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Summary of midterm reviews of country programmes

Middle East and North Africa region

Summary

This regional summary of midterm reviews of country programmes conducted in 2008 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

Introduction

1. This report covers the midterm reviews (MTRs) of the country programmes of Iran (2005–2009) and Iraq (2007–2010), both completed in 2008. The Iran MTR took place at a time of increasing tension over the country's nuclear research programme and discussions in the United Nations General Assembly regarding matters of human rights. The MTR in Iraq was conducted amidst significant improvements in its security environment, following years of extreme and unpredictable violence, which seriously constrained programme implementation.

Midterm reviews

Iran

2. **Process.** The MTR of the 2005–2009 programme of cooperation was highly participatory; it involved national consultations with government counterparts and other stakeholders, as well as assessments and evaluations of programme results. The MTR process was coordinated by the Ministry of Foreign Affairs. Joint teams

* E/ICEF/2009/16.

from the Government and UNICEF were established to conduct a sectoral review of the components of the country programme, designed in the context of Iran as a middle-income country. Despite some delays, the Government and UNICEF successfully concluded the review and signed the MTR document in August 2008.

3. **Update of the situation of children and women.** There has been substantial progress in reducing child mortality in Iran. From an average of 46 child deaths per 1,000 live births in 1993, the under-five mortality rate decreased to 40 per 1,000 live births in 2003 and 34 per 1,000 live births in 2007. Newborn and infant mortality rates have also been continuously decreasing in the past decade because of increased access to primary health care and education services. Malnutrition and child care feeding practices remain a challenge, especially in disparity provinces where there is a high prevalence of underweight, wasting and stunting among children.

4. Declining trends in under-five mortality have been accompanied by changes in the underlying causes of death structure; the main cause of child mortality and morbidity has shifted from communicable diseases to injuries. In 2006 alone, road traffic accidents caused the death of 2,700 children under the age of 15 years and led to injuries among 95,000 children and adolescents under the age of 20 years.

5. Reliability of data on the incidence of HIV/AIDS is a major obstacle to national monitoring efforts. Ministry of Health statistics show that the cumulative number of HIV infections increased, from 13,432 in April 2006 to 18,320 in September 2008. Injection drug use is the most important cause of infection (69 per cent), followed by sexual transmission (8 per cent), although the share of unknown causes is significant. (21 per cent).

6. Iran has been successfully moving towards reaching universal primary education. The enrolment rate for the first grade of primary school is above 98 per cent and more than 93 per cent of primary school students complete the fifth grade. However, unregistered children cannot attend national schools and alternative education establishments set up by Afghan teachers living in Iran are closed down from time to time by the Iranian authorities. Recent negotiations with the Ministry of Interior have provided opportunities to develop joint models that would allow access to education for non-registered children.

7. The increase in the provision of educational opportunities for girls and women, especially at the tertiary level, has not been matched with the creation of equal job opportunities. The employment rate for women in Iran is about 33 per cent and their unemployment rate is higher than that of men. Moreover, women occupy only 13 per cent of senior positions in the country. Women experience discrimination in the civil and penal code and are also disadvantaged in the areas of family law and employment benefits.

8. **Progress and key results.** UNICEF continued to provide significant support to Iran's innovative community-based model for birth registration in 12 focus districts. This model helped to increase, between 2006 and 2007, the birth registration rate in the first year of life, from 62 per cent to about 69 per cent in Sistan and Baluchistan province and from 84 per cent to 86 per cent in Hormozgan province. The country programme also expanded early childhood care services in these focused districts and supported staff training and the provision of supplies to 69 new rural child care centres. Started as a pilot activity, the number of centres is now over 5,000 nationwide.

9. The Rural Girls' Education Model, developed in cooperation with the Ministry of Education in 2004 and partially implemented, was adopted again in 2007. An important achievement has been the decision of the Government to expand the implementation of the model to four provinces: Ilam, South Khorasan, Golestan, and Lorestan. More than 13,000 young girls studying in rural schools of the focus provinces and about 6,500 primary-school-age girls in other areas benefit from quality participatory teaching and learning with the assistance of 450 peers selected from the local communities.

10. In the area of legislation and enforcement, UNICEF supported the drafting of a comprehensive child protection bill. This bill for the first time removes the differences between girls and boys in preventive and protective services. Strong sanctions are foreseen in the bill against parents or caregivers for abuse of children under their custody. The development of codes of conduct for teachers, health workers and social workers was also initiated. The codes of conduct will be instrumental in ensuring the protection of children's rights in school, in the health system, and in environments where social workers come into contact them. UNICEF invested in children's rights advocacy and in the reform of the judicial system. As a result of these efforts, the Iranian Parliament ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and Iran formally acceded to the Optional Protocol on 26 September 2007. A national policy and a communication strategy for child abuse prevention were developed and scaling-up of child helplines and related capacity-building were initiated.

11. Within the framework of the Convention, the issue of children in conflict with the law – and death penalty for children under 18 – has been addressed within the overall focus on supporting juvenile justice. UNICEF has developed successful strategies to advocate against juvenile execution cases, including advocacy at the individual family level for the granting of 'pardons' and working at the national level in liaising with an oversight committee within the judiciary. Furthermore, advocacy is now leading to discussions between UNICEF and the Government on the reintegration of young people who have been on 'death row' as well as prevention mechanisms.

12. Along with promotion of quality service delivery within the health sector, UNICEF made extensive efforts to bring the issue of life skills-based education back on the agenda of the Ministry of Education. One year of negotiations with the Ministry of Education resulted in the resuscitation of a 'healthy life style' package — developed jointly in 2004 but suspended in 2005 due to sensitivity concerning the subject. UNICEF expanded its partnership with religious leaders, mainly in the areas of advocacy for people living with HIV and AIDS, including issues such as stigma, prevention, care and support. Development of the Iranian version of 'What We Religious Leaders Can Do to Fight HIV and AIDS' was a milestone in the UNICEF collaboration with Shiite clergymen. UNICEF led the development of the first joint programme on HIV/AIDS between the Government and the United Nations, with 10 participating agencies.

13. **Resources.** Over the first three years (2005–2007) of the country programme cycle, the total funds allocated by UNICEF were \$9.2 million, of which \$4.9 million were regular resources (RR) and \$4.3 million other resources (OR). The expenditure rate was 98 per cent for total resources, 99 per cent for RR and 96 per cent for OR.

14. **Constraints and opportunities affecting progress.** The country programme has been implemented in a context constrained by the international tensions over the country's nuclear research programme.

15. **Adjustments.** There were few proposed changes to the components and structure of the current country programme. The major change that resulted from the MTR was the introduction of a programme implementation framework, dealing mainly with administrative features of the country programme. Two new partners were added to the country programme; The Ministry of Interior for the district implementation teams initiative and the Centre for Women and Family Affairs (Presidential Office) for the women's empowerment project. These new partners are strategic and present real opportunities for making significant progress in the implementation of the country programme. The new partnership with the Ministry of the Interior has also presented opportunities for sectoral programmes working in the focus districts.

Iraq

16. **Process.** The MTR process for the Iraq country programme (2007-2010) was participatory at all stages. Starting in March 2008, a series of planning and review meetings and a special session on MTR processes were conducted with partners. Sectoral review meetings were held with all relevant government ministries and institutions and finalized in Baghdad in November 2008. These meetings led to separate reports that were consolidated into one full national MTR outcome document. The review process culminated with the official MTR meeting held in Baghdad and chaired by Iraq's Minister for Foreign Affairs in December 2008. One important component of this high-level national event was the launch of the Children's Peace Flag along with the Iraq Children's Appeal, which allowed children to state their wish for a peaceful and developed Iraq. The children's flag and appeal now serve as important platforms for advocacy for the fulfilment of children's rights and for resource mobilization.

17. **Update of the situation of children and women.** The under-five mortality rate in Iraq (41 per 1,000 live births) is relatively high, compared to neighbouring Syria (14 per 1,000 live births) and Jordan (25 per 1,000 live births). The estimate for the past 15 years stands at 49 per 1,000 live births, suggesting only a slight improvement in the rate of survival among children under the age of five. Mortality among infants and newborns constitute 85 per cent and 58 per cent, respectively, of the under-five mortality. Reducing infant and neonatal mortality remains therefore a major route to further declines in under-five mortality in Iraq. Disparities at subnational levels persist, with under-five mortality at its peak in Salahaddin governorate, where it is 70 per cent higher than the national average.

18. Insecurity has resulted in low primary school attendance rates across Iraq. In the most deprived communities of Anbar, Babil and Basrah, less than 60 per cent of children between the ages of 6 to 11 years attend school regularly, while in Baghdad, Nineveh and Tameem, the figures drop to 30 per cent. In many of these governorates, over 30 per cent of primary schools are operating two or more shifts per day, compromising quality of education. Learning opportunities for out-of-school children and youth are limited. The Accelerated Learning Programme (ALP) currently provides education opportunities for only 17,000 students, with a severe

enrolment gap between boys and girls — the number of boys enrolled by the end of the 2007/2008 scholastic year was three times higher than that of girls.

19. Iraq is mostly dependent on river water for domestic, agricultural and industrial use. Unfortunately, the Tigris water level has dropped below the minimum 27 metres mark, creating serious water shortages in Baghdad. Iraq is also experiencing one of the worst droughts of the past ten years, with serious negative impacts on local agriculture and food production. Water quality continues to be an issue, particularly in southern Iraq, where 98 per cent of the population in Basra relies on reverse osmosis treatment of water because the local supply is too salty for either drinking or cooking. With respect to sanitation, only 17 per cent of all sewage is treated, though not efficiently, and large amounts of untreated sewage drain continuously into the Tigris River. Solid waste management continues to be inadequate, with only 45 per cent of garbage, refuse and other discarded materials collected. The remainder is either dumped onto open land or into rivers, posing a serious threat to public health and to the environment.

20. Recurrent violence has destroyed institutions and systems of physical, social and legal child protection in most parts of the country. Children live in fear of violence or have witnessed acts of extreme violence that may have taken the lives of persons known to them. Even in situations where children have escaped from direct violence, they have been exposed to psychosocial stress passed on by the caregivers and adults around them. More than 35 per cent of adults suffer from the impact of psychosocial stress, which is not conducive to a healthy living environment for children. Violence in the home is also the daily lot of many women in Iraq. In a recent national survey, one in five women reported physical violence, while one third were victims of emotional violence. Of growing concern is the re-emergence of gender-based violence, including honour crimes in some parts of Iraq, such as Baghdad, Basra, Diyala and the Kurdistan region.

21. **Progress and key results.** Despite major obstacles hampering outreach services, mainly due to insecurity, 42 of Iraq's 114 districts had coverage of above 80 per cent for three doses of combined diphtheria/persussis/tetanus vaccine. A national measles, mumps and rubella campaign was implemented in 2007, reaching 3.4 million children. UNICEF supported the Ministry of Health and the Directorate of Health to carry out a number of mop-up campaigns from March to May 2008, vaccinating nearly 500,000 children aged 9–29 months with measles, mumps and rubella vaccines in Anbar, Ninevah, Kirkuk and Salahaddin governorates and successfully controlling the measles outbreak in these areas. Two accelerated campaigns, for polio and measles immunization, reached 4.6 million children under the age of five (96 per cent of the target). UNICEF provided 2 million doses of oral polio vaccine, vaccination registers and transportation for 7,300 mobile teams. As a result of these efforts, Iraq remains polio-free.

22. A policy on the use of new oral rehydration salts and zinc was adopted by Ministry of Health, and UNICEF supplied an initial quantity of zinc sufficient for the treatment of 1 million cases. Household use of adequately iodized salt in Iraq remains low (26 per cent). UNICEF has been advocating for the Ministry of Health and the Ministry of Industry to take responsibility for procurement of potassium iodate. A communication strategy for universal salt iodization is being developed and a media campaign is being tested in three northern governorates.

23. Infant and young child feeding interventions were sustained throughout the country, with UNICEF training over 4,000 staff at various levels and representatives from women's groups in breastfeeding promotion and support. One maternity hospital in Erbil has received full accreditation through the Baby-friendly Hospital Initiative (BFHI) and another four are in line to become baby-friendly hospitals. Five BFHI-certified hospitals were re-assessed and retained their BFHI status.

24. The 'Go to School, Stay in School' campaign supported some 4.7 million primary-level children through provision of essential learning materials. Over 200 schools were built or rehabilitated to reach child-friendly standards. This initiative helped reduce the cost of education as well as classroom crowding rates, thus allowing higher primary school enrolment and retention rates. Survey data show an increase of 13 per cent in enrolment rates and 10 per cent in attendance rates, with a 14 per cent increase in girls' enrolment. Many Iraqi children have been forced to stay home and face shorter schooling days due to insecurity. To ensure continued schooling for this group, the Ministry of Education and UNICEF have initiated the development of supplementary learning materials for children. UNICEF emergency education activities helped over 100,000 children in crisis situations to continue learning. Education supplies, including 'school-in-a-box' kits, tents and recreation kits, were provided following the Sinjar bombing for resumption of schooling and to give children access to recreational activities.

25. Development of a communication strategy for HIV prevention among young people was initiated in 2007 and completed in 2008. As a result of the joint advocacy efforts by UNICEF, the United Nations Development Programme and the World Health Organization, the United Nations country team listed HIV as a priority for the country team. UNICEF supported the development and printing of several resource materials in Kurdish, including life skills and reproductive health manuals for educators, educational leaflets for young people and caregivers and guidelines for professionals. Intensive advocacy at different levels of the Multinational Forces of Iraq encouraged them to introduce measures to expedite the handling of the cases of children who were held in custody without trial or formal charges.

26. **Resources.** Total funds allocated by UNICEF for its Iraq programme over the first two years (2007–2008) were \$97.8 million, of which 4.4 million were RR and \$93.4 million for OR. Expenditure over the same period were 70.4 million in total resources, \$4.2 million in RR and \$66.2 million in OR, leading to expenditure rates of 72 per cent (total), 96 per cent (RR), and 71 (OR) per cent.

27. **Constraints and opportunities affecting progress.** The bombings at Samara Shrine and Sinjar hampered the implementation of programme interventions and weakened access and outreach. Funding shortfalls constituted major programme constraints, often requiring rationalization and fundraising efforts. High turnover of various levels of health staff throughout the country has put substantial strain on the capacity of the Ministry of Health to sustain basic health and nutrition services. Health officials are increasingly reluctant to travel to Baghdad to collect medicines, equipment and vaccines, causing stock-outs and shortages at the local level.

28. There have been significant reductions in security incidents since the beginning of 2008. Consequently, UNICEF has recently reinforced its presence in Baghdad and across all governorates. This is expected to lead to strengthened upstream work, especially in the areas of child budgeting and strategic planning. Moreover, for the first time since the onset of the war in 2003, the UNICEF

Representative has presented his credentials to the Ministry of Foreign Affairs in Baghdad.

29. **Adjustments.** UNICEF has taken the opportunity provided by the MTR to rethink and strategically reorient its programming paradigm, given the changing environment in Iraq today. As security and access continue to improve and as the Government of Iraq focuses more on decentralization and spending for social services, UNICEF will direct its programming at three levels: (a) the national level for upstream policy development, such as fiscal reforms and strengthening of social policies; (b) the nationwide level for key responses that affect all children across the country; and (c) at the governorate and local levels, including targeted vulnerable communities, through an integrated and multisectoral area-based programming approach. Programming over the remainder of the country programme cycle will be anchored through these three pillars to ensure that results for children are strategic, focused, and measurable.

Conclusion

30. Iran has made significant progress in the provision of social security, health and education services, thereby raising its human development status as a middle-income country. The MTR reconfirmed the results and structure of the current country programme of cooperation with the Government. Among the main achievements of the MTR were the endorsement of the 'protective environment' as the programmatic framework for the joint work in child protection, the interest in expanded support for the capacity of subnational authorities in social planning and monitoring, and a strong demand for a UNICEF role in disaster preparedness. The MTR also called for greater UNICEF support in the areas of early childhood care and adolescents, including behaviour change communication. The MTR endorsed the importance of building partnerships in promotion of children's rights and research on children's rights and Islam with universities and other academic institutions.

31. Though in a state of fragile transition, Iraq is moving towards gradual stabilization. A marked drop in violence, improvements in access to social services, a better economic outlook and clear signs of more assertive political leadership are enabling the Government of Iraq to focus on decentralization and social spending. This changing environment is paving the way for the United Nations to expand its presence in Iraq, necessitating UNICEF to reorient its country programme to that of a middle-income country. An important strategic shift will be from supply and service delivery towards upstream policy work. These changes will be contingent upon the increased presence of UNICEF in Iraq in 2009, drawing on Iraqi expertise in all aspects of programme delivery and management.