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Programme, the United Nations
Population Fund and the United
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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Islamic Republic of Iran

Proposed indicative UNFPA assistance:	\$8 million: \$5 million from regular resources and \$3 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Seventh
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

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I. Programme rationale

1. The Islamic Republic of Iran has a population of approximately 84 million people, which is growing at an annual rate of 1.2 per cent. The common United Nations analysis of the country's development trends in 2021 shows impressive improvement in the human development index (HDI), which rose 52.9 per cent between 1980 and 2014. However, the analysis notes that the HDI appears to have stabilized and now reflects a slight decrease (from 0.787 in 2017 to 0.783 in 2019). In 2019, 32 per cent of the total population, equivalent to nearly 26.5 million people, were living below the poverty line.

2. The currently applicable national development plan supports transformation towards inclusive economic growth and is designed to foster macro-economic development and a resilient economy that would achieve full employment. Nevertheless, the external factors as identified in the United Nations Sustainable Development Cooperation Framework (UNSDCF) are viewed as major impediments, significantly affecting the achievement of national development objectives. Other challenges, such as the COVID-19 pandemic, have further exacerbated this uncondusive environment in some respects. Such an environment has left serious impacts on the population's health, and social and economic well-being. People in vulnerable situations have suffered even more.

3. According to the latest demographic and health survey (2010), virtually all births (99 per cent) were attended by skilled health personnel. The maternal mortality ratio in 2017 was estimated at 16 per 100,000 live births. Maternal mortality, however, is likely to have increased during the COVID-19 pandemic. Although the maternal health indicators appear good at an aggregate national level, maternal mortality is higher in certain provinces. Reproductive morbidities, including cancer and infertility among couples, are on the rise. Life-course infertility was estimated at 16 per cent for primary infertility and 12.4 per cent for secondary infertility in 2020, higher than published data from previous years. It has been estimated that more than 50 per cent of women with cervical cancer have never been screened and 10 per cent have not been screened in the five years prior to their cancer.

4. The persistently high rates of caesarean sections (up to 72 per cent in Tehran) remain an area of significant concern, given the associated health risks. This is due in part to the fact that midwives are not strongly positioned in the health system. While evidence suggests that midwives who are equipped with adequate skills and competencies according to international standards can provide 87 per cent of the needed essential care for women and their newborns, the potential of midwives in the Islamic Republic of Iran should be further utilized.

5. Having reached low levels of fertility (1.7 children per woman in 2020) and low mortality, the Islamic Republic of Iran has completed the demographic transition. With declining fertility and increasing life expectancy, the country is experiencing one of the fastest rates of population ageing in the region. By 2050, 27.9 per cent of the population will be aged over 60 years, 52 per cent of whom will be older women. This changing demography has great relevance for the country's efforts to attain its development goals. Even with an increasing proportion of older people and below-replacement-level fertility, the Islamic Republic of Iran still has the potential to harness the demographic dividend in the coming years by creating an enabling environment that promotes a life-cycle approach while also promoting population policies that encourage a healthy childbearing environment.

6. Despite significant improvement in women's educational attainment, particularly young girls (96 per cent literacy), their economic participation requires further improvement. Prior to the COVID-19 pandemic, the economic participation rate for women – with little change for a decade before 2018 (16.1 per cent) – fell to 13.7 per cent in the second quarter of 2021, compared to 68.5 per cent for men. Nearly 54.3 per cent of young women aged 15-24 years are in education, employment or training, compared to 80.9 per cent of young men. According to the 2016 census, 13 per cent of households were headed by women, an increase from 8 per cent in 1996. The age distribution of female-headed households shows that almost half were over the age of 60; these households are headed by women who are widowed or separated from their spouses. Female-headed households, including women in low-income households and

people with disabilities, are particularly vulnerable to poverty and its effects on health and well-being, due to the insufficiency of economic opportunities and their financial dependence.

7. The HIV epidemic in the country remains concentrated among people in vulnerable situations. In 2021, it was estimated that 58.1 per cent of people living with HIV contracted the virus through drug injection and 23.9 per cent were infected through sexual transmission. These two modes of transmission represent 82 per cent of all HIV cases among young people. Studies recommend the need to support the Government's policies for improving sexual and reproductive health knowledge and youth-friendly services.

8. The Islamic Republic of Iran has a good level of capacity to collect and manage health, sociodemographic and economic data. However, analysis and integration of such data and harmonization of civil registration and vital statistics with other sources offers scope for further strengthening. The usage of data for evidence-based programming and policy should be further promoted. As the country prepares for its next census in 2026, the modernization of statistical systems and the updating of census methodologies, including the use of administrative and register data, will be needed.

9. The country faces a wide range of natural disasters, mainly earthquakes, floods and droughts. In addition, droughts and floods, exacerbated by climate change, are increasing in frequency and intensity. The specific needs of women and girls are yet to be integrated in the preparedness and response plans.

10. The Islamic Republic of Iran currently ranks as the fifth-largest refugee-hosting country in the world. As per official data, around 780,000 Afghans are registered as refugees; an additional 4 million undocumented Afghans live in the country. This situation poses a significant strain on the country's health, education and welfare systems, bearing also in mind the impact of external factors, as mentioned in the UNSDCF.

11. As agreed with the Government, the UNSDCF, 2023-2027, will concentrate its efforts in five pillars of work: (a) socioeconomic resilience; (b) public health management; (c) environmental conservation, sustainable use of natural resources, and the capacity to address climate challenges; (d) disaster-risk reduction and management; and (e) drug control. UNFPA will bring in its comparative advantage within the context of the UNSDCF by addressing women's health empowerment, strengthening data systems, and socioeconomically empowering the poor and populations in vulnerable situations.

12. The evaluation of the previous country programme (2017-2022), conducted in 2021, found the programme to be relevant, efficient and effective. UNFPA is considered a credible partner by all key stakeholders in the Islamic Republic of Iran. United Nations organizations consider UNFPA to be a strategic partner in terms of complementarity of mandates, capacities, technical know-how and modality of operations. UNFPA is valued as an important partner, ensuring the implementation of the Programme of Action of the International Conference on Population and Development (ICPD).

13. The previous country programme, (2017-2022), was anchored, at a strategic level, in advocacy, technical advice and knowledge management as the primary modes of engagement. Notwithstanding the fact that the Islamic Republic of Iran is prone to natural disasters – and to address the needs of populations in vulnerable situations and respond to the outbreak of COVID-19 – the country programme demonstrated the flexibility required to provide service-delivery support in specific contexts.

14. The evaluation of the previous country programme, (2017-2022), called for: (a) greater focus on quality of care (evidence-based, integrated user-friendly services, with an emphasis on respect and dignity, privacy, confidentiality, affordability and accessibility); (b) a more structured data systems-informed, advice-impact analysis approach in population and development, with significant attention to the poor and people living in vulnerable situations; (c) strategic use of emerging demographic dynamics as the driving force for development; (d) adoption of a holistic life-cycle approach in programming; and (e) a more efficient and effective humanitarian response.

II. Programme priorities

15. The new country programme, 2023-2027, is guided by the UNFPA Strategic Plan, 2022-2025, and will be executed to support realization of the objectives of the national plans and priorities of the Islamic Republic of Iran, as discussed in the context of the upcoming seventh National Development Plan and the UNSDCF, 2023-2027.¹ It is also aligned with the ICPD Programme of Action, and relevant international instruments. The country programme uses an evidence-based approach, drawing baseline information from the joint United Nations analysis in the lead-up to the UNSDCF, the population situation analysis and a series of thematic analyses conducted to provide a strong-evidence base for its design.

16. The UNSDCF places the country's demographic changes and its impact on the economy under the socioeconomic resilience and public health pillars. A call for harnessing the demographic dividend – including developing the skills of young people, improving women's economic participation and adapting and responding to rapid population ageing – are firmly embedded in the background analysis.

17. Building on its success in enhancing women's education and skills and achievements in improving maternal health, the country programme will support the efforts of the Government to realize the demographic potential of the Islamic Republic of Iran.

18. The country programme will adopt a holistic and integrated approach by contributing to strengthening health systems; supporting the empowerment of the poor and people in vulnerable situations; ensuring better access to quality data and analysis to inform policies and plans; and responding effectively to demographic changes, with a focus on rapid population ageing, through a life-cycle approach.

19. In line with the principles identified in the UNSDCF and with the mission of 'leaving no one behind' and doing no harm, and in pursuit of sustainable development and the right to development, as identified in the joint United Nations analysis, the country programme will intensify its outreach to such populations as pregnant women, the urban poor, drug users, people living with HIV, people living in areas affected by disasters, female-headed households, older people and people with disabilities, upon request and in coordination with the Government. The country programme will support the Government in implementing its plans for improving availability, accessibility and quality of the service provision.

20. To reach its objectives, the country programme will apply different modes of engagement, including advocacy and technical advice; capacity-building and technical assistance; knowledge management; service delivery and cooperation. While adopting the accelerators identified in the strategic plan in implementing the programme, special emphasis will be placed on innovation and digitization as means of scaling up the programme and making it more impactful.

21. In line with the repositioned United Nations development system, UNFPA is committed to joint work planning and programming, including through UNSDCF results groups. The programme will partner with relevant United Nations organizations in achieving the agreed outcomes, capitalizing on the respective comparative advantages and complementarity of mandates. UNFPA will work closely with the World Health Organization to enhance quality of care in the health system and with UNDP and UNICEF to improve the socioeconomic resilience of populations.

22. In line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which highlights the need for nationally owned development strategies supported by integrated financing frameworks, a key objective of the country programme is to catalyse financing for achieving the national development goals. UNFPA will shift from the funding of individual projects to the financing of programmes. The shift from funding to financing will entail developing the capacity to prepare investment cases and influence different sources of public, private, domestic and international finance to achieve collective, inclusive and sustainable development results.

¹ The 6th Five-Year Plan, designed for the years 2017-2021, was later extended until the end of 2022, while the 7th Five-Year Plan is being finalized.

23. The focus of the country programme remains on development activities while it recognizes the humanitarian-development continuum. It will undertake risk-informed approaches and strengthen emergency preparedness, mitigation and response, including by supporting programme contributions to resilience-building and sustainability. The programme will pursue the transition to development and early recovery from disasters as well as efforts towards disaster risk reduction, and it will address challenges created by climate change.

A. Output 1. By 2027, strengthened capacity of health systems to deliver high-quality integrated maternal and women-friendly services

24. Contributing to the public health management outcome of the UNSDCF – which focuses on making health systems resilient and inclusive and addresses health emergencies in alignment with the improved integration of maternal health and reproductive health, including infertility management, into universal health coverage – this output will focus on improving coverage, accessibility and quality of maternal health services, particularly for poor women and women in vulnerable situations.

25. The country programme strategies to achieve the output include: (a) using a multidimensional approach to strengthen the capacity of maternal health service providers through partnership-building between the public sector and the private sector and professional societies; (b) further utilizing the capacities of midwives to support health and well-being of women in need of midwifery assistance, including pregnant women; (c) providing technical assistance to generate and implement evidence-based interventions to promote positive childbearing experiences and natural childbirth; (d) providing technical suggestions to improve the access of the poor women and women in vulnerable situations to quality maternal health services; and (e) providing technical assistance for the development of evidence-based guidelines in the management of emerging health issues affecting women, including maternal morbidities, reproductive cancers and infertility.

B. Output 2. By 2027, strengthened life skills and enhanced opportunities for young people

26. Under the socioeconomic resilience outcome of the UNSDCF, young people remain a key target group, in line with its commitment to harness the demographic dividend and achieve inclusive growth, prosperity and development. Furthermore, inadequate HIV prevention among youth and populations at higher risk of infection is shared as a major concern in the health and drug control pillars. The strategic plan output on strengthening the health and life skills of young people and peoples in vulnerable situations, to build human capital and reap the demographic dividend, influences the country programme output on young people.

27. The strategies that will be used to support the Government’s plans to achieve this output include: (a) assisting in establishing national platforms and alliances to share and learn from experiences related to life skills of young people; (b) strengthening the capacity of national partners to develop evidence-based curricula and to deliver training to enhance life skills of young people as a way to improve employability; (c) supporting the capacity strengthening of national partners to conduct campaigns for entrepreneurship and innovation for young people; (d) advocating for evidence-based and needs-based scaling-up of skills training and counselling for young people on fostering healthy family relationships and contributing to enhancing intergenerational solidarity; and (e) providing technical advice to address gaps by generating data and evidence on health-care and basic social services for young people.

C. Output 3. By 2027, strengthened national capacities to provide evidence on population dynamics and support development plans and programmes

28. Evidence-based indicators and quality data remain a cornerstone of all pillars of the UNSDCF and are seen as a precondition for assessing progress towards the achievement of resilient, inclusive and sustainable growth. The country programme will contribute to supporting the Government to strengthen data systems and evidence on population dynamics, demographic transition and megatrends and to support development plans and programmes.

29. With the rapidly changing demography of the Islamic Republic of Iran – due to the combined effects of fertility decline and increased life expectancy – the population dynamics

component of the country programme will focus on: (a) strengthening the capacity for analysis of quality disaggregated data, register-based censuses and relevant household surveys; (b) strengthening the capacity of the civil registration and vital statistics systems by utilizing more real-time data for planning and programming; (c) providing technical assistance to enhance national capacities to generate and utilize population data for early-warning and response to natural disasters; (d) supporting implementation research on solution-oriented population programmes, geared at realizing the demographic dividend; (e) generating evidence to address below-replacement fertility and healthy childbearing; and (f) continuing to generate national transfer accounts and national time transfer accounts, for better forecasting of the impact of demographic changes on the economy, and utilizing them for advocacy in harnessing the demographic dividend.

D. Output 4. By 2027, country capacities are enhanced to adapt to changing environment, including on population ageing and disabilities

30. Under the socioeconomic resilience pillar, the UNSDCF aims to promote human and social capital development through improved access to inclusive programmes and use of life-cycle approaches. To realize this commitment, the country programme, under the principle of national ownership and leadership, will strengthen the capacity of institutions and populations to prepare for rapid population ageing and advocate for the development of plans and programmes to support not only older people but also other populations affected by widening socioeconomic vulnerabilities, such as people with disabilities.

31. This output will be achieved by supporting the Government in implementing national plans on: (a) supporting the generation of evidence to identify gaps in social and welfare systems for older people, people with disabilities and those in vulnerable situations; (b) supporting the capacity-building of the National Council for Older People to coordinate effective implementation of the national action plan on older people, including by establishing an ageing information and management system; (c) advocating for an age-friendly and disability-friendly enabling environment to increase social participation and inclusion of older people and people with disabilities; (d) promoting active and healthy ageing through life-cycle and population-based approaches; (e) carrying out analysis of various social protection programmes and social security schemes, including their future implications for the changing demography; and (f) carrying out analyses on the vulnerabilities and needs of older women, particularly those living alone and those with disabilities.

E. Output 5. By 2027, strengthened capacities of relevant partners to enhance the resilience and socioeconomic empowerment of poor women and girls and those living in vulnerable situations

32. Focusing on the economic empowerment of poor women, as envisioned in the socioeconomic resilience pillar of the UNSDCF, the country programme will focus on supporting the Government in implementing national plans on and by: (a) empowering female-headed households through targeted training on life, entrepreneurial and vocational skills; (b) developing the capacity of service providers to promote healthy family relationships and the provision of health and well-being for women and girls in low-income households; (c) generating evidence to scale up the provision of social welfare services for poor women living in vulnerable situations, including older women and women with disabilities; (d) providing technical assistance to national partners to establish a user-friendly information-provision mechanism for the poor and women with vulnerabilities; (e) advocating for safe and healthy environments and measures for women and girls in different settings (health care, urban setting/city, workplace and sports) and those living in vulnerable situations to lead healthy lifestyles and contribute to sustainable development and inclusive growth and wealth; (f) developing investment cases for the socioeconomic empowerment of poor women and girls and harnessing the demographic dividend in the Islamic Republic of Iran.

F. Output 6: By 2027, strengthened capacity of relevant national partners for disaster preparedness, early action and provision of life-saving responses that are timely, integrated, and responsive to the needs of people living in vulnerable situations

33. Under this output, access to health services, including maternal health support for people living in vulnerable situations, as included under the disaster-risk reduction and management pillar of the UNSDCF, will be supported. One of the intermediate outcomes of the pillar is to integrate disaster-risk reduction and management into development planning and programmes and to strengthen institutional capacities for effective disaster preparedness, response and recovery. The second intermediate outcome under the pillar is to ensure the capacities of populations in the areas of disaster resilience, risk reduction and preparedness are enhanced.

34. This output will be achieved by supporting the Government in implementing national plans on: (a) reviewing emergency preparedness and response plans at national and provincial levels and by advocating for the integration of the specific needs of the affected population within the plans; (b) strengthening inter-agency coordination to address the specific needs of women and girls during natural disasters; (c) strengthening the capacity of first responders and service providers to deliver quality health and well-being support services for people affected by natural disasters; (d) providing technical support, including sharing of good practices, to promoting people-centred approaches and enhance participation in disaster-risk reduction and risk management in the most vulnerable areas exposed to natural hazards; and (e) addressing evidence gaps and integrating the analysis of vulnerabilities in disaster response situations, including in relation to climate change, to inform plans and programmes.

III. Programme and risk management

35. The Ministry of Foreign Affairs will coordinate country programme implementation through national partners, in line with results-based programming. In close coordination with the Ministry of Foreign Affairs, UNFPA will collaborate with line ministries and liaise, through the line ministries, with other relevant actors for its implementation. Through the established coordination mechanisms, UNFPA, in consultation with the Ministry of Foreign Affairs, will select partners, based on their strategic position and ability to deliver high-quality programmes, monitor their performance concerning the UNFPA contribution to the country programme and ensure implementation of audit recommendations.

36. The country programme will follow the framework principles stipulated in the UNSDCF. It will use the harmonized approach to cash transfers to manage financial risk in a coordinated fashion with other United Nations organizations. The country programme takes into consideration the middle-income-country status of Iran, the UNFPA business model and respects the governance system of Iran. The Government, UNFPA and partner organizations are committed to delivering the expected results of the programme.

37. Since the Islamic Republic of Iran receives limited overseas development assistance, the country programme will continue to scan opportunities for resource mobilization, present investment cases to interested donors and advocate for the leveraging of domestic resources.

38. Risks to programme implementation include an inconducive external environment, as identified in the UNSDCF, the onset of an emergency, such as a new pandemic or a major natural disaster, continuation of insufficient economic growth, and an additional influx of refugees into the country. To mitigate these risks, the country programme will support the Government to strengthen its emergency preparedness and response. Furthermore, contingency plans will be regularly updated, based on assessments of the situation.

39. The existing technical capacity of the UNFPA country office, alongside that of national partners, will ensure quality implementation of the programme. Given the focus on upstream engagement, the country office will continue to review and update its staffing profile and skills mix to enable effective technical advice and, where appropriate, technical support and advocacy. Country office staff will be funded from the integrated institutional and programme budgets of UNFPA and other resources, as they become available. The UNFPA Regional Office for Asia and the Pacific will assist the country office in identifying technical resources and will provide quality assurance.

40. This country programme outlines 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. Accountabilities of UNFPA managers at the country, regional and headquarters levels with respect to country programmes are prescribed, in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

41. The joint Ministry of Foreign Affairs and UNFPA Steering Committee, with the participation of government partners, will meet annually to review and evaluate the progress and implementation of the country programme. By reviewing and evaluating the implementation of the programme, the Steering Committee will ensure its continued alignment with national development priorities. The UNFPA monitoring and evaluation plan to track results of the country programme will be in accordance with the relevant UNSDCF provisions.

42. Monitoring and evaluation of UNFPA activities will include: (a) monitoring outcome and output-level indicators, to measure progress and acceleration towards achieving envisaged results jointly with the Ministry of Foreign Affairs and other government partners, where possible; (b) strengthening the capacity of UNFPA staff to support joint monitoring and evaluation of the UNSDCF, in line with United Nations development system reform, providing leadership within the United Nations country team (UNCT) planning, monitoring, evaluation and learning group, and relying on United Nations Development Coordination Office systems and frameworks to track results and monitor UNCT efficiency and effectiveness; (c) assessing the assumptions and risks of the country programme, particularly those related to resource gaps for achieving results; (d) sourcing available open data from national systems, to the extent possible, and establishing UNFPA activity planning, evaluation and reporting systems to interface and exchange data with United Nations systems, such as UN INFO; (e) carrying out, in cooperation with the Ministry of Foreign Affairs and with implementing partners, regular periodic reviews to assess the country programme, address bottlenecks and reorient programming, as necessary; (f) providing implementing partners the decision-making data for learning, adaptive management, and resilient and agile programming, which focuses on achieving the envisaged country programme results; and (g) conducting, in cooperation with the Ministry of Foreign Affairs, a midterm review and an end-of-cycle evaluation of the country programme.

43. As per Executive Board decision 2014/7, a costed evaluation plan has been prepared. The evaluation plan contains important information related to the country programme and evaluative activities, including on the main areas of programme support, evidence utilized in the design of the costed plan, evaluative activities and their purpose, partners, time frames, and level of financial resources needed. The country office will perform an evaluability assessment in mid-2023, which will form the basis for possible thematic evaluations during the programme cycle, the midterm review and the final evaluation, scheduled for 2026.

RESULTS AND RESOURCES FRAMEWORK FOR THE ISLAMIC REPUBLIC OF IRAN (2023-2027)

NATIONAL PRIORITY: Benefits of resilient public health management are ensured.				
UNSDCF OUTCOME: By 2027, the people of the Islamic Republic of Iran benefit from enhanced health care and social services and enjoy healthier lifestyles. UNSDCF INTERMEDIATE OUTCOME: The health system is resilient and addresses a range of vulnerabilities in diverse settings and emergencies.				
UNSDCF OUTCOME: By 2027, more people of the Islamic Republic of Iran are protected from drug use, and the capacity for effective border management and countering illicit trafficking is enhanced. UNSDCF INTERMEDIATE OUTCOME: Access to evidence-based drug prevention, treatment, harm reduction and drug-related protection services is improved.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcome 2				
UNSDCF outcome indicators, baselines and targets	Country programme outputs	Output indicators, baselines, and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> • Coverage of supported health services <i>Baseline: 60.14 (2020); Target: 81.41 (2027)</i> • Number of people in the Islamic Republic of Iran aged 15-64 years who have used any kind of illegal drugs during last year disaggregated by sex and age <i>Baseline (women): 156,000 (2015); Target (women): TBD</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> • Coverage of essential health services <i>Baseline: 77% (2019); Target: 85% (2027)</i> 	<u>Output 1.</u> By 2027, strengthened capacity of health systems to deliver high-quality integrated maternal and women-friendly services	<ul style="list-style-type: none"> • Number of provinces with at least one mother-friendly hospital as per the mother-friendly childbirth initiative guidelines <i>Baseline: 0 (2022); Target: 10 (2027)</i> • Number of national guidelines on reproductive morbidities developed <i>Baseline: 0 (2022); Target: 2 (2027)</i> • National strategy on midwifery developed <i>Baseline: No (2022); Target: Yes (2027)</i> 	Ministry of Health and Medical Education; Office of Midwifery; Office of Maternal Health	\$1.9 million (\$0.9 million from regular resources and \$1 million from other resources)
	<u>Output 2.</u> By 2027, strengthened life skills and enhanced opportunities for young people	<ul style="list-style-type: none"> • Number of provinces where vulnerable young populations are provided with life and relationship skills training <i>Baseline: 0 (2022); Target: 10 (2027)</i> • Percentage of voluntary counselling and testing centres capacitated to provide integrated counselling services <i>Baseline: 0 (2022); Target: 80 (2027)</i> • Number of young people who will directly benefit from social innovation and entrepreneurship campaigns <i>Baseline: 0 (2022); Target: 1,000 (2027)</i> 	Ministry of Health; United Nations Organizations	\$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)
NATIONAL PRIORITY: Benefits of resilient socio-economic development are ensured and enhanced resilience to disaster impacts.				
UNSDCF OUTCOME: By 2027, the people of the Islamic Republic of Iran enjoy shock-responsive socio-economic development and sustainable growth integrated into development policies and programmes. UNSDCF INTERMEDIATE OUTCOME: Human and social capital development promoted through improved access to inclusive programmes and use of life-cycle approaches.				
UNSDCF OUTCOME: By 2027, the national and local resilience to disaster impacts is enhanced by improving disaster risk reduction, preparedness, response and recovery. UNSDCF INTERMEDIATE OUTCOME: The capacities of people in the area of disaster resilience, risk reduction and preparedness are enhanced.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): Outcomes 1 and 3				

UNSDCF outcome indicators, baselines, and targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Economic participation rate <i>Baseline (women): 13.8% (2022); Target: TBD (2027)</i> Number of deaths attributed to disasters, per 100,000 population, disaggregated by sex and age (in accordance with the content and definitions of the National Disaster Management Law) <i>Baseline: TBD (2022); Target: TBD (2027)</i> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> At least one population and housing census during the last 10 years conducted <i>Baseline: Yes (2020); Target: Yes (2027)</i> 	<p><u>Output 3.</u> By 2027, strengthened national capacities on to provide evidence on population dynamics and support development plans and programmes</p>	<ul style="list-style-type: none"> Basic registers for the transition from a traditional census to a census using administrative data are available <i>Baseline: No (2022); Target: Yes (2027)</i> Number of national transfer accounts and national time transfer accounts available and used for planning and programming <i>Baseline: 1 (2022); Target: 4 (2027)</i> 	Ministry of Cooperatives, Labour and Social Welfare; National Organization for Civil Registration	\$0.7 million from regular resources
	<p><u>Output 4.</u> By 2027, country capacities are enhanced to adapt to changing environment, including on population ageing and disabilities</p>	<ul style="list-style-type: none"> Number of national information and management systems covering older people and people with disabilities available <i>Baseline: 0 (2022); Target: 2 (2027)</i> Number of provinces that have adopted a strategy to promote an age-friendly environment <i>Baseline: 2 (2022); Target: 10 (2027)</i> 	State Welfare Organization; Ministry of Cooperatives, Labour and Social Welfare	\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)
	<p><u>Output 5.</u> By 2027, strengthened capacities of relevant partners to enhance the resilience and socioeconomic empowerment of poor women and girls and those living in vulnerable situations</p>	<ul style="list-style-type: none"> Number of female heads of households who participated in an integrated vocational skills training supported by UNFPA <i>Baseline: 400 (2022); Target: 4,000 (2027)</i> National document on effective strategies for the provision of mental health, well-being support and healthy family relationship support for women and girls and those living in vulnerable situations available for implementation <i>Baseline: No (2022); Target: Yes (2027)</i> Percentage of female heads of household benefiting from the single window of social services <i>Baseline: 0 (2022); Target: 40 (2027)</i> 	Ministry of Health and Medical Education; Office of Social Health; Ministry of Cooperatives, Labour and Social Welfare; State Welfare Organization	\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)
	<p><u>Output 6.</u> By 2027, strengthened capacity of relevant national partners for disaster preparedness, early action and provision of life-saving responses that are timely, integrated and responsive to the needs of people living in vulnerable situations</p>	<ul style="list-style-type: none"> Number of particularly disaster-prone provinces that prioritize the specific needs of women and girls within disaster management plans <i>Baseline: 0 (2022); Target: 15 (2027)</i> Number of provinces where community health volunteers are capacitated to provide health support, including maternal health to people living in vulnerable situations <i>Baseline: 0 (2022); Target: 15 (2027)</i> 	Ministry of Health and Medical Education; National Disaster Management Organization; Iranian Red Crescent Society	\$0.9 million (\$0.4 million from regular resources and \$0.5 million from other resources) Programme coordination and assistance: \$0.5 million from regular resources