



The Country Programme Action Plan

Between

The Government of the Islamic Republic of Iran

And

The United Nations Children's Fund (UNICEF)

2012 - 2016

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- I. CPAP Results and Resources Matrix
- II. CPAP Integrated Monitoring and Evaluation Plan (IMEP)

THE FRAMEWORK

1. **Furthering** their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child (CRC)¹;
2. **Building** upon the experience gained and progress made during the implementation of the previous Programme of Cooperation for 2005 – 2009, extended to 2011;
3. **Entering** into a new Programme of Cooperation from 1 January 2012 to 31 December 2016; and
4. **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;
5. The Government of the Islamic Republic of Iran and the United Nations Children’s Fund (UNICEF) have agreed as follows

PART I: BASIS OF RELATIONSHIP

6. The Basic Cooperation Agreement (BCA) signed by the Government of the Islamic Republic of Iran (hereinafter referred to as “the Government”) and the United Nations Children’s Fund (hereinafter referred to as “UNICEF”) on 31 May 2004, provides the basis for the relationship between the Government of Iran and UNICEF. This Country Programme Action Plan for the period 2012-2016, is to be interpreted and implemented in conformity with the Country Programme Document (CPD, 2012-2016), approved by the UNICEF Executive Board in September 2011 and UNICEF’s global Medium Term Strategic Plan (MTSP). The programmes and projects described herein have been agreed jointly by the Government and UNICEF Iran Country Office and are guided by the mutual commitment to achieving the Millennium Development Goals (MDGs) and ensuring the rights of children set out in the Convention on the Rights of the Child (CRC).

PART II: THE SITUATION OF CHILDREN AND WOMEN IN IRAN

7. The Islamic Republic of Iran is a middle-income country with a population of 75 million and a gross national income of \$11,764 per capita. 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 26 in 2010². 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.

8. Net enrolment in primary education was reported to be 99 per cent in 2007, 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. 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. The rate of transition to secondary education stood at 98 per cent, and girls constituted 47 per cent of the total enrolled in 2009. Females constitute approximately 60 per cent of university entrants and 30 per cent of employment in the formal sector.

¹ Subject to reservation presented by the Islamic Republic of Iran at the time of her accession to the CRC

² 2011 Child Mortality Estimation Report developed by IGME

9. 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, with an expected increase in prevalence among women.

10. Even though there have been only very few known cases of Mother to Child Transmission (2.5 per cent of known cases since 2010, compared to 0.8 per cent cumulative figure since 1997) it is believed that most of such cases can be avoided by sensitizing health care providers to the potentially positive HIV status of pregnant women and raising awareness of those exposed to the risk of infection. To increase coverage of HIV testing and counselling in pregnant women national programmes aim to ensure that women referring to the prenatal care clinics are evaluated for HIV risk behaviours and if needed are referred to the counselling centres for HIV counselling and testing. A national programme monitoring in 2009 reported that only 39 per cent of pregnant women in prenatal care clinics were evaluated for risk parameters, out of whom 19 per cent were recommended for HIV testing and counselling but only 3 per cent have referred to the counselling.³

11. 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.

12. 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. 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 females and 24 per cent for males); in urban areas, it was estimated at 36 per cent and in rural areas at 18 per cent.

13. Injection drug use is growing as a proportion of substance abuse, from 12 per cent in 2004 to 21 per cent in 2007. Furthermore, 75 per cent of current injecting drug users used drugs for the first time between the ages of 15 and 29. The fifth National Development Plan identifies social and economic issues affecting youth as an important priority for the country's future development.

14. 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 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.

³ This paragraph is extracted from: MOH HIV & AIDS Quarterly report Spring 1390 and HIV/AIDS National Strategic Plan 2011-2015

