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United Nations Population Fund

Country programme document for Iraq

Proposed indicative UNFPA assistance: \$46.05 million: \$6.05 million from regular resources and \$40 million through co-financing modalities or other resources

Programme period: Five years (2020-2024)

Cycle of assistance: Third

Category per decision 2017/23: Yellow

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.0	15.0	17
Outcome 2	Adolescents and youth	1.0	5.0	6
Outcome 3	Gender equality and women's empowerment	1.5	12.0	13.5
Outcome 4	Population dynamics	0.8	8.0	8.8
Programme coordination and assistance		0.75	-	0.75
Total		6.05	40.0	46.05



I. Programme rationale

1. The population of Iraq was estimated to be 38.1 million in 2018, with 27.4 per cent aged 15-29 years. With an annual growth rate of 2.8 per cent, the population is projected to reach 50 million by 2030. Given the youthful population and the current population growth rate, meeting the demands for basic social services continues to be a challenge that affects stability and sustainable development in the country.
2. Iraq is a middle-income country that has been in a protracted crisis for over a decade. About 2 million people remain displaced, with 71 per cent living outside the camps. Infrastructure, particularly the health system, remains adversely affected by the crisis. Although the National Development Plan included reforms to the health system, with primary health care as a main building block, the system continues to focus mainly on hospitals. In addition, many skilled health workers have left the country and the brain drain of young graduates continues.
3. According to the 2018 Multiple Indicator Cluster Survey (MICS-6), maternal mortality is estimated at 104 deaths per 100,000 live births, an increase over the 84 per 100,000 live births in 2012 (based on data from the World Health Organization). The Ministry of Health has undertaken a number of steps to reduce maternal mortality; however, due to the crisis, it has not been possible to accurately measure the impact of these efforts. The total fertility rate has declined from 4.5 in 2011 to 3.6 in 2018. The contraceptive prevalence rate has stagnated since 2012 at around 52 per cent. The percentage of demand for contraception satisfied is 78.6 per cent for any method and 53.8 per cent for modern methods; due to the lack of commodities in public facilities and a shortage of skilled service providers, only roughly half of women who want to space or limit their pregnancies have their demand met for modern contraception.
4. Gender-based violence, in particular in conflict-affected areas and displacement settings, is still a major issue in Iraq. According to the gender-based violence information management system, approximately 70 per cent of cases occur within the household and are perpetrated by an intimate partner. The MICS-6 shows that 93 per cent of girls aged 15-19 years have felt harassed. Although Iraq has made improvements in legal and policy frameworks to advance the empowerment of women and gender equality, deep-rooted harmful practices, such as child marriage (with 24.8 per cent prevalence), female genital mutilation (in pocket areas in northern Iraq) and honour killings, as well as gender inequality and weak accountability systems, continue to affect access to justice and realization of sexual and reproductive health and rights.
5. Reliable and up-to-date sources for demographic and health data at the national level are lacking. Programmes rely more on non-periodic thematic surveys, although they lack precision and cannot be utilized fully for comparative analysis. The last comprehensive population and housing census for Iraq was conducted in 1987.
6. In 2018, Iraq began a transition towards stability and development, as the large-scale military conflict with the Islamic State in Iraq and the Levant (ISIL) ended. However, the situation remains volatile and the Government must respond to both development and humanitarian needs. Whereas the response in recent years was focused on immediate lifesaving needs of those fleeing ISIL, vulnerable Iraqis now have differentiated needs: (a) those in protracted displacement with no immediate prospects of returning home; (b) those who returned home but found there was a lack of security and services; (c) those who wanted to return home but found they could not for a variety of reasons; and (d) those in other parts of Iraq not affected by the humanitarian crisis but have seen the quality and access to services deteriorate. Meeting the significant demands for basic services nationwide will require the humanitarian and development actors to work together towards an integrated response.
7. The previous country programme contributed directly to saving the lives of women and girls by providing integrated reproductive health and gender-based violence services during the Mosul response. Interventions included the renovation and revitalization of government maternity hospitals and reproductive health clinics in affected areas; this shortened the response time and reduced the pressure on facilities in non-affected areas. The programme reached 1.5 million individuals with awareness

sessions on gender-based violence and harmful practices. It supported the Y-PEER network to conduct activities around peace and social cohesion in 18 governorates.

8. The programme supported the development of a family planning strategy, a gender-based violence strategy and a national youth strategy. It also supported the Government in conducting large-scale population-based surveys, including the Kurdistan Demographic Health Survey and the National Youth Survey.

9. The lessons learned from the evaluation of the previous country programme helped guide its transition into a more development context: (a) the integrated response programme targeting various beneficiaries' groups was efficient and played a vital role in maintaining the health and welfare of people in need; (b) revitalizing government facilities to provide services was instrumental for the sustainability of the services following the conclusion of the programme and for building resilience of the public system; (c) addressing traditional and conservative groups that can influence the willingness of authorities and communities to act on gender-based violence issues, in particular rape, child marriage, honour killings and female genital mutilation, is crucial to enable UNFPA to openly advocate on these issues; and (d) a lack of coordination between the public and private sectors hinders the effectiveness of health policy implementation.

II. Programme priorities and partnerships

10. The proposed country programme was developed in consultation with the Government, United Nations agencies, development partners, human rights institutions and civil society organizations; it is in line with the Government of Iraq and Kurdistan Regional Government priorities, as outlined in the Iraq Poverty Reduction Strategy, Iraq National Development Plan (2018-2022) and Iraq Vision 2030. It is aligned to the four outcomes of the UNFPA Strategic Plan, 2018-2021, and the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Iraq (2020-2024).

11. In line with the new UNSDCF in Iraq, UNFPA will strengthen partnerships with other United Nations agencies, particularly on data generation, including the 2020 census, family planning and adolescent sexual and reproductive health. A resource mobilization and partnership plan has been developed to outline the strategic partnerships that will be strengthened with key government ministries, donors, media networks, academia and private sector. Partnering with civil society organizations, including faith-based institutions and youth-led organizations within the country and the region, as well as interregional efforts through South-South cooperation, will be critical in reaching out to the communities, particularly in humanitarian settings.

12. The country programme will use multiple strategies at the national level to achieve the objectives, including policy advocacy and dialogue, knowledge management, capacity building, strategic partnerships and, in humanitarian settings, service delivery. In responding to the immediate humanitarian needs and consequences of the crisis on women and girls, the programme will also support mental health and psychological services addressing the most vulnerable, including people with disabilities. The overall goal is to strengthen national capacities, in particular of health systems and woman machineries, to address emerging development and humanitarian needs, and to ensure that no one is left behind. The programme aims to apply a resilience lens and integrate disaster risk reduction throughout its work.

A. Outcome 1: Sexual and reproductive health

13. *Output 1: Strengthened national capacity for the provision of high-quality integrated sexual and reproductive health services, especially for the most vulnerable populations, including women, young people, internally displaced people and those in refugee camps.* The programme will (a) scale up family planning services, with a focus on regions where the contraceptive prevalence rate is low; (b) provide technical support to cost and implement the family planning action plan; (c) advocate for family planning integration within primary health care and increased national budget allocation for family planning; (d) provide technical and material support to the midwifery colleges, associations and regulators to improve pre and in-service; (e) enhance existing maternal

death surveillance and response systems to reduce maternal mortality; (f) support capacity development for service providers on rights-based family planning; and (g) provide reproductive health lifesaving services in the humanitarian settings.

14. *Output 2: Increased national capacity for demand creation of sexual and reproductive health services, including provision of information, especially for women and young people.* The programme will (a) conduct studies on the barriers to access and utilization of family planning services; (b) conduct behaviour change campaigns on family planning; (c) raise awareness and support education on sexual and reproductive health and family planning services and rights; (d) engage with educational institutions to integrate sexual and reproductive health modules in their curricula; (e) work with the media to raise public awareness about the sexual and reproductive health and family planning services and rights; (f) engage health workers and community-based organizations to increase demand for family planning; (g) establish family planning social marketing programmes in communities where the contraceptive prevalence rate is low; and (h) improve the logistics management information system for better reproductive health commodity security.

B. Outcome 2: Adolescents and youth

15. *Output 1: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in sustaining peace.* The programme will focus on (a) supporting implementation of the national youth strategy and establishment of an inter-ministerial committee on youth; (b) supporting national and community-level advocacy to address socio-cultural barriers for young people, particularly girls in accessing sexual and reproductive health services; (c) supporting analysis, dissemination and utilization of the national adolescent and youth-survey; (d) promoting intergenerational dialogue with communities for peacebuilding and youth initiatives; (e) supporting implementation of the youth, peace and security action plan; (f) supporting advocacy platforms for civic engagement and volunteerism of youth; and (g) supporting capacity development for youth on leadership, decision-making and participation.

C. Outcome 3: Gender equality and women's empowerment

16. *Output 1: Improved capacity of the Government, human rights institutions, local civil society organizations and communities to prevent and respond to gender-based violence, including in humanitarian settings.* The programme will (a) provide technical support to women's machineries to review gender-related laws and national action plans and contribute to developing gender analysis; (b) support implementation of the gender-based violence strategy, including advocating for ratification and implementation of the anti-domestic-violence law; (c) build the capacity of relevant entities to coordinate implementation and monitoring of the law and the national action plan for combating violence against women; (d) support one-stop-centres and women shelters for survivors of gender-based violence; (e) build the capacity of the Government and gender-based violence service providers on mental health and psychological support; (f) provide services to women and girls, in particular survivors of gender-based violence in humanitarian settings; (g) advocate at national level on eradicating child marriage; and (h) sensitize faith-based organizations and community structures and build their capacity to eliminate harmful practices.

D. Outcome 4: Population dynamics

17. *Output 1: Improved national population data systems for better availability, analysis and accessibility of evidence-based information on population dynamics for formulation of rights-based policies.* The programme will provide technical and financial support to the Government to (a) conduct the 2020 population and housing census and the resulting in-depth thematic analysis of the census data for use at national and subnational levels; (b) implement national surveys, such as the Iraqi women integrated social and health survey, determinants and prevalence of child marriage and disability; (c) integrate demographic dynamics into national and subnational

development policies and programmes: (d) review and update the national population policy and action plan; (e) produce position papers and policy briefs on critical population issues, such as the demographic dividend, migration, child marriage, population profiles and age structure; and (f) monitor and track the ICPD and Sustainable Development Goals indicators.

III. Programme and risk management

18. This country programme document outlines the UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at country, regional and headquarters levels with respect to this country programme is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

19. The programme will be implemented within the UNSDCF and under the coordination of the Ministry of Planning and Development. A human resources plan has been developed to ensure capacity and functions suitable to deliver results and enable the office to mobilize resources, including for joint programming, engaging bilateral donors and building strategic private and public partnerships.

20. Country office management will spearhead compliance with UNFPA policies and procedures and continue to implement the harmonized approach to cash transfers. Partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. The programme will conduct regular supportive spot checks to selected implementing partners and apply the appropriate payment modality accordingly.

IV. Monitoring and evaluation

21. Guided by UNFPA policies and procedures, the relevant government institutions and the UNFPA country office will monitor and evaluate the country programme. These include joint monitoring visits and annual reviews, thematic evaluations and a final country programme evaluation. UNFPA will also participate in joint United Nations assessments and evaluations, including of the UNSDCF.

22. The country office will build on a customized monitoring system it has developed for national and subnational levels to strengthen results reporting. UNFPA will strengthen the feedback mechanism with beneficiaries and implementing partners to inform evidence-based programme design and implementation. The Office will support monitoring and tracking of the Sustainable Development Goals, the UNSDCF and the Iraq National Development Strategy.

RESULTS AND RESOURCES FRAMEWORK FOR IRAQ (2020-2024)

<p>National development priority: Human and social development UNSDCF Outcome (3.1): Strengthened institutions and systems deliver people-centred, evidence and needs-based equitable and inclusive gender- and age-responsive services, especially for the most vulnerable populations, with particular focus on advocating for women's leadership in decision-making processes</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome Indicators:</u></p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 36% Target: 45 %</i> • Contraceptive prevalence rate: <i>Baseline: 36%; Target: 45%</i> 	<p><u>Output 1:</u> Strengthened national capacity for the provision of high-quality integrated SRH services, especially for the most vulnerable populations, including women, young people, internally displaced people and those in refugee camps</p> <p><u>Output 2:</u> Increased national capacity for demand creation of SRH services, including provision of information, especially for women and young people</p>	<ul style="list-style-type: none"> • Percentage of service delivery points providing integrated SRH services, including family planning services <i>Baseline: 50% Target: 80%</i> • Number of new beneficiaries reached with reproductive health services (gynaecological antenatal and postnatal, safe delivery consultation and services) <i>Baseline: 0; Target: 1.4 million</i> • Costed national family planning strategy and action plans are in place <i>Baseline: No; Target: Yes</i> • Percentage of districts within targeted areas that have a functional logistics management information system in support of family planning programmes <i>Baseline: 0% Target: 100%</i> • Number of beneficiaries who received quality information on available family planning services <i>Baseline: 250,000; Target: 950,000</i> • Number of first-time users of modern contraception (new acceptors) <i>Baseline: 0; Target: 700,000</i> 	Ministry of Health; Kurdistan Regional Government; Directorates of Health Services; non-Governmental organizations; World Health Organization	\$17 million (\$2 million from regular resources and \$15 million from other resources)
<p>National development priority: Human and social development UNSDCF Outcome (3.2): People in Iraq, civil society and communities, particularly women, have improved capacity to lead, participate in and contribute to the design and delivery of equitable and responsive services, especially for the most vulnerable populations UNSDCF Outcome (1.3): People in Iraq participate in and benefit from effective mechanisms – at national, subnational and community levels – that prevent, mitigate and manage conflict, and contribute to social cohesion and peaceful coexistence, with particular focus on women and youth leadership in decision-making, peacebuilding and reconciliation processes</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 2: Adolescents and youth Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual</p>	<p><u>Output 1:</u> Young people, particularly adolescent girls, are more empowered to make informed choices about their</p>	<ul style="list-style-type: none"> • Number of sectors/agencies supported to establish institutional mechanisms for the participation of young people in policy dialogue and programming, 	Ministries of Labour and Social Affairs; Youth and Sports; Health; Education; Higher Education and	\$6 million (\$1million from regular resources and

and reproductive health and reproductive rights, in all contexts <u>Outcome indicator:</u> Adolescents and youth in targeted areas in Iraq, including marginalized adolescents and youth, engaged in the formulation of national sexual and reproductive health policies <i>Baseline: No; Target: Yes</i>	sexual and reproductive health and rights, exercise leadership and participate in sustaining peace	including in peacebuilding processes <i>Baseline: 1; Target: 3</i> • Proportion of targeted health strategies, policies and protocols supported to integrate sexual and reproductive health of young people, especially girls, including those marginalized <i>Baseline: 20%; Target: 70%</i> • Number of young people reached with life skills, citizenship education and other youth programmes to prevent violent extremism <i>Baseline: 0; Target: 30,000</i>	Scientific Research; Kurdistan Regional Government; Directorates of Health Services; non-governmental organizations; the media; World Health Organization; UNICEF; International Labour Organization	\$5 million from other resources)
<p>National development priority: Human and social development</p> <p>UNSDCF Outcome (1.1): Strengthened and effective inclusive, people-centred, gender-responsive and human rights based policies and national systems contribute to gender equality, the promotion of protection, Social Protection, social cohesion and peaceful societies, with focus on the most vulnerable populations, including women, youth and minorities</p> <p>UNSDCF Outcome (3.1): Strengthened institutions and systems deliver people-centred, evidence and needs-based equitable and inclusive gender- and age-responsive services, especially for the most vulnerable populations, with particularly focus on advocating for women’s leadership in decision-making processes</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 3: Gender equality and women’s empowerment Gender equality, empowerment of all women and girls and reproductive rights are advanced in development and humanitarian settings</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 59%; Target : 40%</i> 	<p>Output 1: Improved capacity of Government, human rights institutions, local civil society organizations and communities to prevent and respond to gender-based violence, including in humanitarian settings</p>	<ul style="list-style-type: none"> • Number of legal or administrative provisions/policies drafted which protect survivors’ rights and support their access to essential gender-based violence services <i>Baseline: 1; Target: 6</i> • Number of national institutions that receive capacity building interventions in order to establish systems to effectively prevent and address gender-based violence and gender issues in general <i>Baseline: 6; Target: 12</i> • Number of beneficiaries provided with quality gender-based violence services both in humanitarian and development settings <i>Baseline: 0; Target: 250,000</i> 	Ministries of Culture; Human Rights; Justice; Interior; Parliament; Kurdistan Regional Government; non-governmental organizations; the media; World Health Organization; UNICEF; United Nations; UN-Women	\$13.5 million (\$1.5 million from regular resources and \$12 million from other resources)
<p>National development priority: Population and workforce</p> <p>UNSDCF outcome (3.1): Strengthened institutions and systems deliver people-centred, evidence and needs-based equitable and inclusive gender- and age-responsive services, especially for the most vulnerable populations, with particularly focus on advocating for women’s leadership in decision-making processes.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources

<p>Outcome 4: Population dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <p><u>Outcome indicator:</u> Population and housing census in Iraq conducted <i>Baseline: No; Target: Yes</i></p>	<p><u>Output 1:</u> Improved national population data systems for better availability, analysis and accessibility of evidence-based information on population dynamics for formulation of rights-based policies</p>	<ul style="list-style-type: none"> • Number of new development strategies and programmes that address population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: 1; Target: 5</i> • Number of national mechanisms and tools developed in support of the conduct of the national census <i>Baseline: 1; Target: 10</i> • Monitoring and evaluation system to monitor and track ICPD and SDGs is in place <i>Baseline: No; Target: Yes</i> 	<p>Ministries of Planning, Youth and Health (Federal and Kurdistan Region); Central Statistical Office; Kurdistan Region Statistical Office; Higher Population Council</p>	<p>\$8.8 million (\$0.8 million from regular resources and \$8 million from other resources)</p>
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