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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for the Islamic Republic of Iran

Proposed indicative UNFPA assistance: \$10.7 million: \$10 million from regular resources and \$0.7 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2012-2016)

Cycle of assistance: Fifth

Category per decision 2007/42: B

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

	Regular resources	Other	Total
Reproductive health and rights	5.0	-	5.0
Population and development	4.3	0.7	5.0
Programme coordination and assistance	0.7	-	0.7
Total	10.0	0.7	10.7

I. Situation analysis

1. The Islamic Republic of Iran is a middle-income country experiencing rapid socio-economic changes. The country has a population of 75 million and is undergoing a demographic transition. It is moving towards population stabilization, as improved health care and increased living standards are contributing to decreases in birth and death rates. The young demographic profile (62 per cent of the population is under 30 years old) suggests the opportunity for enormous economic growth, generated by a large, productive population in the coming years.

2. The country has already achieved Millennium Development Goal 5, relating to maternal health. The maternal mortality ratio is 30 maternal deaths per 100,000 live births, representing a reduction of 80 per cent. Ninety-seven per cent of all births are attended by skilled birth attendants. The national family planning programme has been a success. The current total fertility rate is 1.8 births per woman, and the contraceptive prevalence rate is 79 per cent (60 per cent for modern methods).

3. To address pockets of disparity in urban and peri-urban areas, there is a need to expand coverage of primary health-care services, particularly by increasing the number of family practitioners. Additional reproductive health challenges have been identified as: (a) the percentage of unwanted pregnancies (19 per cent); (b) the increasing infertility rate (currently estimated at 15 per cent); and (c) the need to sustain the success of the family planning programme.

4. In an effort to address these challenges, the Government seeks to improve the coverage and quality of health systems and reproductive health programmes. The Ministry of Health and Medical Education is planning to expand the ongoing family

practice programme to improve access for groups that are most at risk.

5. The country is experiencing a concentrated HIV epidemic, driven by injecting drug use. HIV prevalence in the general population is less than 0.1 per cent. Nearly 70 per cent of the 22,250 HIV cases registered by 2010 were caused by injecting drug use, and 18 per cent were caused by unsafe sex.

6. There are approximately 110,000 registered cases of sexually transmitted and other reproductive tract infections. Women account for approximately 95,500 of these cases. There is a need to integrate services that prevent and control HIV and other sexually transmitted infections into reproductive health services, and to support the systematic collection of data on these infections.

7. The country is highly vulnerable to natural disasters, particularly earthquakes, which threaten three quarters of major cities. Significant progress has been made in the area of disaster preparedness and response since the establishment of the national disaster management organization in 2008. However, there is still a need for effective coordination and cooperation between the Ministry of Health and Medical Education and the Iranian Red Crescent Society, particularly to address the needs of women and girls.

8. The country has made remarkable progress in increasing female literacy. The ratio of literate women to men aged 15-24 years increased from 96.1 per cent in 2000 to 99.2 per cent in 2008.

9. The Government is committed to achieving the remaining indicators of Millennium Development Goal 3. The Fifth National Development Plan, 2012-2016, calls for the economic and social empowerment of female-headed households (which account for

an estimated 5.5 per cent of all households). Female-headed households often require additional socio-economic support to increase their access to support and health services.

10. The country has the capacity to collect and manage socio-economic data and information. However, ensuring the consistency and coherence of data collected from multiple sources is a challenge. Other challenges include ensuring the timely analysis, disaggregation and appropriate utilization of generated data.

II. Past cooperation and lessons learned

11. The previous programme focused on supporting the Government to strengthen its capacities at the national level to develop reproductive health strategies, improve national statistical capacity and monitor the progress and achievements of programmes and policies related to reproductive health and population. Achievements included contributions to: (a) improved quality of safe motherhood services through the development of clinical guidelines and standards; (b) the establishment of a non-scalpel vasectomy centre at national and international levels; (c) the successful piloting of a project on the family court counsellors' initiative, which was expanded by the Government; (d) strengthened capacity of national statistical systems to collect and analyse disaggregated data; and (e) strengthened national capacity to conduct demographic studies and research through support for relevant university graduate courses.

12. The evaluation of the fourth country programme indicated the need to: (a) ensure greater and sustained national ownership of the programme; (b) expand successful initiatives; (c) continue advocacy with relevant stakeholders at national, subnational and community levels on issues related to the Programme of Action of the International Conference on Population and Development (ICPD); (d) make disaggregated and updated official data available at national and

subnational levels; (e) continue support to mainstream issues relating to the well-being of women and families into policies and programmes; (f) strengthen the national capacity for evidence-based programming and management; and (g) systematically widen the scope of South-South collaboration.

III. Proposed programme

13. The Government and UNFPA formulated the proposed programme, which is based on the Fifth National Development Plan, the United Nations Development Assistance Framework (UNDAF) and the fourth country programme evaluation.

14. In accordance with the Fifth National Development Plan, the United Nations and the Government agreed on five priority areas for the UNDAF: (a) poverty reduction; (b) health; (c) environmentally sustainable development; (d) drug prevention and control; and (e) disaster-risk reduction.

15. As a cross-cutting strategy, UNFPA will provide continued support to document best practices and promote South-South collaboration in all components of the proposed programme.

Reproductive health and rights component

16. This component has three outcomes. The first outcome is: improved national capacity to provide holistic, integrated and high-quality primary health-care services in urban areas, especially for groups that are most at risk, based on the family practice model. This outcome has one output.

17. Output 1: Increased availability of high-quality, comprehensive, integrated reproductive health services, information and commodities, particularly for groups that are most at risk. UNFPA will support the Government in: (a) reviewing, developing and implementing standards, guidelines and training materials, taking into account national policies, lessons learned and the

latest international evidence-based reference documents and standards on reproductive health care, with a focus on family practitioners; (b) improving the capacity for disaggregated data collection and analysis to monitor and evaluate the national reproductive health programme; (c) increasing awareness of reproductive health cancers and supporting screening and prevention programmes; (d) strengthening health-sector support to promote reproductive health and a healthy family life, including through premarital and marital counselling; (e) increasing awareness among communities, and women in particular, of the availability of reproductive health services and their benefits to women and their families; and (f) conducting surveys and operational research on reproductive health issues and supporting evidence-based advocacy to promote women's reproductive health and well-being.

18. The second outcome is: strengthened capacity of the health system and other relevant institutions to promote and implement policies and programmes that reduce non-communicable and communicable diseases. This outcome has one output.

19. Output 2: Increased awareness of and improved services for HIV/AIDS and sexually transmitted infections. UNFPA will support the Government in the following areas: (a) education and the provision of information on preventing HIV/AIDS and sexually transmitted infections; (b) condom promotion and programming, particularly among groups that are most at risk; (c) the expansion of pilot government initiatives that prevent and provide information and services on sexually transmitted infections and HIV, based on systematic assessments of these initiatives; (d) advocacy for integrating successful interventions into the family practice model; and (e) operational research and surveys to meet data and information needs.

20. The third outcome is: strengthened national capacity to respond in a holistic way

to the health needs of the population affected by disasters and injuries. This outcome has one output.

21. Output 3: Strengthened national capacity for preparedness and the management of reproductive health services in emergency situations. UNFPA will support the Government in strengthening the capacity of the Ministry of Health and Medical Education and the Iranian Red Crescent Society to: (a) include reproductive health and protection-related issues in relevant plans, protocols and guidelines; (b) train and sensitize service providers to provide reproductive health and protection services and information for groups that are most at risk; (c) increase community awareness of the impact of disasters, on women and girls in particular, and of the availability of services; and (d) further enhance the capacity of rapid-response teams by orienting and training volunteers on reproductive health, the needs of women and girls, and protection-related issues.

Population and development component

22. The outcome of this component is: contribute to the further strengthening of evidence-based policies and programmes based on disaggregated population data and analysis, including analysis of the demographic window of opportunity and its implications. This component has two outputs.

23. Output 1: Enhanced national capacity to collect, analyse, disseminate and utilize disaggregated population data for decision-making, evidence-based policy formulation, programming and monitoring of national achievements with regard to relevant Millennium Development Goal indicators and the Programme of Action of the ICPD. UNFPA will support the Government in strengthening the capacity of the Statistical Centre of Iran to provide training to government managers on evidence-based programming and management. UNFPA will also provide support to the Government for:

(a) national institutions, in order to harmonize and disaggregate demographic data and information; (b) the demographic and health survey, demographic research and surveys on emerging population issues, including the demographic transition, ageing and urbanization, and their impact on women and men; and (c) advocacy efforts to promote the updating and dissemination, nationally and internationally, of an increased number of relevant indicators.

24. Output 2: Strengthened national capacity to formulate and implement a support programme for the institution of the family, female-headed households and poor women.

UNFPA will support the Government in: (a) conducting operational research and surveys on relevant topics, including female-headed households, to provide data and analysis on the status of women for evidence-based programming; (b) supporting evidence-based advocacy among government partners to address the needs of female-headed households, particularly their health needs; (c) raising the awareness of female-headed households regarding the availability of support services; (d) raising the awareness of communities of the situations of female-headed households; and (e) formulating strategies and action plans to strengthen the institution of the family. UNFPA will work with other United Nations organizations to develop a multisectoral plan to address the well-being of female-headed households.

IV. Programme management, monitoring and evaluation

25. UNFPA and the Government will implement the programme within the context of the UNDAF. A steering committee, co-chaired by the Ministry of Foreign Affairs and UNFPA and consisting of the main implementing partners, will be the highest decision-making body on formulating, implementing, monitoring and evaluating the proposed programme. UNFPA and the implementing partners will jointly monitor

and review the implementation of activities under each output.

26. The Government is the primary partner of UNFPA. In addition to the Government, civil society organizations and the private sector may also help to implement the programme, based on the agreement between UNFPA and its government partners. UNFPA will also work with other United Nations organizations and development partners to provide assistance through the proposed programme.

27. As outlined in the UNDAF, national ownership, culturally sensitive approaches, results-based management and the use of official data only as a point of reference shall be the underlying principles of the collaboration between the Government and UNFPA.

28. The UNFPA country office consists of a representative, an assistant representative, an operations manager, and programme and administrative support staff. UNFPA will also recruit other personnel, as necessary, to implement the programme. The UNFPA regional office for Asia and the Pacific, based in Bangkok, Thailand, will assist the UNFPA country office in identifying technical resources and will provide quality assurance.

RESULTS AND RESOURCES FRAMEWORK FOR THE ISLAMIC REPUBLIC OF IRAN

Government priorities (2011-2015): health and natural disasters UNDAF outcomes: (a) improved national capacity to provide holistic, integrated and high-quality primary health-care services in urban areas, especially for groups that are most at risk, based on the family practice model; (b) strengthened capacity of the health system and other relevant institutions to promote and implement policies and programmes to reduce non-communicable and communicable diseases; and (c) strengthened national capacity to respond in a holistic way to the health needs of populations affected by disasters and injuries				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome 1:</u> Improved national capacity to provide holistic, integrated and high-quality primary health-care services in urban areas, especially for groups that are most at risk, based on the family practice model</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of urban districts covered by family practice programmes • Number of family practice units, teams and practitioners functioning or operating in urban areas <p><u>Outcome 2:</u> Strengthened capacity of the health system and other relevant institutions to promote and implement policies and programmes that reduce non-communicable and communicable diseases</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of objectives of the third national HIV/AIDS strategic plan achieved • Number of subregional agreements and resolutions that seek to control communicable and non-communicable diseases <p><u>Outcome 3:</u> Strengthened national capacity to respond in a holistic way to the health needs of populations affected by disasters and injuries</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of plans, standards, guidelines and local protocols that are implemented • Number of districts covered by local risk-reduction and preparedness protocols • Number of national programmes that are documented as international good practices 	<p><u>Output 1:</u> Increased availability of high-quality, comprehensive, integrated reproductive health services, information and commodities, particularly for groups that are most at risk</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health service providers and family practitioners in selected urban and peri-urban areas who follow revised or new guidelines Baseline: not available; Target: to be determined • Percentage of district health centres offering marital counselling in selected urban and peri-urban areas, as per national standards and guidelines. Baseline: not available; Target: to be determined • Percentage of health centres in selected urban and peri-urban areas that provide at least three modern family planning methods Baseline: not available; Target: 100% • Percentage of facilities in selected urban and peri-urban areas that offer screening for infertility. Baseline: not available; Target: to be determined <p><u>Output 2:</u> Increased awareness of and improved services for HIV/AIDS and sexually transmitted infections</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of the population that is most at risk in selected urban and peri-urban areas that correctly identifies ways to prevent the transmission of HIV Baseline (injecting drug users): 29.95%; Target: 55% Baseline (women who are most at risk): 26.2%; Target: 35% • Percentage of staff, working in counselling centres for vulnerable women in selected urban and peri-urban areas, who provide diagnoses and manage services, as per national guidelines (criteria to be developed) Baseline: 20%; Target: 90% <p><u>Output 3:</u> Strengthened national capacity for preparedness and the management of reproductive health services in emergency situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health staff and volunteers who are knowledgeable about reproductive health and the protection of the family and women in emergency settings, as per national guidelines Baseline: 40%; Target: 100% • Issues related to reproductive health and protection are integrated into the structure of the rapid response teams of the Iranian Red Crescent Society, for application in emergency responses Baseline: No; Target: Yes 	<p>Ministry of Health and Medical Education</p> <p>Centre for Disease Control; Ministry of Health and Medical Education</p> <p>Iranian Red Crescent Society; Ministry of Health and Medical Education</p>	\$5 million from regular resources

