity houses is outdated and didn't reviewed according to new WHO seven life-saving maternal health medicines.
2. Poor quality of available data in Iraq also affects data on health status and reproductive and sexual health. This has resulted in the government and development agencies having to plan and implement programmes based on unreliable data. While UNFPA in its CPAP of 2018-2019 (REF), mentions that between 1990 and 2013 the maternal mortality ratio (MMR) reduced from 117 to 35.7 per 100,000 live births, a report produced by UNFPA, WHO and UNICEF identifies the MMR as 50 per 100,000 live births in 2015<sup>3</sup>. On the other hand, the recent 2018 MICS of Iraq identifies the maternal mortality rate as 104 per 100,000 live births<sup>4</sup>. In any case, overall there is consensus that the Millennium Development Goal (MDG) target for the reduction of maternal mortality in Iraq was not achieved by 2015.
3. Proportion of demand for contraception satisfied as an indicator is not available either in the strategic plan or in the medical statistics. However it is possible to calculate this indicator properly using the formula: total contraceptive use divided by the sum of unmet need plus total contraceptive use i.e  $(52.8/14.3+52.8 = 78.6\%)$ . The recent 2018 MICS Survey reported on unmet need for contraceptives at 14.3.9% while overall CPR reported at 52.8%. Demand satisfied at this point was 78.6% accordingly.
4. In Iraq the RHCS policy is not activated in Ira as of 2019.
5. The recent MICS survey has indicated an increase the in the number of skilled birth attendance from 90% to 95.6%.
6. In 2017, the Ministry of Health in collaboration with WHO, UNICEF, and UNFPA launched the updated national Reproductive, Maternal, New-born, Child and Adolescent Health Strategy (2018-2020) <sup>5</sup>. The ministry in collaboration with UNFPA is currently in the early phases of developing a new national "Family Planning Strategy" for 2019-2022.
7. The following information is not being assessed in any RH related survey during the last program cycle.
8. Due to the historically curative- and hospital-oriented health system in Iraq, the need for reproductive health services has been underestimated. Family planning services, for example, are offered in "less than 5% of primary health care centres and family commodities are rarely available except through private pharmacies at a high cost". Among 2,632 primary health care centres in 2014, only 37 centres deliver family health care. Nonetheless, the MoH budget has been decreased in the past program cycle from 5.1% to 3.8%.

**UNFPA's Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

At 2014 -2015 we developed 6 guidelines on FP, one RH policy assessment, contributed to RH-MCH strategy, ENAM, contributed also to MDG accelerated plan, RH strategy with WHO and many other policy works and documents, beside lately at 2018 we updated 4 main technical guidelines with MOH.

The Country Programme (CP) contributed to the development of the following national policy documents:

- The protocol and guideline on Clinical Management of Sexual Assault Survivors, which endorsed by the Federal Ministry of Health at national level in 2016.



- The updated national Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy for 2018-2020.
- The new national “Family Planning Strategy” for 2019-2022, on which work started in 2019.

The Reproductive Health (RH) programme area of the UNFPA CP focussed on supporting the provision of RH services to populations, mainly IDPs and refugees, returnees and host communities affected by the humanitarian crises. This included supporting 846,239 women with antenatal/postnatal care and family planning services and supporting 217,438 normal deliveries and 95,636 C-sections.

During the occupation of large areas of Iraq by ISIL, millions of Iraqi women, girls, boys and men, did not have any access to reproductive health services as most maternity wards and hospitals were destroyed or closed, while the facilities that remained open were not easily accessible. The population movements, the lack of adequate health professionals and structural damage to facilities have contributed to the decreased capacity of the central and regional governments to deliver timely and high-quality services, and has put significant strain on existing social services, including reproductive health services. An assessment carried out by Ministry of Health in 2014 revealed that at that time only 25 facilities had the capacity to deliver emergency obstetric and neonatal care (EmONC), instead of the 350 EmONC facilities including at least 70 with comprehensive EmONC capacity which Iraq should have according to WHO standards.

The UNFPA supported the capacity of government and civil society organisations to provide RH services to women of reproductive age, especially ante-natal care (ANC) and Family Planning (FP) through establishment of RH facilities in the affected areas. The majority of the RH services were provided within primary-health care (PHC) clinics established and managed by other development agencies to cater for refugee and IDP populations. In an effort to increase access to RH services for women with restricted movements and women areas where it was not possible to establish static services, the CP deployed mobile RH teams, mobile gynaecological units and mobile delivery units. Furthermore, in the areas which had received large numbers of refugees and IDPs, the CP strengthened the capacity of government Maternity Hospitals through the provision of maternity equipment and furniture, medicines and health / non-health supplies, staff incentives (this includes providing incentives for junior / recently graduated midwives in a maternity hospital in one governorate).

The rapid response by UNFPA to the Mosul liberation between October 2016 and mid-2017 is amongst the main UNFPA achievements, where UNFPA and its partners managed to establish provision of life-saving emergency obstetric care (safe delivery services) and Gender-Based Violence response services within 48 hours of arriving on-site. UNFPA’s rapid response following the Mosul liberation was internationally recognised and the Country Office was commended for this responsiveness.

The UNFPA also supported the provision of RH services in the affected areas, in combination with support to SRH awareness raising sessions of targeted populations. UNFPA also supported SRH awareness raising sessions of targeted populations, mainly by medical doctors, nurses and also to some degree through women centres and community mobilizers. Beneficiaries interviewed by the evaluation team expressed their appreciation of the maternal health services received. The CP also contributed to the development of national policy documents.

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<sup>3</sup> WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division (2015): Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Maternal Mortality Estimation Inter-Agency Group.

<sup>4</sup> Iraq MICS 2018, p 120.

<sup>5</sup> <http://www.emro.who.int/iraq/iraq-news/launch-of-national-reproductive-maternal-newborn-child-and-adolescent-health-strategy-2018-2020-in-iraq.html>

<b>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health</b>					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	7%	2011	10%	2018	MICS
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No	2015	No	2019	No laws available
<b><u>Summary of National Progress</u></b>					
<p>The Government of Iraq has a National Youth Strategy 2016-2026 which is a very comprehensive strategy with focus on socio-economic and political empowerment of youth of Iraq. The strategy entails concrete actions to provide access to sexual reproductive health information and services to young people. Similarly, recently adopted National Family Planning Strategy 2019 also emphasize on reaching out to young people for family planning services and engaging youth for behaviour change communication interventions. Thirdly, the National Health Strategy has a strong mandate on adolescent health, provision of counseling services and SRH services in health care settings and also component of school health programme for improved wellbeing of adolescents.</p>					
<b><u>UNFPA's Contributions</u></b>					
<p>UNFPA have supported Ministry of Youth and Sports and Ministry of Health for the development of National Youth Strategy along with an action plan in 2016 and National Family Planning Strategy in 2019 respectively. In this current country programme UNFPA is coordinating with MOH for the development of adolescent health programme within the health care setting.</p>					

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2016	No	2018	National GBV Strategy finalized in 2019 but Sectoral Plan, including Health, in progress
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	No	2015	No	2018	In progress
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	58%	2011	39.9%	2018	CPD, MICS

### **Summary of National Progress**

Both the Government of Iraq (GoI) and the Kurdistan Region Government (KRG) have been working hand in hand with UNFPA on the design and roll-out of the national action plans aiming at combating gender-based violence and promoting gender equality.

Within this country programme, national strategies were approved across Iraq, and will be implemented and assessed in the context of the next country programme.

### **UNFPA's Contributions**

UNFPA supports the country level Action pillar by contributing to strategic and technical support to joint UN system efforts to prevent and respond to sexual violence in conflict including efforts to build capacity of uniformed actors in Iraq on conflict related sexual violence. In this regard UNFPA following with gender unit coalition members the series of TOT have been organized by their unit, review the materials and add technical support.

In addition, UNFPA has supported the development national strategy of combating violence against women (National GBV Strategy, 2018-2030), endorsed by the GoI and has initiated to support the development of related sectoral plans for this strategy. In parallel, UNFPA has supported the drafting of the Anti-Domestic Violence Law which is currently under revision at the level of the Shura Council.

In 2019, UNFPA also started to conduct TOT training to Family Protection Unit officers to raise their capacity to address the GBV harmful practice and way to respond and mitigate its effects. Therefore, UNFPA is currently developing a specific curriculum including subjects that will constitute an effective tool to support the transition of context and programming particularly to address GBV and CRSV, targeting Family protection unit officers.

Moreover, UNFPA continues to support the Kurdistan Region Government in several areas including the assessment of the Anti-Domestic Violence Law from 2011 and the progress of the Kurdistan Region National Strategy to Combat Violence Against Women (2027-2027), as well as the recently established Hotline, to better address GBV and eradicate harmful practices. This service is run by trained operators who receive calls, orient and provide support and information, coordinate with other entities and ensure safe referral to survivors, women, girls, boys and men

### **Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	<i>No</i>	<i>2015</i>	<i>No</i>	<i>2018</i>	<i>UN, GoI reports</i>
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	<i>No</i>	<i>2015</i>	<i>Yes</i>	<i>2018</i>	<i>UNFPA report</i>
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	<i>No</i>	<i>2015</i>	<i>Yes</i>	<i>2018</i>	<i>UN, GoI reports</i>
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	<i>0</i>	<i>2015</i>	<i>0</i>	<i>2018</i>	<i>UN, GoI reports</i>

### **Summary of National Progress**

Iraq's population is still growing at a faster rate than many other countries in the region, increasing from 10 million in 1970 to around 35 million in 2014 and it is expected to increase fourfold by 2050 if current growth remains unchanged. This rapid growth is fuelled by a high total fertility rate - estimated in 2018 at 3.6 -, a low contraceptive prevalence rate (modern methods) at 36.1 percent and a relatively high life expectancy at birth 67.6 years for males and 70.9 for females. The general adolescent birth rate (age-specific fertility rate for women age 15-19 years) for Iraq was estimated at 70 in 2018, with some regional variations (Kurdistan 40 and South-Central 77). The unmet need for family planning amongst women aged 15-49 is estimated at 14.3 in 2018, with regional variations (Kurdistan 8.0 and South-Central 15.7). Comparing the 2018 MICS results with the figures quoted in the 2015 UNDAF document seems to indicate that fertility rates are falling and that modern contraceptive use is increasing in Iraq. The majority of the population of Iraq (69.9 percent) lives in urban areas.

Recent population data are not available in Iraq. The last Population Census was undertaken in 1997, over 22 years ago, and did not cover the Kurdistan region, which was last part of a census in 1987. Preparations undertaken since then to organise a new census were cancelled for political reasons. The Iraqi federal government is committed to organising a new Population and Housing Census in 2020.

### **UNFPA's Contributions**

The Country Programme led / supported the development of national policy documents in cooperation with government and partners:

- National Adolescent and Youth Survey (ongoing in 2019),

Amongst the CP achievements is the support provided to the preparations for the National Adolescent and Youth Survey, which is currently being conducted by CSO and KRSO. Preparations included consultation by UNFPA with various national and regional Ministries and partners on the survey content, target group, indicators etc. and funding of training of 200 enumerators on data collection. The CP also supported preparations for the second Iraq Women Integrated Social and Health Survey (I-WISH) which was initially planned for 2016 but delayed due to lack of funding. The I-WISH will include a module on costing the GBV response.

Under leadership of the Prime Minister, the Federal and Regional Governments commenced preparations for National Housing & Population Census planned to take place in 2020. National commitment to the census is high: since early the start of 2019 the federal government has issued a ministerial decree in early 2019 on the organisation of the census, established a Supreme Council for Population to oversee the exercise, and allocated USD 40 million from the State budget to contribute to funding the census. UNFPA is providing technical assistance to the government in conducting the census to ensure that the latest electronic technologies are used to allow for speedy data entry and analysis. In June 2019, UNFPA supported a study tour of Iraqi government officials to Egypt to learn about the recent electronic census ("e-census") conducted there in 2017, using new technologies such as census mapping.

The CP cooperated closely with IOM to support KRSO in conducting the Kurdistan Demographic Survey in 2017.<sup>6</sup> The survey was useful in providing demographic data on the inhabitants of Kurdistan, and innovative in that it documented the population's disability status.

The CP also supported some capacity of a limited number of officials from CSO, KRSO and the Ministry of Planning in use and analysis of population data, and supported them to attend courses and seminars abroad, such meetings on Demographic Dividend and the tracking of the ICPD-related SDGs.

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<sup>6</sup> KRSO, UNFPA, IOM (2018): Demographic Survey, Kurdistan Region of Iraq.

UNFPA CO staff made some efforts to integrate population issues into national and regional policies. However, the NDP 2018-2020 does not address any issues of population dynamics and demographic dividend, and the NDP objectives do not include the promotion of SRH and family planning.<sup>7</sup>

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b> Choose only those relevant to your CP	<b>Regular Resource</b> (Planned and Final Expenditure, in USD millions)		<b>Others</b> (Planned and Final Expenditure, in USD millions)		<b>Total</b> (Planned and Final Expenditure, in USD millions)	
Increased availability and use of integrated sexual and reproductive health services	2.5	1.5	10	60.5	12.5	62.0
Youth policies and programmes, and increased availability of comprehensive sexuality education	0.5	0.5	6.5	2.5	7	3.0
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.7	0.5	15	41.5	15.7	42.0
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	1.8	0.5	3	0.5	4.8	1.0
Programme coordination and assistance	0.9	0.5	0	0	0.9	0.5
<b>Total</b>	<b>6.4</b>	<b>3.5</b>	<b>34.5</b>	<b>105.0</b>	<b>40.9</b>	<b>108.5</b>

<sup>7</sup> Republic of Iraq, Ministry of Planning (2018): Iraq National Development Plan 2018-2022. June 2018.