

Islamic Republic of Iran

Country programme document 2012-2016

The draft country programme document for the Islamic Republic of Iran (E/ICEF/2011/P/L.39) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

Basic data[†]
(2009 unless otherwise stated)

Child population (<i>millions, under 18 years</i>)	22.2
U5MR (<i>per 1,000 live births</i>)	31
Underweight (<i>% moderate and severe, 2004</i>) (<i>% urban/rural, poorest/richest</i>)	5
Maternal mortality ratio (<i>per 100,000 live births, 2008</i>)	30 ^a
Primary school attendance (<i>% net, male/female</i>)	../.
Survival rate to last primary grade (<i>%, 2002</i>)	88
Use of improved drinking water sources (%)	..
Use of improved sanitation facilities (%)	..
Adult HIV prevalence rate (%)	0.2
Child labour (<i>%, 5-14 years old</i>)	..
Birth registration (<i>%, under 5 years</i>) (<i>%, male/female, urban/rural, poorest/richest</i>)	..
GNI per capita (<i>US\$</i>)	4 530
One-year-olds immunized with DPT3 (%)	99
One-year-olds immunized against measles (%)	99

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 25 deaths per 100,000 live births is the reported 2005 estimate as presented in the National Maternal Mortality Surveillance System of the Ministry of Health. For more information on maternal mortality, see www.childinfo.org/maternal_mortality.html/.

Summary of the situation of children and women

1. The Islamic Republic of Iran is a middle-income country with a population of 75 million¹ and a gross national income of \$11,764 per capita.² Thanks to a strong health and education network and infrastructure, Iran is on track to achieve most Millennium Development Goal targets. Progress has been most notable under Goals 1, 2, 4 and 5 (addressing, respectively, poverty and hunger, primary education, child mortality and maternal health). As reflected in its fifth National Development Plan (2010-2014), the Government of Iran has prioritized disparity reduction. The prevalence of underweight children under 5 years fell from 16 per cent in 1991 to 11 per cent in 1998. Malnutrition is found in concentrated geographic areas, with levels varying from district to district. The under-five mortality rate has improved significantly, from 73 per 1,000 live births in 1990 to 31 in 2009. In urban settings, after the genetic and chromosomal anomalies, road accidents and other injuries constitute the second most prevalent cause of death among children under 5 years of age.

2. Net enrolment in primary education was reported to be 99 per cent in 2007,³ with gender parity achieved at national level (gender parity index of 1.01), while 93 per cent of students complete the course of primary education.

¹ Statistics Centre of Iran website, April 2011.

² *Human Development Report*, UNDP, 2010.

³ UNESCO Statistics Institute website.

Underachievement in primary education is ascribed to lower levels of school readiness in less developed areas and among linguistic minorities — as of 2007, only 31 per cent of children entering primary school had experienced early childhood care and education. This is to a significant part due to the smaller levels of public funding for pre-primary education.⁴ The rate of transition to secondary education stood at 98 per cent, and girls constituted 47 per cent of the total enrolled in 2009.⁵ Females constitute approximately 60 per cent of university entrants and 30 per cent of employment in the formal sector.

3. Iran has made concerted efforts to combat HIV/AIDS; it continues to invest in prevention, as highlighted in its HIV/AIDS Third National Strategic Plan (2011-2015). According to the country's 2010 United Nations General Assembly Special Session report, only 16 per cent of young people surveyed had correct knowledge about HIV and AIDS. The 2009 Joint United Nations Programme on HIV/AIDS (UNAIDS) country estimation report anticipates a shift in the cause of new HIV infections, from injecting drug use to risky sexual behaviour,⁶ with an expected increase in prevalence among women.

4. In the fifth National Development Plan and the Economic Transformation Plan, poverty reduction has been identified as a key development priority. The incidence of poverty among children is markedly higher than among adults. Studies find that in 2007 the incidence of child poverty was 38 per cent in urban areas and 18 per cent in rural areas, a reversal of the usual trend of higher poverty rates in rural areas.⁷

5. Sixty per cent of the population of Iran is under 30 years of age; the country is fast urbanizing, with a total urban population of 68 per cent and an annual urban growth rate of 2 per cent.⁸ This increasingly young, urbanized and educated population poses considerable challenges and opportunities for the country's future development. As of spring 2010, the official unemployment rate stood at approximately 15 per cent. Unemployment among youth (aged 15 to 24) was an estimated 30 per cent (47 per cent for and 24 per cent for males); in urban areas, it was estimated at 36 per cent and in rural areas at 18 per cent.⁹

6. Injection drug use is growing as a proportion of substance abuse, from 12 per cent in 2004 to 21 per cent in 2007.¹⁰ Furthermore, 75 per cent of current injecting drug users used drugs for the first time between the ages of 15 and 29.¹¹ The fifth National Development Plan identifies social and economic issues affecting youth as an important priority for the country's future development.

7. The Islamic Republic of Iran ratified the Convention on the Rights of the Child in 1994; it is a party to its Optional Protocol on the sale of children, child

⁴ *Education for All Global Monitoring Report*, UNESCO, 2010.

⁵ *Iran Education for All Report*, 2011, p. 27 and p. 37.

⁶ *2009 HIV Estimation and Projection Report*, UNAIDS 2009.

⁷ *Social Welfare Quarterly*, vol. 9, winter 2010.

⁸ Iran Census (1385) 2006, Statistics Centre of Iran.

⁹ *Summary Results — Labour Force Survey Report for Spring 1389 (2010)*, Statistics Centre of Iran website (March 2011).

¹⁰ *Third National Strategic Plan for AIDS Control in Iran* (Iranian National Drug Control Headquarters data) 2010.

¹¹ "Review of Addiction Trends among Youth and Responses So Far", Majlis Research Centre, 9044, 2008.

prostitution and child pornography. In September 2010, Iran signed the second Optional Protocol, on the involvement of children in armed conflict. At the time of accession to the Convention on the Rights of the Child, Iran presented a general reservation modifying some of its obligations under the Convention. In January 2010, by decision of the Government, a new National Body on the Convention on the Rights of the Child was established, under the Ministry of Justice. It is responsible for central coordination and monitoring of implementation of the Convention in Iran, including reporting obligations to the Committee on the Rights of the Child.

8. On the global seismic hazard map, Iran stands out as one of the most earthquake-prone countries in the world. The high proportion of children and of urban residents underscores the risk given the country's vulnerability to major earthquakes. Iran also experiences frequent flash floods, sandstorms and droughts. Disaster risk reduction and emergency preparedness and response are therefore a development imperative.

Key results and lessons learned from previous cooperation, 2005-2011

Key results achieved

9. The 2005-2011 country programme emphasized integrated early childhood development, girls' education, HIV/AIDS, child protection and good governance in relation to child rights implementation and monitoring. In line with national priorities and consistent with strategies in middle-income countries, most of the outcome-level results have been achieved through institutional capacity development and behaviour change.

10. A community-based model for management of malnutrition through nutritional counselling centres and affiliated health posts was pilot tested in provinces with the greatest disparities. It was subsequently adapted by the Ministry of Health and Medical Education and expanded to 140 locations. Forty per cent of children receiving services through 10 centres supported by UNICEF have improved nutritional status as of 2009.

11. The State Welfare Organization has adopted the rural childcare centre model piloted by the Government and UNICEF, expanding it to more than 6,500 rural childcare centres nationwide. An intersectoral secretariat was established in early 2010 to draft the early childhood development policy and related strategies. This resulted from evidence gained from implementation of the rural childcare centres combined with UNICEF advocacy and capacity-building efforts, notably by facilitation of a successful South-South exchange with Cuba.

12. Between 2005 and 2006, a rural girls' education model was piloted by the Ministry of Education in the province of Sistan and Baluchestan with support from UNICEF. In its first year of implementation Dashtyari district reported an 11 per cent increase in girls' enrolment. The model has since been replicated by the Government in three other provinces.

13. In 2008, the State Welfare Organization established national "123" child help-lines in 30 provinces as a child protection measure. This initiative was supported through UNICEF capacity development efforts.

14. Since 2006, in partnership with the Ministry of Health and Medical Education, UNICEF has introduced and piloted a service model for working with adolescents and youth at higher risk of HIV and AIDS. The adolescent-friendly services approach has contributed to national efforts to prevent HIV and AIDS, bringing more attention to young people in the HIV/AIDS Third National Strategic Plan.

15. In the area of legislative reform to promote child rights, certain provisions of the bill on the Law on Addressing Children and Adolescents' Crimes (supported by UNICEF) have been incorporated into the National Penal Code, which is currently under revision, and the Act on Penal Procedural Law. The Child Protection Bill for protection of children at risk of abuse, violence and neglect has been developed by judicial officials and submitted to the Cabinet for review and submission to Parliament.

Lessons learned

16. Implementation of the Child Rights Monitoring Partnership Project during the 2005-2011 country programme demonstrated the importance of working in tandem at national and subnational levels to reduce disparities. This project focused on building the capacity of local stakeholders from diverse sectors, leading to the establishment of District Child Rights Councils in pilot districts. These councils, if complemented by strong monitoring and evaluation and policy mechanisms and capacities at national level, can be effective vehicles for promoting evidence-based, bottom-up programming and policymaking. This approach is central to the strategy proposed under the child poverty reduction and inclusion component of the new country programme.

17. As demonstrated under the key results section, pilots and models can lead to national scale-up if they are designed according to local needs and implemented well. To ensure ownership at national and community levels, scaled-up pilots in the current country programme have been enriched through complementary strategies such as capacity development, South-South cooperation with a compatible country, national advocacy, community education and timely reviews and assessments.

18. In middle-income countries where achievement on key development indicators requires more complex and multi-faceted solutions, it is essential to build partnerships across sectors and to coordinate with diverse stakeholders. The effectiveness of this strategy has been demonstrated through an intersectoral early childhood development (ECD) secretariat; through efforts to promote juvenile justice interventions; in setting standards for child protection in emergencies; in engaging with civil society organizations to provide education for Afghan children and in HIV and AIDS information campaigns and related work with the media and religious leaders.

The country programme, 2012-2016

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>
Child poverty reduction and inclusion	3 571	7 429	11 000
Opportunities for adolescents and young people	2 016	4 194	6 210
Cross-sectoral costs	1 623	3 377	5 000
Total	7 210	15 000	22 210

Preparation process

19. The country programme document was developed in alignment with the fifth National Development Plan and in parallel with preparation of the United Nations Development Assistance Framework (UNDAF) for 2012-2016. The current country programme document has taken into account the conclusions and recommendations of the 2007/2008 midterm review.

20. The process benefited from joint and bilateral consultations with government counterparts. A Joint Steering Committee was established, co-chaired by the Ministry of Foreign Affairs and UNICEF, to provide overall guidance and strategic oversight. Key government counterparts and relevant line ministries participated in the review, and two technical working groups were established to provide a forum for technical discussions and drafting of the summary results matrix and relevant strategies. Other inputs that enriched the process included the most recent Iran Millennium Development Goals report and the 2005 State Party report to the Committee on the Rights of the Child, along with the Concluding Observations of the Committee.

Programme and component results and strategies

21. The country programme 2012-2016 is structured around two components: (a) child poverty reduction and inclusion, and (b) opportunities for adolescents and young people. The goals of the programme are to support the Government of Iran to: (a) improve integrated and inclusive social services for the most vulnerable boys and girls; (b) ensure that the most vulnerable children and women enjoy increased benefits from inclusive social welfare and poverty reduction policies and programmes; and (c) develop, implement and strengthen programmes, systems and policies to improve health, development and access to opportunities for and with adolescents and young people.

22. One of the cornerstone strategies of the country programme is support for building the government's capacity and enhancing intersectoral and coordination mechanisms to reduce disparities on child and adolescent well-being. The programme will build on established and new partnerships. It will contribute to strengthening policy development, implementation and monitoring systems, and capacities at national and subnational levels, in selected districts and targeted areas. To anchor policies and programmes on reliable and up-to-date evidence, new

models will be developed, tested and adapted to national and local realities. Knowledge management will be an important cross-cutting strategy to promote timely data collection, analysis and dissemination, as will implementation of relevant evaluations to inform policy and programme decisions. South-South cooperation, capacity enhancement and strategic communication will continue to be used as cross-cutting strategies.

Relationship to national priorities and the UNDAF

23. The country programme is in line with and inspired by the key principles and priorities of the fifth National Development Plan, which aims to identify an Iranian-Islamic development model that can achieve social justice, human dignity, social security and equitable distribution of income to prevent poverty. The Plan includes a shift towards decentralization and a focus on mobilization and participation of all groups. The policy priorities that have guided development of the UNDAF and the country programme include: (a) reducing unemployment; (b) improving the country's rank in the Human Development Index, especially through better coordination between health, education and employment; and (c) restructuring social protection and recognizing youth as an important demographic group requiring specific national planning initiatives.

24. The results and strategies highlighted in the country programme contribute to the five thematic areas identified as major priorities in the UNDAF: (a) poverty reduction; (b) drug control and prevention; (c) natural disaster management; (d) health; and (e) environmentally sustainable development.

Relationship to international priorities

25. The country programme takes into consideration the Millennium Declaration, the Millennium Development Goals (especially Goals 1 through 6), the goals of *A World Fit for Children*, the Concluding Observations of the Committee on the Rights of the Child and the priorities of the UNICEF medium-term strategic plan, 2006-2013.

Programme components

26. **Child poverty reduction and inclusion.** This programme component will focus on strengthening national capacities for integrated programming and provision of inclusive social services for child development. The Government will be supported in its efforts to meet Millennium Development Goals 1, 2, 3 and 4 to reach the most vulnerable children and families through provision of quality care and services. This component will also focus on reducing child poverty through developing strategies and programmes and promoting national mechanisms for systematic collection and analysis of data on child poverty and disparity. Through scaling up the district approach and promoting the child-friendly-city model, UNICEF will provide technical support to improve intersectoral collaboration for achieving child well-being. Throughout this component, emphasis will be placed on promoting the rights of at-risk families and children.

27. Building on results achieved through the current country programme, UNICEF will support the scale-up of the national ECD policy and related five-year strategic plan of action, with a focus on improving access for the most marginalized children.

This will be done through provision of technical support to the national ECD Secretariat, composed of the Ministry of Education, Ministry of Health and Medical Education, and the State Welfare Organization.

28. Micronutrient deficiencies on the one hand, and over-nutrition and obesity on the other, represent threats to the health and development of the next generation by increasing the risks of chronic non-communicable diseases. UNICEF will continue to support government efforts to implement and monitor a national community-based nutrition care and rehabilitation programme for children. UNICEF will also join efforts with government and United Nations partners to develop a national nutrition and food security plan and strategy.

29. Breastfeeding is essential for child growth and development. To address the declining exclusive breastfeeding rate in Iran, the Ministry of Health and Medical Education and UNICEF have implemented a joint programme that achieved about a 10 per cent increase in exclusive breastfeeding. To build on this success, the Ministry's capacities will be enhanced to implement baby-friendly standards through breast-feeding counselling, development of baby-friendly standards and communication for development programmes.

30. Priority interventions in the education sector will focus on increasing access to pre-primary education through a two-fold approach: first, promoting development of alternative solutions for sustaining the public cost and second, improving the quality so that families see it as a worthwhile investment.

31. In primary education, building on experiences of the 2005-2011 country programme, efforts will be made to promote quality in line with the child-friendly schools concept. UNICEF-supported interventions will focus on setting standards at all levels; increasing community participation in school management and decision-making; expanding the focus on life skills and environmental education; and developing communication interventions with communities to promote girls' education. Adoption of the child-friendly schools initiative will also improve educational attainment in secondary education, resulting in a smoother transition from school to work. In all these projects, UNICEF will continue to work with the Government and other relevant partners to identify models for providing services to the most marginalized, while seeking policy solutions to address the root causes that limit access to public quality education.

32. UNICEF will support the Government to strengthen protection mechanisms targeting the most vulnerable children and families. This will include building the evidence base for preparation of inclusive policies by supporting development of a national model for data collection on child rights.

33. Building on past collaboration with the Ministry of Welfare and Social Security on child poverty reduction, UNICEF will support efforts to strengthen social protection mechanisms that reduce vulnerabilities and to adopt more effective poverty reduction strategies and programmes. This will be done through provision of technical assistance and piloting of conditional cash transfers for targeted groups, including female-headed households, in selected districts. UNICEF will continue to support district efforts to strengthen mechanisms that generate knowledge on the situation of children, which will inform policy development.

34. Iran already possesses considerable capacities in monitoring and evaluation, particularly in health, and these are further buttressed by the Statistical Centre of

Iran. UNICEF will collaborate with relevant partners to further strengthen and refine planning and monitoring and evaluation tools, capacities and information management systems at subnational levels and among different sectors. This will be particularly focused on monitoring disparities more effectively. UNICEF and the Government will also conduct joint surveys and studies to better identify the needs of the most marginalized children.

35. Based on a government request for United Nations' assistance with disaster management, UNICEF will support efforts by selected stakeholders at national and subnational level to strengthen emergency preparedness and response.

36. The main partners for implementation of the child poverty reduction and inclusion component will be relevant government bodies at national, provincial and district levels, line ministries and the National Body on the Convention on the Rights of the Child. In addition, partnerships will be promoted with religious leaders, the private sector and municipalities through national and subnational organizations. Joint programming with other United Nations agencies will be pursued, particularly with the United Nations Development Programme (UNDP), Food and Agriculture Organization of the United Nations, United Nations Population Fund (UNFPA) and World Health Organization (WHO).

37. **Opportunities for adolescents and young people.** National policymakers recognize the importance of young people and the need to focus on the specific needs of this age group. Under this component, UNICEF will support the Government of Iran to increase capacities to develop, implement and strengthen programmes, systems and policies to improve health, development and access to opportunities for and with adolescents and young people. UNICEF technical and financial contribution will be in support of capacity building, policy and model development as well as behavioural change initiatives, targeting adolescents mainly, while maintaining advocacy and strengthening partnerships to cover the entire age range of young people.

38. Regarding HIV, UNICEF will focus on prevention of new infections among adolescents. The Government and UNICEF will work together to foster an environment that will encourage healthy attitudes and behaviours, ensure greater opportunities for girls and women, and empower young people most at risk to address HIV risk factors and vulnerabilities. UNICEF will provide technical support for capacity development, strategic communication and promotion of skills-based education programmes. Scale-up of the adolescent-friendly services model will be promoted to deliver targeted interventions to the young people most at risk.

39. UNICEF will work with relevant partners to design and implement initiatives and policies that promote healthy lifestyles among adolescents and youth. Programming will address physical and mental health and well-being; substance abuse reduction and prevention; reproduction; nutrition; disaster-risk reduction; participation and volunteering; injury prevention; and increased access to health and social services. Participatory models will be used as evidence to develop adolescent-focused policies, programmes and strategic communication. UNICEF will support the Ministry of Health and Medical Education to develop a national comprehensive plan for information, education and communication to promote appropriate knowledge, attitudes and behaviours on youth needs.

40. UNICEF will focus on generating knowledge on specific issues. Barriers to youth employment will be addressed, specifically to help them prepare for the transition from school to work. As this is a new area of cooperation, the initial phase of the programme cycle will emphasize research. UNICEF will continue its collaboration with the Government on legal reforms to promote and implement restorative juvenile justice programmes.

41. The main partners for implementation of this component will be the relevant government bodies, line ministries, the National Body on the Convention on the Rights of the Child and the judiciary. New partnerships will be explored with other relevant bodies and civil society groups, including the Iranian Red Crescent Society, in close coordination with the Government. Considering the UNDAF focus on young people, the programme will pursue opportunities for joint programming with other United Nations agencies and in particular with UNAIDS, the United Nations Office on Drugs and Crime, UNFPA, UNDP and WHO.

Cross-sectoral costs

42. Cross-sectoral costs will cover programme support and operational functions to ensure effective and efficient implementation of the country programme. This will include salaries for staff performing cross-cutting functions.

Major partnerships

43. The Government is the major partner of UNICEF, particularly the Ministries of Health and Medical Education, Interior, Education, and Cooperatives, Labour and Social Welfare. Based on the agreement between UNICEF and the Government, some civil society organizations and private-sector groups may also participate in implementation. UNICEF will work jointly with other United Nations organizations and development partners.

Monitoring, evaluation and programme management

44. UNICEF and the Government will implement the programme within the context of the UNDAF. A Steering Committee co-chaired by the Ministry of Foreign Affairs and UNICEF is the highest decision-making body, with overall responsibility for formulation, implementation, monitoring and evaluation of the UNICEF country programme and action plan. UNICEF and the implementing partners will jointly monitor and evaluate implementation of activities of each component. The Government and UNICEF will collaborate on annual and midterm reviews to keep abreast of programme performance, results and any necessary revisions. An Integrated Monitoring and Evaluation Plan will be developed by the Government and UNICEF. It will specify the jointly agreed key studies, surveys and evaluations to be undertaken during the country programme.

45. As outlined in the UNDAF, country ownership, culturally sensitive approaches, using only official data/information as the point of reference shall be framework principles of the collaboration between the Government and UNICEF.