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**United Nations Children's Fund**  
Executive Board  
**First regular session 2005**  
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## **Revised country programme document**

### **Iraq**

#### *Summary*

The Executive Director presents the revised country programme document (CPD) for Iraq for final approval by the Executive Board. At the annual session of 2004, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been reviewed, taking into account, as appropriate, comments made by delegations during that session. No changes have been made to the text, but a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2005 on a no objection basis, unless at least five members have informed the secretariat in writing, by 10 December 2004, of their wish to bring the country programme before the Board.

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*Basic data\**  
(2002 unless otherwise stated)

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Child population (millions, under 18 years)	11.8
U5MR (per 1,000 live births)	125
Underweight (% , moderate and severe, 2000)	16
Maternal mortality ratio (per 100,000 live births, 2000)	290
Primary school attendance (% net, male/female, 2000)	83/70
Primary school children reaching grade 5 (% , 2000)	89
Use of improved drinking water sources (% , 2000)	85
Adult HIV prevalence rate (% , 2001)	<0.1
Child work (% , children 5-14 years old, 2000)	8**
GNI per capita (US\$)	***
One-year-olds immunized against DPT3 (%)	81
One-year-olds immunized against measles (%)	90

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\* Data precede the 2003 war; provisional results from ongoing surveys have substantially guided formulation of this country programme document.

\*\* Northern Iraq only.

\*\*\*World Bank estimated range is \$736 to \$2,935.

## The situation of children and women

1. Iraq is striving to emerge from a protracted period of severe disruption: war, despotism and deprivation have stunted what should have been a period of growth and development. While so many countries made tangible progress for children during the 1990s, Iraq's child survival, development and protection indicators mainly declined. The 2003 war added to Iraq's problems, but also presented opportunities: a new, more inclusive constitution will be developed; Iraq should have its first truly representational, elected government; and implementation of the 2004-2006 Iraq Reconstruction and Rehabilitation Programme (IRRP) is beginning during 2004, helping to secure the stability and progress denied Iraqis for so long.

2. Iraq ratified the Convention on the Rights of the Child in 1994, but has yet to fully implement the concluding observations of the Committee on the Rights of the Child made in 1998. Iraq also ratified the Convention on the Elimination of All Forms of Discrimination against Women and adopted a goal of 25 per cent for women's representation in the National Assembly, as referred to in the Transitional Administrative Law, signed in March 2003. However, the Committee on the Elimination of Discrimination against Women has recently raised concerns about the need to ensure that full consideration be given to the Convention on the Elimination of All Forms of Discrimination against Women with regard to the situation of women in Iraq, especially following a recent attempt to repeal established civil statutes relating to marriage, divorce, child custody and inheritance.

3. Data collection and analysis were restricted for most of the 1990s. Moreover, the three northern governorates have not been included in national statistics since the 1991 Gulf War. However, evidence provided by a recent series of UNICEF-supported surveys and studies confirmed that children and women suffered the brunt

of war and sanctions. These studies and surveys included an infant and child mortality survey in 1999, two multiple indicator cluster surveys (MICS) in 1996/2000, and a situation analysis in 2002. These culminated in the compilation of "Watching Briefs", put together with the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO), on health and nutrition, education, water and sanitation, child protection and HIV/AIDS.

4. The infant mortality rate (IMR) and under-five mortality rate (U5MR) in southern and central Iraq increased dramatically between 1989 and 1999, from 47 per 1,000 live births to 107 per 1000 live births, and from 56 per 1,000 live births to 131 per 1,000 live births, respectively. However, in the three northern governorates, IMR declined from 64 to 50 per 1,000 live births, and U5MR from 80 to 72 per 1,000 live births, over the same period. Major reported causes of death were diarrhoeal diseases and acute respiratory infections, exacerbated by undernutrition and low birthweight. Malnutrition rates increased as sanctions took hold, with the 1996 MICS recording around 23 per cent prevalence of underweight, 32 per cent of stunting and 11 per cent of wasting. The nutrition strategy of the Oil-for-Food Programme (OFFP), based in around 3,000 community-based child care units (CCUs), was instrumental in redressing this problem, with prevalence in the worst-affected southern and central areas dropping, by 2002, to around 9 per cent underweight, 23 per cent stunting and 4 per cent wasting.

5. The Maternal mortality ratio (MMR) increased from 117 per 100,000 live births in 1989 to 290 per 100,000 in 2000. Most maternal deaths (61 per cent) occurred soon after delivery or during pregnancy (24 per cent), with nearly two out of three deliveries taking place away from health institutions. Only 550 of Iraq's 1,700 public hospitals/health centres are equipped for emergency obstetric care. Poor birth outcomes result from inadequate referral of women to health facilities, maternal anaemia, low birthweight, a mother's short intervals between births, and early marriage.

6. Neglect of the education sector during the 1990s reversed most prior gains. The 2000 MICS revealed that around 24 per cent of primary school-aged children were not attending school, the percentage higher for girls (32 per cent of girls) than boys nationally, and even more pronounced in rural areas, where 51 per cent of girls were not attending school. Due to high drop out rates, the proportion of children enrolled in grade 6 was only 45 per cent of that in grade 1. Lack of space in schools, economic hardship and lack of teacher motivation are primary causes of drop out.

7. Early childhood development received insufficient attention and focused on institutions. Iraq has only 600 pre-primary schools, and enrolment in these decreased in southern and central Iraq, from 79,000 children in 1991 to 68,000 in 2001. Despite the destruction and looting of the 2003 war, the school system was quickly restarted, and 95 per cent of registered primary and secondary students sat their final exams in July 2003. Teachers' salaries rose, from \$3-5 per month during the period of sanctions to \$60-180 in 2003. Post-war assessment indicated that 80 per cent of schools do not have functional water and sanitation systems, and 12,000 schools needed rehabilitation. Sustainable increases in enrolment, attendance and retention rates are also needed, linked to upgrading of teacher skills and the development of a new child-focused curriculum.

8. Access to potable water services had peaked by 1990, at 95 per cent for urban, and 75 per cent for rural, populations. By 2000, however, this had dropped to 92 per cent and 46 per cent, respectively. Sanitation coverage was also high in 1990, particularly in urban areas, where 75 per cent of the population had sewage/septic tank connections. Although Baghdad is still so served, the system has been disrupted. Only 9 per cent of the urban population outside Baghdad has systematic access to these services, while rural areas and the North do not have piped sewerage systems. Declining coverage is due to infrastructure damage, reduced investment and an exodus of qualified personnel. Solid waste collection has also deteriorated. Difficulties in re-establishing the power grid adversely affect water supply. While repairing the water and sanitation network is ongoing, reform of the sector requires addressing issues of water conservation and management, quality, hygiene promotion, community participation and equity.

9. Laws and institutions exist for the protection and rehabilitation of child victims of violence, abuse and exploitation and those deprived of primary caregivers (including orphans, children with disabilities, working children and children who live or work on the streets, and children in conflict with the law). However, there is limited knowledge of the incidence of the phenomena as well as limited assessment and analysis of the protective environment. One step in this direction is the national review of the Juvenile Justice System and Penal Code undertaken.

10. Regional sample surveys indicate rising numbers of working children and those who live or work on the streets as well as incidences of substance abuse and violence. These are associated with breakdowns in law and order, the rise of local gangs and organized crime, and the ready availability of weapons. The currently low HIV/AIDS prevalence rate, less than 0.1 per cent, can only increase in this context. Household poverty has prompted more children to abandon school and seek menial, often exploitative, jobs to support their families. Continuing insecurity has resulted in many girls and women being kidnapped or raped as well as restricted movement of the populace and a reluctance of families to send their daughters to school. Youth participation has been accepted for a long time, but only with close control over and manipulation of youth activities. The collapse of such control has created a void. It is imperative that sufficient opportunities be created for meaningful youth participation in promoting their own well-being and development.

11. Iraq's macroeconomic outlook will be positive once security is stabilized. The latest analysis of the World Bank projects that Iraq's gross domestic product will increase by 33 per cent in 2004, to \$17-22 billion. This would translate roughly into \$620 to \$810 per capita. Oil revenues should reach \$12 billion in 2004, although most of this will be needed for recurrent costs. Economic reforms have liberalized pricing, except for energy and rationed foods, but need to be carefully paced and sequenced, with adequate safety-net measures developed to protect vulnerable groups. The macroeconomy must be managed more effectively and transparently, with more of the Iraqi population deriving benefit. High unemployment — estimated at around 30 per cent — is a major social issue. The supplemental allocation by the United States of \$18.6 billion, and the United Nations/International Financial Institutions budget of \$4 billion for the IRRP represent important commitments for reconstruction and development. Nevertheless, nearly half of national sectoral needs remain unfunded. Recovery of Iraqi sovereignty is a critical milestone in Iraq's road-map to stability, full reconstruction and rehabilitation, and successful development.

## **Key results and lessons learned from previous cooperation, 2002-2004**

### **Key results achieved**

12. The country programme of cooperation for 2002-2004 (E/ICEF/2001/P/L.71) supported child survival, protection and development within the context of ongoing sanctions and the OFFP. It ensured continued focus on children and women during a particularly difficult period. After implementation was effectively suspended in March 2003, upon the renewal of war, UNICEF restarted operations in May, mitigating immediate effects on children and women. Their post-war needs were described in the UNICEF Crisis Appeal for Iraqi children and the overall United Nations Humanitarian Appeal for Iraq. Successful advocacy resulted in more than 90 per cent funding of these appeals. Although activities were again disrupted by the August bombing of the Canal Hotel in Baghdad, essential operations have continued inside Iraq, through the work of national staff and by contractual arrangements.

13. During 2002, and especially just prior to the 2003 war, UNICEF upgraded emergency preparedness and response capacity. Bearing in mind core corporate commitments (CCC), UNICEF facilitated the pre-positioning of supplies, trained staff and developed early collaboration agreements with non-governmental organization (NGO) partners, so that immediate needs for potable water, immunization, management of malnutrition, resumption of schools and protection for the most vulnerable children could be met. As soon as major combat ended, UNICEF supported national initiatives to reopen schools, by providing school kits, funding the printing of 15 million exam booklets, and campaigning widely for the 2002/2003 school year not to be lost.

14. Immunization services were also re-initiated shortly after the war. Vaccine supplies were quickly replenished and the cold chain restored by July, enabling vaccination campaigns to begin. An early return to near-routine immunization has thus been possible, and the risk of disease-spread, especially measles outbreaks, averted. Water-borne disease incidence, during conditions which could easily have led to sharp increases in diarrhoeal disease, was also kept low, following rapid interventions to provide potable water and repair sewage facilities.

15. While rapid response interventions were clearly needed, there was also great need for current, accurate information to support appropriate planning and policy decision-making. A child protection assessment, conducted with NGOs in mid-2003, was the first of its kind in Iraq and provided a sound basis on which to focus interventions and to identify opportunities for youth participation. The innovative "Watching Briefs" now serve as an effective baseline in the major social sectors, against which current plans are being formulated and future progress can be monitored.

16. Many key results were achieved during the OFFP, although these cannot be directly attributed to the UNICEF country programme. The OFFP helped to arrest declining trends in the health and well-being of children and women and to improve the situation of children and women in northern Iraq, where the United Nations directly implemented the programme. UNICEF was the lead agency for health and nutrition, education, water and sanitation and child protection.

17. In health and nutrition, results included promoting school health in 80 per cent of primary schools, maintaining the country's polio-free status, increasing use of iodized salt to 85 per cent of households, establishing 360 additional growth-monitoring units, 260 more CCCUs and 13 new nutritional rehabilitation centres. These efforts helped to produce a drop in malnutrition rates, from approximately 37 per cent in 1994 to approximately 11 per cent in 2000. In education, essential school and student supplies were provided to 3,300 schools, benefiting 32,000 teachers and 600,000 pupils, and two printing presses for local textbook production were established. In addition, 605 primary schools and 44 kindergartens were rehabilitated. In water and sanitation, 30 urban projects and 1,400 rural projects were completed. In child protection, support was provided to 23 child-care facilities, institutionalized children were reintegrated into the family environment as soon as possible, and psychological care training was given to 200 volunteers and 1,500 child care staff. War damage was minimal in the north, and the anticipated flow of refugees and internally displaced persons did not materialize. The OFFP was closed in November 2003.

18. During late 2003/2004, UNICEF has identified and seized opportunities for advancing programme implementation inside Iraq, despite the prevalent insecurity and the travel and movement restrictions this imposes. A critical result achieved has been the heightened security networking and timely and rapid decision-making processes established to support programme implementation, without jeopardizing the safety of UNICEF staff and programme partners. Substantial upgrades have been made to information management and flow and connectivity between staff operational in Baghdad, Basra and Erbil, supported from Amman, Jordan.

### **Lessons learned**

19. Prior country programmes have largely responded to needs rather than address underlying causes. The OFFP, emergency appeals and the current IRRP have tended to reinforce this trend. The next programme of cooperation should initiate a more rights-based approach to programming, while continuing to meet needs through the IRRP. The 2005-2006 programme period will enable greater engagement with the new Iraqi Government towards a full-length programme from 2007 onwards.

20. Sectoral approaches to programming have also tended to be reactive. While the need for rapid responses has required this approach, more attention to intersectoral coordination could create synergistic impact and promote more holistic development. Although the IRRP has adopted more of an intersectoral approach through its thematic clusters, the new country programme should be able to advance this coordination, and more closely link several of these clusters.

21. Essential strategic elements of capacity-building and advocacy and communication were paid less attention within recent programmes than was service delivery, and this limited the sustainability of interventions. A more carefully planned balance between main strategic components of the country programme should achieve longer-lasting and more effective impact.

22. Iraq has substantial regional variations. While governance has long been centrally monopolized, there are clear opportunities and advantages for decentralized programming, which involves working more closely with subnational entities, and communities themselves. During recent emergency responses, the involvement of communities was crucial in quickly restoring education, reviving the

CCCU, and opening drop-in centres for working youth and those who live or work on the street. This involvement requires a sufficient UNICEF subnational presence in the south and north, as well as in Baghdad, optimally linking subnational with national programme efforts.

23. Continuing insecurity will be disruptive. However, the situation can be managed in a manner allowing programme implementation to proceed. Efforts should be made to build on the recent positive experience in close networking and enhanced connectivity among staff and with partners, enabling critical staff movement under clearer security provisions. These efforts will continue to be coordinated with other United Nations agencies. Prudent management of communications and media interaction must also continue, to minimize risk of undue exposure to UNICEF staff.

## The country programme, 2005-2006

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Survival and growth	600	14 400	15 000
Learning and development	550	65 250	65 800
Water and sanitation	550	81 000	81 550
Protection, participation, planning and communication	1 100	16 380	17 480
Cross-sectoral costs	1 072	19 670	20 742
<b>Total</b>	<b>3 872</b>	<b>196 700</b>	<b>200 572</b>

\* These figures include amounts expected to be managed by UNICEF, via the IRRP.

### Preparation process

24. The regular preparation process for a country programme has not been possible in the unique circumstances Iraq has faced during 2003/2004. However, these circumstances have not precluded sufficient interaction of those concerned and wide participation in the process. Standard procedures had to be modified. Complementary meetings were held outside of Iraq, at regional headquarters, concurrently with information-dissemination and feedback activities within the country. The "Watching Briefs" were considered sufficiently detailed and analytical to serve as a Situation Assessment/Analysis. Three major planning and strategy meetings then led to the preparation of this country programme document. Opportunities were also seized during the preparation of the IRRP, to discuss issues and priorities with Iraqi national programme partners and other United Nations agency staff. The views of key NGOs and donors have also been sought, and included to the extent possible. Although direct youth participation was not possible during the final planning period, the priorities identified by the 3 million votes cast by Iraqis in the 'Say Yes for Children' campaign were fully taken into consideration.

### **Goal, key results and strategies**

25. The overall goal of the programme of cooperation is to catalyse the promotion and protection of the rights of Iraqi children and women, enhancing their survival, development, protection and participation prospects.

26. The expected key results will be: (a) incorporation of the provisions and requirements of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in the new national constitution and related legislation now being developed; (b) increased quantity and quality of health care services, leading to reductions in mortality rates of infants, children and women, and reductions in malnutrition rates; (c) increased immunization coverage; (d) increased net enrolment and retention rates at primary and intermediate school levels, with a reduction of gender disparities; (e) improved quality of education and learning; (f) increased access to potable water and safe sanitation; (g) development of a more protective environment for children and youth, including access to information on HIV/AIDS; and (h) provision of more opportunities for child and youth participation, including in sports activities.

27. Main strategies will be: (a) technical and material support for service-delivery needs, especially urgent rehabilitation needs; (b) maintaining and enhancing a closely monitored security and emergency-preparedness and response capacity; (c) focused reduction of gender and geographical disparities; (d) promotion of gender issues, ensuring gender-responsiveness of all programming; (e) the strengthening of capacity-building and technical and material assistance for enhancement of national data systems and policy development; (f) advocacy for more rights-based, holistic and intersectoral programming for children and women; (g) advocacy and technical assistance for the development of legal frameworks to promote and protect the rights of children and women; (h) effective, fine-tuned communications, promoting full implementation of rights; and (i) advocacy and capacity-building within the United Nations country team for integrated programming.

28. In light of the very high proportion of other resources planned for the country programme, relative to regular resources, the latter will be used strategically for the most critical programme components, including concerted advocacy for the acquisition of sufficient other resources.

### **Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)**

29. The 2005-2006 programme of cooperation will complement and consolidate national development priorities and the supportive plans of the United Nations, while fully taking into consideration the prevailing security and political imperatives. The emerging priorities and policies of government Ministries closely associated with the country programme (Planning & Development Cooperation, Health, Education, Public Works and Baghdad Mayoralty, and Labour and Social Affairs) have also been considered; implementation of the country programme should contribute to ongoing development of these priorities and policies.

30. There is no UNDAF for Iraq. Rather, the principles and modalities for developing a Common Country Assessment (CCA) and UNDAF were applied during the preparation process of the United Nations Strategy for Assistance to Iraq,

which supports the IRRP. This country programme will contribute to the successful implementation of the IRRP, and will facilitate the efficient management of donor contributions pledged or committed to the IRRP and identified as the responsibility of UNICEF for utilization and implementation. Each of the component programmes described below will include a specific project for this purpose. UNICEF leads two IRRP clusters (Education and Culture, and Water and Sanitation), and participates in all other clusters.

### **Relationship to international priorities**

31. The country programme will support Iraq's rapid reconstruction and development — a priority both for Iraq and the regional and international community. It will also support Iraq's progress towards attainment of the Millennium Development Goals. These goals are: reducing poverty and malnutrition; ensuring enhanced primary education; promoting gender equality; reducing child and maternal mortality; combating HIV/AIDS; increasing access to safe water; and promoting partnership for the development of children and women. The programme will address the UNICEF medium-term strategic plan (MTSP) priorities and advance realization of *A World Fit for Children*, for which a national partnership on behalf of Iraqi children will be promoted. The UNICEF CCC in emergencies will be respected.

### **Programme components**

#### **Survival and growth**

32. The survival and growth programme will comprise two main projects. A maternal, infant and child survival project will help ensure the best start to life, reducing MMR, IMR and U5MR from current levels, and improving the health and nutritional status of children and women. Key expected results will be: (a) focused rehabilitation of health-service infrastructure, greater resource allocations to the health sector and re-motivated health staff, thereby expanding access to and improving the quality of basic health and nutrition services; (b) promotion of safe motherhood practices, and improved antenatal care and emergency obstetric care; (c) expanded interventions to address low birthweight, vitamin A deficiency, stunting and anaemia; (d) adequate iodine intake through universal salt iodization; (e) strengthened immunization 'plus' services (including vitamin A supplementation) achieved and polio-free status maintained; and (f) a policy for prevention of mother-to-child transmission of HIV/AIDS established and implemented, ensuring that capacity for voluntary counselling, care and testing is strengthened, and advice on infant feeding provided. A nutrition and early childhood stimulation project will build upon infant and child survival, ensuring optimal growth and development up to the age of entry into primary school.

33. Key expected results will be: (a) strengthened convergence of health and nutrition activities, and their correlation with other sectoral interventions (e.g., via school health and hygiene education); (b) Ministry of Health capacity built for policy development and prioritization; (c) optimal infant and young child feeding and care practices promoted, extending baby-friendly principles to the community and household levels; (d) household health care behaviour and practices enhanced through development of communication materials, ongoing nutrition support for more effective growth monitoring, common disease prevention, good hygiene and

early care-seeking when needed; and (e) as part of an Early Childhood strategy spanning this and the Learning and Development programme described below, wider promotion of practices that stimulate optimal cognitive and psychosocial development, including better parenting.

34. The survival and growth programme will directly support implementation of the health cluster of the IRRP and attainment of its main objective — to enhance the Iraqi health system so that it can provide health care that is prevention- and evidence-based, equitable, of high quality, accessible and affordable.

### **Learning and development**

35. The learning and development programme will comprise two main projects, the first being an education rehabilitation project that will help address rehabilitation needs. Key expected results of this project include: (a) enhanced service-delivery capacity of the Ministry of Education, especially for reconstruction and rehabilitation of primary schools; (b) strengthened formal primary and intermediate level education to increase net enrolment, while reducing gender disparities; (c) reduction in drop out rates; (d) catch-up opportunities provided to out-of-school children and youth, through mainstreaming of children aged 6 to 14 years into formal education facilities, and the organization of alternative learning opportunities for youth aged 15 to 18 years.

36. The second project, early childhood and enhanced learning, will help ensure quality early childhood development and learning at more child-friendly schools, with pupils acquiring at least the minimum established learning levels. Key expected results include: (a) development and implementation of appropriate early stimulation and learning programmes; (b) increased government capacity to deliver quality education services; (c) increased participation of children in quality education through both formal and alternative channels; (d) strengthened parent, community and child participation in educational activities; (e) and closer partnerships established with government and other partners at central and decentralized levels.

37. The learning and development programme will directly support implementation of the education and culture cluster of the IRRP and attainment of its main objective — the provision of quality education for all. This involves re-engaging the whole population in education, ensuring clear linkages between the education system and the needs of the country, and maximizing the capacity of national institutions and officials to underpin and sustain key interventions.

### **Water and sanitation**

38. The Water and Sanitation (WatSan) programme will comprise two main projects. First, a WatSan rehabilitation project will help address reconstruction needs in the sector, in close collaboration with partners involved in the IRRP. Key expected results include: (a) increased access to safe drinking water and proper sanitation, which will contribute to reduced mortality and morbidity and improved nutritional status of children; (b) enhanced urban water supply through an initial focus on leak-reduction, supplemented by increasing capacity; (c) increased water supply and sanitation in rural communities through a demand-responsive approach; (d) and increased sanitation and hygiene-education coverage in schools, focused on those with highest gender disparities.

39. A second project, WatSan policy and systems support, will complement the latter by creating a more enabling environment for sustainable interventions. Key expected results include: (a) enhanced capacity for promotion of the most cost-effective options for water and sanitation improvements; (b) broadened technology options available for rural water and sanitation interventions; (c) strengthened government capacity to establish sustainable water and sanitation systems and promote hygiene in a decentralized manner; (d) more labour-intensive systems developed for urban waste disposal, maximizing the resource-use of such waste; (e) improved hygiene through participatory behaviour change and social marketing techniques, and augmented by information dissemination; (f) decentralization of capacity and systems towards greater community participation and co-management; and (g) improved management and surveillance, supported by a geographic-based information system.

40. The WatSan programme will directly support implementation of the Water and Sanitation cluster of the IRRP, and attainment of its main objective — the development of a decentralized management system for the sector, with strong public and private partnerships and community involvement, particularly of women, and completing reconstruction of water and sanitation systems.

#### **Protection, participation, planning and communication**

41. The protection, participation, planning and communication programme will comprise two main projects. The first, a protection project, will help address issues facing Iraqi children, as identified in the latest child protection assessment. Key expected results include: (a) the development of social policies for the protection of children and youth; (b) the establishment of access systems and mechanisms of preventive and rehabilitative services for children who need special protection; (c) promotion of participatory approaches for child protection at institutional and community levels, enhancing partnerships, especially with NGOs and community-based organizations; and (d) reducing the number of casualties caused by mines and unexploded ordnance through effective risk-education.

42. A second project, on participation, planning and communication, will provide cross-cutting support for all programmes and projects in this area, promoting a greater awareness and respect for the rights of children and women based on the Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women. This project will foster the participation and visibility of children and youth as effective rights advocates and contributors to national development. Key expected results include: (a) effective participation of children, youth and women in health and nutrition, education, water and sanitation and protection activities; (b) enhanced planning capacity for rights-based programming for children and women, especially within the Ministry of Planning & Development Cooperation and the Central Statistics Organization; (c) increasing awareness on the rights of children and women as central to the achievement of the Millennium Development Goals; (d) optimization of overall programme implementation through more effective planning and communication, utilizing innovative communication tools; and (e) advocacy support for Iraqi children and women through development and dissemination of appropriate information kits.

43. The protection, participation, planning and communication programme will support implementation of two IRRP clusters: (a) the Governance and Civil Society

cluster, the main objective of which is to create an enabling environment for Iraqi people and institutions so that interaction can take place in a vibrant, participatory and transparent manner; and (b) the Mine Action cluster, the main objective of which is to support the rights of Iraqis to live free from the threat of landmines and to receive assistance to become mine free.

#### **Cross-sectoral costs**

44. The cross-sectoral costs will cover staff and related operational costs needed to ensure the full implementation of the country programme in the most effective and efficient manner. A Country Programme Management Plan (CPMP) will detail all such costs, including those involving international and national staff. Additional staff may be charged to donors' contributions, given the scope of work related to the IRRP.

#### **Major partnerships**

45. The 2005-2006 programme of cooperation will be implemented in close collaboration with Iraqi Government Ministries, other United Nations Agencies, International Financial Institutions, donors, NGOs, civil society, youth representation and other partners. UNICEF will ensure maximum implementation of the IRRP. In addition, UNICEF will promote a national partnership for Iraqi children, as a follow-up to the United Nations General Assembly Special Session on Children. Finally, UNICEF efforts will aim to build the capacity of civil society organizations as partner implementing agencies within Iraq, and work closely with national and international media to promote issues of major relevance and concern to children and women.

#### **Monitoring, evaluation and programme management**

46. Regular monitoring of the situation of children and women within the framework of the Millennium Development Goals and the MTSP priorities will be conducted through frequent field missions, routine progress reports and biennial programme reviews. This monitoring will be correlated with regular review of the IRRP. In particular the Integrated Monitoring and Evaluation Plan and the summary results matrix being developed for this country programme will be monitored so that any necessary course corrections can be made in a timely manner. A midterm/annual review will be held in November 2005. Monitoring and evaluation will be a joint responsibility of UNICEF and the Ministry of Development & Planning Cooperation, and through an Inter-Ministerial/Agency Steering Committee will guide the optimal management of the country programme.

47. Several major reviews and evaluations are planned to be conducted during 2004/2005, which will augment the "Watching Briefs" baseline data already available, and result in a comprehensive assessment and analysis of the situation of children and women. The results will then help guide the formulation of the next regular programme of cooperation for Iraq by 2006.

48. The CPMP will include the two subnational offices (in Basra and Erbil) and their staff structures proposed to complement the Baghdad office, as well as provision for exceptional arrangements to retain an Iraq Support Centre in Amman, Jordan, as long as these remain necessary due to security considerations.



Summary Results Matrix for Iraq					
UNICEF MTSP Priority Area	Key Results expected in this priority area	Key Progress indicators	Means of verification	Major Partners, Partnership Frameworks and Cooperation Programme	The expected key results in this priority area will contribute to
1. Girl's education	<p>1.1 Gender disparity is reduced by 3% for primary school and by 5% for secondary school ( baseline estimates 13 % and 12% respectively)</p> <p>1.2 Improved learning achievements</p> <p>1.3 Catch up opportunities provided to out of school illiterate/semi-literate children &amp; youth</p>	<p>1.1 Enrolment and attendance rates</p> <p>1.2 Learning achievements in 3 key subject areas</p> <p>1.3 Primary school gross attendance rates &amp; number of youth 9-18 enrolled in alternate education</p>	<p>1.1 EMIS, Annual School Survey, MICS</p> <p>1.2 Study on Minimal Learning Achievements</p> <p>1.3 EMIS and special survey</p>	MOE UNESCO, WFP NGOs, NATCOMS, IRRFI <sup>1</sup>	<p>NDS/UN Strategic Plan for Iraq<sup>2</sup>: To enhance access to all levels of education i.e. Early Childhood, Primary, Secondary (including Intermediate, Preparatory, and Vocational) and Tertiary levels, with special reference to disparity reduction ( Cluster 1)<sup>3</sup></p> <p>WFFC: To provide quality education</p> <p>MDGs: To achieve universal primary education, promote gender equality and empower women</p>

<sup>1</sup> UNDG International Reconstruction Fund Facility for Iraq

<sup>2</sup> National Development Strategy and UN Strategic Plan for Iraq

<sup>3</sup> The UN Strategic Plan has 11 Clusters: Education and Culture ( 1) , Health (2), Water and Sanitation (3), Infrastructure and Housing (4), Agriculture, Water resources and Environment (5), Food Security (6), Mine Action (7), IDPs and Refugees (8), Governance and Civil Society (9), Poverty and Human Development (10), Electoral Assistance (11)

IECD	<p>2.1 Effective, relevant and appropriate early childhood stimulation and learning (ECSL) programmes are developed, tested and implemented</p> <p>2.2.1 Mother and child's health and survival are improved</p> <p>2.2.2. Optimal nutrition and growth of infants and pre-school children is enhanced</p> <p>2.3.1 Sustainable access to safe/treated drinking water is expanded in urban &amp; rural areas ( baseline 92 % &amp; 30% respectively)</p> <p>2.3.2 Expansion of sanitation coverage</p>	<p>2.1 Caregivers to approximately 150,000 U6 children using improved child care, rearing and education practices</p> <p>2.2.1 Child &amp; mortality rates</p> <p>2.2.2. Malnutrition rates</p> <p>2.3.1 Access to safe water</p> <p>2.3.2 Access to sanitation systems</p>	<p>2.1 KAP</p> <p>2.2.1. CMM Survey</p> <p>2.2.2. Nutrition Status Survey &amp; HMIS</p> <p>2.3.1 MICS &amp; survey</p> <p>2.3.2 MICS &amp; survey</p>	<p>MOE &amp; DOEs, MOH &amp; DOHs, Ministry for Municipalities and Public Works, Municipality of Baghdad, Nutrition Research Institute (NRI), WFP, WHO, UNDP, UNOPS, NGOs, IRRFI</p>	<p>NDS/UN Strategy for Iraq: To initiate early childhood stimulation and learning programmes ( Cluster 1) ; To substantially reduce maternal and child mortality ( Cluster 2) , to recover water and sanitation coverage to 1990 levels (urban water 97% rural water 75% sanitation 75 ( Cluster 3)</p> <p>WFF: To promote healthy lives</p> <p>MDG: To reduce child mortality, To improve maternal health, ensure environment sustainability</p>
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Child Protection	<p>3.1.1 Protective and safer environment for children and a culture of respect for child rights principles are adequately &amp; effectively promoted</p> <p>3.1.2 Protective social systems for children are expanded ((baseline 2003 child protection assessment)</p> <p>3.1.3 Awareness of dangers of mines is increased</p>	<p>3.1.1 New legislation incorporating key CRC principles</p> <p>3.1.2 CSO and government protection mechanisms</p> <p>3.1.3 Number of child victims</p>	<p>3.1.1 National Assembly &amp; Government's reforms</p> <p>3.1.2 Updated assessment on child protection</p> <p>3.1.3 KAP survey on mines/UXOs</p>	<p>MOLSA, MOJ, MOI, MOE, CSOs, NGOs</p> <p>MOLSA, CSOs, NGOs</p> <p>NMAA, MOE, NGOs</p>	<p>NDS/UN Strategy for Iraq: General awareness of the population is raised and national and non-governmental actors are starting to operate on the basis of a democratic system based on the rule of law, human rights, gender equality and good governance ( Cluster 9)</p> <p>To reduce casualty rates and risks to local population ( Cluster 7)</p> <p>WFFC : To protect against abuse, exploitation and violence</p> <p>MDG: To protect the vulnerable (Millenium Declaration, section VI)</p>
Immunisation Plus	4.1 Polio-free status is maintained, MNT elimination efforts sustained, at least 90% of children covered by the immunization and VPDCs reduced	4.1 Rates and cases	4.1 HMIS and CMMS, MICS	MOH, DOH, WHO,	<p>NDS/UN Strategy for Iraq: Substantially reduced maternal and child mortality and morbidity ( Cluster 2)</p> <p>WFFC: To promote healthy lives</p> <p>MDG: To reduce child mortality and improve maternal health</p>
Fighting HIV and AIDS	5.1 Preventive measures of HIV/STDs among women and children are improved abbd strengthened	5.1 Rates and cases	5.1 Assessment study	MOH, WHO, UNAIDS	<p>NDS/UNStrategy for Iraq: Substantially reduced maternal and child mortality and morbidity ( Cluster 2)</p> <p>WFFC: To reduce child mortality and improve maternal health</p> <p>MDG: To halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases</p>