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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Iraq

Proposed indicative UNFPA assistance: \$40.9 million: \$6.4 million from regular resources and \$34.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Four years 2016-2019

Cycle of assistance: Second

Category per decision 2013/31: Yellow

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.5	10	12.5
Outcome 2	Adolescents and youth	0.5	6.5	7.0
Outcome 3	Gender equality and women's empowerment	0.7	15	15.7
Outcome 4	Population dynamics	1.8	3	4.8
Programme coordination and assistance		0.9	-	0.9
Total		6.4	34.5	40.9



I. Situation analysis

1. The population of Iraq increased from 8 million in 1965 to an estimated 37 million in 2015. This rapid growth is fuelled by a high total fertility rate, currently estimated at 4.2, a low contraceptive prevalence rate (modern methods) at 33.6 per cent and a relatively high life expectancy at birth 67.6 years for males and 70.9 for females. The majority of the population of Iraq (69.9 per cent) lives in urban areas.

2. Since 2014, the sudden escalation of the conflict in Iraq has caused several successive massive waves of displacement, with a total of 3.2 million internally displaced persons. More than 90 per cent of internally displaced persons live within host communities, particularly within the Kurdistan Region, which has seen a population increase of 30 per cent over the last two years. In addition, 250,000 Syrian refugees are still hosted within Iraq. The population influx, the lack of adequate health professionals and structural damage to facilities have contributed to the decreased capacity to deliver timely and high-quality services, and has put significant strain on existing social services, including reproductive health services.

3. Between 1990 and 2013, the maternal mortality ratio declined from 117 deaths per 100,000 live births to 35.7 per 100,000 live births. Over 90 per cent of deliveries were with a skilled birth attendant and over 75 per cent were in a health facility. Despite these positive trends, the Millennium Development Goal (MDG) target was not achieved; recent conflict-related access issues are expected to reverse or stall this progress. An assessment carried out by Ministry of Health in 2014, revealed that currently only 25 facilities have the capacity to deliver emergency obstetric and neonatal care (EmONC).

4. Iraq is at a demographic turning point, with 60 per cent of the population under the age of 25, it has one of the most 'youthful' populations in the world. Young people's access to formal education and health services, including sexual and reproductive health services, is negatively affected by the years of conflict and displacement. One in three young persons in the age group 15-29 is illiterate, with a marked gender difference between young women and young men (36.2 per cent and 22.4 per cent, respectively).

5. The low level of political and civic participation by young people hinders them from contributing to the development in Iraq. Young people are not adequately represented in national planning processes and not afforded space for dialogue and engagement with the Government. However, the Government has clearly indicated its interest in engaging with young people and involving them in the development processes within Iraq.

6. The 2014 Human Development Report ranks Iraq 120 out of 187 countries, with a gender inequality index estimated at 0.54. Iraqi women and girls are subject to domestic violence, 'honour' killings, early and forced marriages and human trafficking. Domestic violence is common, with 46 per cent of currently married women exposed to at least one form of spousal violence. Although the legal age of marriage is 18 years for both men and women, 21 per cent of young women aged 15-19 years and 5.5 per cent under the age of 15 are married. In the Kurdistan Region, 43 per cent of women aged 15-49 years have experienced some form of female genital mutilation, despite the fact that the practice is criminalized.

7. Conflict and displacement have acutely increased the vulnerability of women and put them at higher risk of violence, including sexual exploitation. The 2015 Iraq Humanitarian Response Plan estimates that approximately 630,000 women are in need of protection assistance. Female-headed households are particularly vulnerable due to their precarious economic and social situation. A disturbing negative coping mechanism emerging from the conflict situation is the increased incidence of child-marriages. The existing service structure has been overwhelmed and the standardized protocols for gender-based violence services, including reporting and case management, are largely absent.

8. Iraq's institutions have suffered from the attrition effects of conflict, challenging their ability to formulate policies, design programmes and deliver services, including in the areas of population, gender and reproductive health. While the capacity of statistical institutions has recently improved, Iraq has limited capacity to provide up-to-date and disaggregated data for evidence-based policymaking. With the demographic changes in Iraq over the past two years, there is a need to revisit national and sectoral strategies that were designed based on the 2012 population-based survey.

II. Past cooperation and lessons learned

9. The first country programme for Iraq (2011-2014), which was extended to 2015, made contributions to improving sexual and reproductive health; integrating life skills and civic engagement for young people in national programmes; establishing structures for gender equality and empowerment of women; and availing disaggregated population data for decision-making.

10. The programme supported the Ministry of Health to formulate the reproductive health strategy for 2013-2017, family planning guidelines, youth-friendly health services guidelines and revision of curricula for midwifery training. The programme improved the policy environment and technical capacity for gender equality and empowerment of women through formulation of national and regional violence against women strategies and action plans.

11. Lessons learned during the implementation of the previous programme include the following recommendations: (a) focus on preparedness plans for gender-based violence and reproductive health services in the event of escalation of the crisis; (b) strengthen the capacity of the maternity centres, the referrals from women's centres in the camp to the maternity centres (basic EmONC) and to the tertiary reproductive health facilities; (c) strengthen and support the capacity of health providers through a monitoring system for better accountability and quality of care standards; (d) target more young vulnerable people in the context of Y-Peer and other youth networks; (e) recognize and support the role of non-governmental organizations in filling the service delivery gap in the humanitarian context, and ensure the standardization of their services, particularly in the context of gender-based violence services; (f) address the host community needs alongside those of the displaced, as it is important for community cohesion; and (g) strengthen the national referral system and state institutions to provide support to gender-based violence survivors.

III. Proposed programme

12. The second country programme of Iraq is guided by analytical studies and assessments and benefited from multisectoral consultations with the Government, civil society and other United Nations agencies. It is aligned with the National Development Plan (2013-2017), the United Nations Development Assistance Framework (UNDAF) (2015-2019), the UNFPA Strategic Plan (2014-2017), and the 2015 Iraq Humanitarian Response Plan.

13. Iraq was declared a United Nations system-wide level three emergency in 2014. Therefore, due to the humanitarian situation, UNFPA modes of engagement will include service delivery in addition to targeted capacity development and knowledge management. The new programme will situate itself in the current humanitarian context to provide targeted support to internally displaced persons, host communities and refugees, while deliberately seeking to build linkages between the short and medium-term humanitarian context and the development context through resilience and preparedness strategies.

14. The proposed programme will deliver the majority of its interventions at a subnational governorate level, both in the Kurdistan Region (Duhok, Sulimania, Erbil) and in the Central South Region (Diyala, Baghdad, Najaf, Ninewe). However, depending upon the flow of internally displaced persons, security and access, this scope may change.

A. Outcome 1: Sexual and reproductive health

15. Output 1: 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. This will be achieved through advocacy and policy dialogue, capacity development, knowledge management and service delivery as a part of humanitarian response. Strategies will include (a) increasing the coverage and referral system of basic and comprehensive emergency obstetric and neonatal care services; (b) increasing coverage of family planning services for populations affected by emergencies; (c) developing protocols, guidelines and policies on sexual and reproductive health; (d) awareness-raising on sexual and reproductive health; (e) improving the logistics management information system for a better reproductive health commodity security; and (f) strengthening youth-friendly services tailored to the needs of young people affected by emergencies.

B. Outcome 2: Adolescents and youth

16. Output 2: Enhanced capacity of 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. This will be achieved through advocacy and policy dialogue, capacity development and knowledge management. Strategies will include (a) support to development of a national youth strategy; (b) roll-out of life skills and civic engagement education, with particular focus on adolescents and youth in humanitarian settings; (c) support for youth-led networks and organizations to participate in planning and implementation of programmes that address their needs; (d) scale-up of outreach of capacity building interventions for displaced and out-of-school young people; and (e) increased public awareness and support to the sexual and reproductive health needs of young people.

C. Outcome 3: Gender equality and women's empowerment

17. 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. To achieve this, UNFPA will provide support to (a) strengthen a multisectoral response, including referral pathways to gender-based violence (health, including clinical management of rape, psychosocial and legal response); (b) review policies, legislation and institutional frameworks on practices that are harmful to women, including female genital mutilation; (c) develop a national gender-based violence strategy; (d) support women civil society organisations to advocate for gender equality and empowerment of women; (e) increase public awareness of the detrimental impact of gender-based violence on families and communities, including female genital mutilation, child and forced marriage, domestic violence, honour killings and human trafficking; (f) strengthen the role of the gender-based violence subcluster to provide technical leadership and facilitate cooperation and coordination among organizations active in gender-based violence prevention and response; and (g) establish a gender-based violence information management system to collect, store, and analyse incidents reported by survivors using standardized tools and definitions to allow for information sharing in an ethical, secure and anonymous manner.

D. Outcome 4: Population dynamics

18. Output 4: Increased national capacity for the production and dissemination of high-quality disaggregated data to inform policies and programmes and to promote the integration of population dimensions in development planning. This will be achieved through advocacy and policy dialogue and knowledge management. Strategies include (a) supporting central statistical organizations to conduct large scale population-based surveys; (b) upgrading

national expertise to respond to population data needs and in-depth analysis in humanitarian settings; (c) improving user-friendly data dissemination; (d) providing technical assistance in support of monitoring the sustainable development goals; and (e) supporting the development of tools and mechanisms aimed at promoting integration and monitoring of population dynamics in development.

IV. Programme management, monitoring and evaluation

19. The country office relies on the 2014 partnership plan to facilitate the implementation of the programme. The Ministry of Planning will be the coordinating authority for the programme. National execution continues to be the preferred implementation arrangement. UNFPA will carefully select implementation partners based on their ability to deliver high-quality programmes, and will continuously monitor the performance of partners, which might be constrained due to the fluid security situation. UNFPA will periodically adjust implementation arrangements, as necessary.

20. In delivering the country programme, in addition to partnerships with other United Nations agencies and non-government organizations, UNFPA will also strongly rely upon South-South and triangular cooperation, seeking technical assistance from other country offices, the regional office, headquarters and academic research institutions. In the event of an emergency, UNFPA may, in consultation with the programme country, re-programme activities to better respond to emerging issues, especially live-saving measures.

21. The country programme will be delivered through a core team of staff funded from the UNFPA institutional budget and regular resources, complemented by personnel recruited for short-term for delivery of humanitarian initiatives. In order to respond to surge demands for staff capacity, the UNFPA country office will also rely upon deployment modalities such as the NORCAP roster of experts of the Norwegian Refugee Council and CANADEM, in addition to UNFPA internal detail assignments and short-term missions.

RESULTS AND RESOURCES FRAMEWORK FOR IRAQ (2016-2019)

<p>National priority: Human and social development UNDAF outcome: Targeted government institution capacities strengthened for accountability, transparency, and provision of equitable and quality services. Indicators: Neonatal mortality rate; percentage of budget allocated to women reproductive health and family planning programme at national and governorate level; percentage of health facilities offering reproductive health and family planning package.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health 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 <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Modern contraceptive prevalence rate <i>Baseline: 33.6%; Target: 36%</i> • Proportion of deliveries attended by skilled health workers <i>Baseline: 90.9%; Target: 95%</i> 	<p>Output 1: Increased capacity of Ministry of Health and civil society organizations to deliver integrated high-quality reproductive health services that meet the needs of vulnerable populations, especially those in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Proportion of primary health care units in the target areas providing family planning services <i>Baseline: 15%; Target: 50%</i> • Percentage of health care providers with capacity to deliver family planning method mix in the target areas <i>Baseline: 40%; Target: 60%</i> • Number of primary health care centres that have integrated youth-friendly services into the basic package of health services <i>Baseline: 17; Target: 40%</i> • Number of health centres with delivery rooms complying with EmONC <i>Baseline: 26; Target: 52</i> • Number of UNFPA-funded women centres implementing the SRH awareness programme <i>Baseline: 0; Target: 80</i> 	<p>Ministries of Health; Education; Higher Education and Scientific Research; Kurdistan Regional Government; Directorates of Health Services; non-governmental organizations; the media; World Health Organization; United Nations Children's Fund</p>	<p>\$12.5 million (\$2.5 million from regular resources and \$10 million from other resources)</p>
<p>National priority: Human and social development UNDAF outcome: Increased inclusion of women and minority groups in decision-making processes on development issues at national and subnational levels Indicator: Percentage of women and minority group members of Governorate Councils. Percentage of youth engaged/participating in local social change organizations.</p>				
<p>Outcome 2: Adolescents and youth 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. <u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Country has laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services. <i>Baseline: No; Target: Yes</i> 	<p>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</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of centres that train vulnerable adolescents and youth in life skills <i>Baseline: 0; Target: 30</i> • Number of governorates covered under Y-PEER capacity-building interventions <i>Baseline: 5; Target: 8</i> • Revised National Youth Strategy <i>Baseline: 0; Target: 1</i> 	<p>Ministries of Labour and Social Affairs; Youth and Sports; Health; Education; Higher Education and Scientific Research; Kurdistan Regional; Government; Directorates of Health Services; non-governmental organizations; the media; World Health Organization; United Nations Children's Fund; International Labour Organization</p>	<p>\$7 million (\$0.5 million from regular resources and \$6.5 million from other resources)</p>

<p>National priority: Human and social development UNDAF outcome: Increased inclusion of women and minority groups in decision-making processes on development issues at national and subnational levels Indicator: Percentage of women and minority group members of Governorate Councils. Percentage of youth engaged/participating in local social change organizations</p>				
<p>Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances <i>Baseline: 58%; Target: 30%</i> Number of women and girls accessing gender-based violence services in UNFPA-supported facilities <i>Psycho-social services: Baseline: 420,000 women; Target: 1,000,000 women</i> <i>Clinical services for survivors of sexual violence): Baseline: 650 women; Target: 5,000 women</i> 	<p>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</p>	<p>Output indicators:</p> <ul style="list-style-type: none"> 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. Medical Personnel: <i>Baseline: 51; Target: 100</i> Social Workers: <i>Baseline: 163; Target: 200</i> Uniformed personnel: <i>Baseline: 224; Target: 400</i> Number of women centres supported by UNFPA to provide gender-based violence (including sexual violence) services in humanitarian settings <i>Baseline: 54; Target: 80</i> Number of UNFPA-supported advocacy campaigns at the governorate level against female genital mutilation. <i>Baseline: 0; Target: 4</i> Sexual and gender-based violence minimum standards adopted at subcluster level <i>Baseline: No; Target: Yes</i> Number of women centres offering gender based violence prevention services that are adhering to standard operating procedures (staff trained, monitoring system in place) <i>Baseline: 0; Target: 70</i> 	<p>Ministry of Culture; Ministry of Human Rights; Ministry of Justice; Ministry of Interior; Parliament; Kurdistan Regional Government; non-governmental organizations; the media; World Health Organization; United Nations Children's Fund; United Nations Entity for Gender Equality and Empowerment of Women</p>	<p>\$15.7 million (\$0.7 million from regular resources and \$15 million from other resources)</p>
<p>National priority: Population and workforce UNDAF outcome: Government capacity at national and subnational levels enhanced for evidence-based decision-making. Indicators: Number of Governorates using statistics disaggregated by gender and age. (<i>Baseline: 0; Target: All Governorates</i>).</p>				
<p>Outcome 4: Population dynamics 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</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> National development plan addresses population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: 0; Target: 1</i> 	<p>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</p>	<p>Output indicators:</p> <ul style="list-style-type: none"> Number of staff from relevant government ministries successfully completing workshop on data collection, management, analysis and dissemination. <i>Baseline: 0; Target: 4 in every ministry</i> Number of thematic in-depth analysis reports on key population issues produced <i>Baseline: 0; Target: 3</i> Number of humanitarian crisis assessments conducted by the Government that reflect sexual and reproductive health, gender-based violence and youth issues <i>Baseline: 0 (2014-2015); Target: 3</i> 	<p>Ministry of Planning; Central Statistics Office; Kurdistan Regional Statistics Office; National Population Commission; national research institutions</p>	<p>\$4.8 million (\$1.8 million from regular resources and \$3.0 million from other resources)</p>