

## Summary Results Matrix

### Summary Results Matrix: **Government of Iran – UNICEF Country Programme 2012 – 2016**

#### **National Development Priorities:** 5th National Development Plan – (2010-2014)

Article 19 (disparity reduction initiatives in the areas of education, nutrition and health, parenting [including for children with disabilities])

Article 24 (Human Development)

Article 39 (capacity building for female-headed household)

Article 9 (points 10-14 on school health);

Article 32 (Regarding health and Food security/ safety and nutrition, family physician)

Article 35 ( information and knowledge management in the area of health)

Article 39 (on protection and empowerment of vulnerable groups)

Article 54 & 68 (Information management/statistics on children and young people)

#### **Millennium Development Goals / Millennium Declaration Commitments/CRC articles:**

MDG1: Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

MDG2: target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

MDG4: target 4A; Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

*CRC articles: Subject to general reservation presented by the Islamic Republic of Iran at the time of her accession to the CRC.*

#### **UNDAF Outcome: Several outcomes under Poverty reduction, Health, Drug control, Disaster Management**

##### **Health:**

*Outcome 1:* National capacities for the health system focusing on PHC, in further applying Social Determinants of Health and evidence-based approaches to further reduce disparities in the health status of the population strengthened.

*Outcome 2:* National capacities in providing holistic, integrated and quality primary health care services in urban areas especially for most at risk groups based on the family practice improved.

##### **Poverty Reduction:**

*Outcome 1:* Improved national and sub-national capacities contribute to formulating macro level socio-economic policies and plans to promote inclusive economic growth, sustainable human development, access to social and economic welfare and the prevention of poverty.

*Outcome 2:* Improved national and sub-national capacities contribute to people living in/most at risk of capability poverty having enhanced access to and participating in education, health and social protection programmes which contribute to national human capital development.

##### **Natural Disaster Management:**

*Outcome 1:* Disaster risk reduction and management concepts and standards integrated into national development policies/programmes and institutional, operational and coordination capacities for effective disaster risk reduction and response strengthened.

Programme Component (and related Focus Area of the MTSP)	Programme Component Result(s)	Key Progress Indicators, Baselines <sup>1</sup> and Targets (for each PCR) <sup>2</sup>	Major Partners, Partnership Frameworks and Cooperation Programmes
1. Child Poverty Reduction and Inclusion	1.1. By end of 2016, benefits from improved integrated and inclusive social services through strengthened national and sub-national capacities for child development are increased.	<p>1.1.1. Pre-primary education enrolment rate (%) in targeted area (disag: gender and other specific groups) (<i>Baseline: TBD Target: TBD</i>)</p> <p>1.1.2. Net in -take rate at primary education in the targeted areas (disag.: gender and other specific groups) (<i>Baseline: TBD Target: TBD</i>)</p> <p>1.1.3. Primary education completion rate (%) in targeted area (disag: gender and other specific groups) (<i>Baseline: TBD Target: TBD</i>)</p> <p>1.1.4. Transition rate (%) primary to secondary education in targeted area (disag: Gender and other specific groups) (<i>Baseline: TBD Target: TBD</i>)</p> <p>1.1.5. Number of schools implementing child friendly schools models (<i>Baseline: 0 Target: 480</i>)</p> <p>1.1.6. A national plan for quality education is developed (Y/N) (<i>Baseline: N Target: Y</i>)</p> <p>1.1.7. Number of programmes and services promoted and implemented for prevention and protection (consultations, education, life skills) of children most at risk (<i>Baseline: 1 existing service: 123 child helpline, 1 existing programme: Child protection in emergencies, 2 piloted programmes: code of conduct for health workers, communication strategy for prevention of child abuse, 0 for integrated national plan of action for protection of most at risk. Target: TBD</i>)</p> <p>1.1.8. A national model developed and implemented to collect data on child rights (Y/N) (<i>Baseline: No; Target: Yes</i>)</p>	Ministry of Welfare and Social Security, State Welfare Organization, Ministry of Health and Medical Education, Ministry of Education, Ministry of Interior, Judiciary, National Body for the CRC, Statistics Center of Iran, and UN agencies

<sup>1</sup> Some of the baselines are subject to change pending new Iran Multiple Indicator Demographic and Health Survey (IrMIDHS) Report expected to be published by the end of 2011.

<sup>2</sup> Baseline and targets related to “targeted areas” will be determined during the CPAP process, once geographic target areas are agreed upon between GOI and UNICEF.

		<p>1.1.9. The national inter-sectoral ECD Secretariat coordinates and monitors implementation of the five year national ECD strategic plan (Y/N) (<i>Baseline: ECD Secretariat exists and have designed the national 5 year strategic program; Target: The 5 year strategic plan is implemented to the level of 75% of annual objectives and budget expenditure under coordination and monitoring of the national ECD secretariat</i>);</p> <p>1.1.10. % of children (boys and girls) (age 0 to 8 years) who are enrolled in early childhood developmental services. (<i>Baseline: 0.0% enrolled in harmonized and standard services of 5 year national strategic ECD program, Target: 40% boys and girls enrolled in harmonized and standard services of 5 year national strategic ECD program</i>)</p> <p>1.1.11. Number of instruments, standards, guidelines, training packages and educational workshops developed, and operationalized in the area of Health, Nutrition, ECD and Food security; (<i>Baseline: 7 guidelines and packages for nutrition and food security as of 2011; For ECD and related health topics 5 guidelines and packages as of 2011; Target: in the area of nutrition and food security 5 new guidelines and packages and all relevant workshops; For ECD and related health topics 5 new guidelines and packages</i>).</p> <p>1.1.12. Prevalence of stunting, wasting, under-weight, micronutrient deficiencies, over-weight and obesity among children (disag: Gender and other specific groups); (<i>Baseline: Prevalence of wasting =6.5 % Prevalence of Stunting= 9.7 %, and Underweight= 8.1% for micronutrient deficiencies, over-weight and obesity prevalence no recent data available. See footnote; Target: A</i></p>	
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	<p>1.2. By end of 2016, the most vulnerable children and women enjoy increased benefits from inclusive social welfare and poverty reduction policies and programmes through strengthened national and subnational capacities.</p>	<p>1.2.1. Availability of an integrated national child capability poverty reduction program by end of 2013 (Y/N) (<i>Baseline is: N, Target: Y</i>)</p> <p>1.2.2. Number of quality standards/guidelines and training packages and tools adopted, integrated and operationalized for national and sub-national child rights programming and monitoring. (<i>Baseline: 2 guidelines and training packages have been produced in the area of participatory planning and TOT for the local facilitators; Target: 8 new guidelines and training packages and tools in the area of capacity building of local government, knowledge management, child right advocacy through engagement of local community and religious leaders, Child Friendly City approaches, and children and adolescent participation</i>)</p> <p>1.2.3. % of children living in low income families that receive conditional cash transfer/social assistance in target areas (disag: Gender) (<i>Baseline: TBD Target: TBD</i>)</p> <p>1.2.4. % of low income women headed households in targeted areas who receive social services (<i>Baseline: TBD Target: TBD</i>)</p>	<p>Ministry of Welfare and Social Security, State Welfare Organization, Ministry of Interior, SPAC, National Body for the CRC, Statistics Centre of Iran, and UN agencies</p>

**National Development Priorities:** 5<sup>th</sup> National Development Plan (2010-2014)

Article 41 (related to development of a national plan with focus on young people)

Articles 6 and 21 (Employability)

Article 42 and 19 (Counselling services for mental health)

Article 207 (Drug Policies)

Article 24 (Human Development)

Article 5 (Iranian/Islamic development models)

Article 211 (Access to justice)

Article 54 & 68 (Information management/statistics on children and young people)

Article 216 (Disaster risk reduction and management)

**Millennium Development Goals / Millennium Declaration Commitments/ CRC articles:**

MDG 1: Target 1.B.: Achieve Full and productive employment and decent work for all including women and young people

MDG3: Target 3.A: Eliminate Gender Disparity in primary and secondary education, and in all levels of education

MDG5: Target 5.B: Achieve, by 2015, universal access to reproductive health

MDG6: Target 6.A.: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

*CRC articles: subject to general reservation presented by the Islamic Republic of Iran at the time of her accession to the CRC.*

**UNDAF Outcomes:**

**Drug Control and Prevention**

*Outcome 1:* Effective and comprehensive drug prevention programmes with a particular focus on families, communities, educational centres and the work place and people most at risk are developed and implemented.

*Outcome 3:* Effective and comprehensive HIV prevention, treatment, care and control programmes among drug users are supported and implemented

**Health:**

*Outcome 3:* Capacities of the health system and other relevant institutions for the promotion and implementation of policies and programmes to reduce non-communicable and communicable diseases are strengthened

*Outcome 4:* National capacities to respond in a holistic way to the health needs of population affected by disasters and injuries strengthened.

**Poverty Reduction:**

*Outcome 2:* Improved national and sub-national capacities contribute to people living in/most at risk of capability poverty having enhanced access to and participating in education, health and social protection programmes which contribute to national human capital development.

**Natural Disaster Management:**

*Outcome 3:* All communities and in particular those most at risk have enhanced abilities to prevent, prepare, respond to, and recover from disasters

Programme Component (and related Focus Area of the MTSP)	Programme Component Result(s)	Key Progress Indicators, Baselines and Targets (for each PCR) <sup>3</sup>	Major Partners, Partnership Frameworks and Cooperation Programmes
2. Opportunities for Adolescents and Young People	2.1. By the end of 2016, national and sub-national organizations and institutions have increased capacities to develop, implement and/or strengthen programmes, systems and policies to improve health, development and access to opportunities for and with adolescents and young people	<p>2.1.1. % of reduction of drug and other substance abuse prevalence among targeted population of adolescents and young people (disag: Gender and other specific groups) (<i>Baseline: TBD Target: TBD</i>)</p> <p>2.1.2. % of young people (aged 15 to 24) who both correctly identify ways of prevention, transmission of HIV and who reject major misconception about HIV transmission (disag: Gender and other specific groups) (<i>Baseline: 16% Target: 50%</i>)</p> <p>2.1.3. Number of evidence-based programmes planned and implemented with regards to adolescent and young people healthy lifestyles (<i>physical and mental health and well-being, drug abuse prevention, reproduction, nutrition, disaster risk reduction, participation/volunteering</i>) (<i>Baseline: TBD Target: TBD</i>)</p> <p>2.1.4. Number of evidence-based juvenile justice related programmes, and services developed, promoted and implemented (<i>Baseline: 2 modules for JJ police training, Juvenile Police Unit: 0 ; Code of conduct for juvenile judges and police: 0; Aftercare centres for ex-juvenile offenders: 0; integrated and intersectoral juvenile justice programme: 0. Target: 1 standard JJ police training course integrated; 1 juvenile police unit established; 2 sets of codes of conduct one for judges and one for police officers operationalized; 1 aftercare centre for ex-juvenile offenders established; 1 integrated juvenile justice programme established</i>)</p> <p>2.1.5. % of juvenile cases diverted in target areas (disaggregated by gender and type of diversion and geographic</p>	Ministry of Health and Medical Education, Ministry of Education, Ministry of Welfare and Social Services, Ministry of Sports and Youth, National Youth Organisation, Drug Control Head Quarter, Ministry of Interior, Judiciary, Iranian Red Crescent Society, Ministry of Justice, Statistics Centre of Iran, and UN agencies.

<sup>3</sup> Baseline and targets will be established during the CPAP process, once geographic target areas are agreed upon between GOI and UNICEF.

target areas) (*Baseline: TBD Target: TBD*)

2.1.6. Number of evidence-based programmes planned and implemented with regards to young people employability (preparing young people for school to work transition) (*Baseline: TBD Target: TBD*)

2.1.7. Number of standards/guidelines/training packages developed and operationalized in the area of injury prevention and safety promotion, indoor and outdoor (disaggregated by age); (*Baseline: 1 of standard package and guideline Target: 3 standard packages and guidelines*)

