



COUNTRY PROGRAMME ACTION PLAN

2011 – 2014



BETWEEN
THE GOVERNMENT OF IRAQ
AND
THE UNITED NATIONS POPULATION
FUND



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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Work Plan
BCC	Behaviour Change Communication
CAPMAS	Central Agency for Public Mobilization and Statistics
CCA	Common Country Assessment
CP	Country Programme
CPAP	Country Programme Action Plan
CSO	Central Statistical Organization
EmOC	Emergency Obstetric Care
FACE	Fund Authorization and Certificate of Expenditures
GBV	Gender-Based Violence
GoI	Government of Iraq
HIS	Health Information System
ICPD - PoA	International Conference on Population & Development – Programme of Action
IFPRHA	Iraq Family Planning & Reproductive Health Association
IP	Implementing Partner
KRG	Kurdistan Regional Government
KRSO	Kurdistan Region Statistical Office
KHCW	Kurdistan High Commission on Women
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MoCY / KRG	Ministry of Culture & Youth – Kurdistan Regional Government
MoE	Ministry of Education
MoLSA	Ministry of Labour & Social Affairs
MoPDC	Ministry of Planning and Development Cooperation
MoYS	Ministry of Youth and Sports
MTSP	Medium Term Strategic Plan – UNFPA
NDP	National Development Plan
NEX	National Execution
NGO	Non-Governmental Organization
NSS	National Statistics System
NYS	National Youth Survey
PHC	Primary Health Care
PRS	Poverty Reduction Strategy
RH	Reproductive Health
SMoWA	State Ministry of Women’s Affairs
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNDAF	United Nations Development Assistance Framework
UNSCR	United Nations Security Council Resolution
YFHS	Youth-Friendly Health Services



Framework Of The Country Programme Action Plan

In mutual understanding of the content of this document and their responsibilities in the implementation of the country programme, the Government of Iraq (hereinafter refer to as the Government) and the United Nations Population Fund (hereinafter refer to as UNFPA)

- **Furthering** their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development and its Programme of Action and other related conventions and agreements, including the Millennium Development Goals;
- **Building** upon the experience gained and progress made during the implementation of the different projects during the past seven years;
- **Entering** into a new period of cooperation;
- **Declaring** that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

Part I. Basis Of Relationship.

1. The Standard Basic Assistance (SBAA) between the Government of Iraq and United Nations Development Programme (UNDP), dated 20th October 1976. which applied *mutatis mutandis* to UNFPA and the exchange of letters between the Government and UNFPA, constitute the legal basis for the relationship between the Government of Iraq and UNFPA.

Part II. Situation Analysis.

2. Iraq development is complex, and is facing

acute challenges arising from the triad of an excessive population growth, a topmost number of youth transitioning to adulthood, an unbalanced spatial population distribution, a soaring urbanward migration, a fast growing urban settlement, and an escalating pressure on urban-based services and employment opportunities, and attenuation of ecological and carrying capacities of the urban centers. These challenges were aggravated by decades of internal violence and international sanctions, have generated momentous adverse implications for natural resource use, the environmental safety, poverty reduction, gender equality, and universal access to reproductive health services and information, both in rural and urban areas. In addition, Iraq has witnessed wide-spread violence and political instability at national and sub-national levels over the last few years, which led to over 1.6 million were internally displaced, and other 2 millions sought refuge outside Iraq¹. Within this context, while Iraq is blessed with significant natural resources, it remains challenged in harnessing its human and natural resources to accelerate much needed reconstruction and recovery efforts.

3. With a high annual growth rate nearing 3.4%, the Iraqi population has increased from 10.2 million in 1970 to 31.4 million in 2010, and is expected to increase four folds by 2050. Driving this rapid demographic progression is the high Total Fertility Rate (TFR) (4.3 children per women in 2006), that remained until very recently resistant to a noticeable transformation (5.2 in 1990), with an urban to rural range extending from 4.0 to 5.2, respectively, and with inter-governorate disparities oscillating between 2.6 to 5.4 live births, largely reflecting diverse socio-cultural stratifiers of the nation.

¹ UNHCR Annual statistical report 2009





This TFR could be mainly attributed firstly to the pro-natalist policies of the past oppressive regime and its laissez-faire approach to population development issues, and secondly to cultural and social values and behaviors, reflected by individual attitudes and behaviors pertaining to both marriage and contraception. About 23% of women were reported in 2006 to marry before the age of 18, with an urban to rural gap extending from 21.5% to 24.8%, respectively. In addition, only 33% of the women aged 15-49 were alleged to use modern contraceptives¹

4. In interaction with frequent adolescent marriages and lack of conscientious reproductive attitudes and behaviors, weak access and utilization of RH services could be directly attributed to weak integration of FP and RH services into Iraqi health system (less than 5% of PHCs), the persistence of FP unmet need (11%), low access to antenatal care (56% has undergone 4 Pre-Natal Care visits), low access to postnatal care, only 62% having access to institutional or professional obstetric care, high percentage of pregnant women undergoing home deliveries (38%).

5. Clearly, these conditions have adversely impacted on maternal and child health status. Consequently the life expectancy dropped from 62.5 years in 1995 to 58 years in 2005; maternal mortality ratio (MMR) (84 per 100,000 live births)², is much higher than neighboring countries (41 and 65 for Jordan and Syria respectively), in a country once renowned as a regional leader in health provision. One in four delivering women faces serious complications during pregnancy, this could be attributed to high fertility rate, poor birth practices, weak availability and referral to obstetric care and high level of anemia among pregnant women (35%), poor knowledge about HIV transmission (2.7% among women 15-49). Limited male involve-

ment in RH concerns (1% condom users) is certainly one of the worrisome signs of constrained national reproductive health related services.

6. The rapid population growth is resulting in a broad-based age composition, with 43% under age 15³, and an increasing youth (20%⁴). Consequently, Iraq is undergoing a dawning of a “youth bulge” that would shortly underlie a rapid increase of young people entering reproductive and labor force brackets. For instance, the 6 million youth aged 15 to 24 in 2009 are expected to increase to 7.5 million in 2015. These soaring numbers constitute an opportunity to be seized, as well as a challenge in a post conflict context and few economic opportunities.

7. Meanwhile, the available evidence indicates persistence of youth subjugation under the vigor of social exclusion, abuse, marginalization, violence and premature entry into adulthood roles, such as marriage, childbearing and labor (NDP, 2009). Evidently, young people in Iraq continue to suffer from the drawbacks of the conflict and the ensuing limited educational and employment opportunities. Recent data projects several alarming youth development indicators. The enrolment ratio in secondary education is barely 40%, the illiteracy rate is high, and the unemployment rate for both sexes combined was estimated at about 30 percent. Only 40% of youth perceive the value of taking part in social and political life (National Youth Survey - 2009). Only 46% of youth could identify HIV/AIDS transmission means, while only 26% recognize the protection means. Such conditions expose youth to indulgence into extreme practices, including healthy risky behavior, social marginalization, as well as engagement in armed conflicts,. Existing data also indicates rising incidence of substance abuse, violence and exploitation among youth.

¹ UNICEF/CSO/KRSO, MICS 2006

² Iraq Family Health Survey, WHO, 2006

³ CSO, Annual Statistics Abstract, 2007

⁴ Ibid



8. While women and girls comprise 54% of the total Iraqi population, they constitute the most neglected and marginalized group, against whom various forms of discrimination and violence are steadily being practiced. Though women recently gained 25 % of parliament seats, however the role of women have to be enhanced for placing them in positions of leadership and being part of fundamental decision making processes.

9. Young girls are disproportionately taxed. An adolescent girl in Iraq is less likely to go to secondary school, particularly in rural areas where the rate is estimated at 13.6 percent. An adolescent girl is at high risk of being illiterate; high probability of being married before her 18th birthday without her consent; has little or no recourse to protection from further abuse and disempowerment; and faces restricted freedom of physical mobility.

10. In recent years, a pattern of violence against women has emerged but has been difficult to document due to fear of retaliations and cultural and religious taboos. More than 4 in 5 Iraqi women report at least one form of marital controlling behavior. The Iraq Family Health Survey 2007 reported that 1 in 5 married Iraqi women has been a victim of physical domestic violence, while 1 in 3 has been subjected to emotional violence. While Iraq's own strong cultural traditions place a high value on community and family, MICS 2006 reported that nearly 3 in 5 women believe that a husband is justified to beat his wife. Most forms of reported VAW involve beatings, burns, sexual violence, "honor" crimes. In summary, several cultural factors tend to fail women and girls. Evidence in Iraq and other similar settings reveals existence of significant linkages between the poor health performance of women and the degree of infringements on women's autonomy and realization of their reproductive and civic rights enshrined in CEDAW, Beijing Platform for Action, ICPD PoA and the principles embedded in Millennium Declaration,

all of which have been endorsed by Iraq.

11. Gender mainstreaming in all policy and program area has been slow; whereby investigations of crimes against women is hampered by lack of skills, training, and awareness of key duty bearer from both the governmental and the nongovernmental institutions. The Iraqi Penal Code provides for lenient punishment for crimes regarded as honor killing, while the medical, psycho-social and legal services do not maintain a referral mechanism or proper documentation of VAW survivors.

12. Since its ratification of CEDAW in 1986, Iraq has submitted official reports to the CEDAW Committee on two occasions. The first periodic report was submitted in May 1990 and the combined second and third reports were submitted on October 1998. To date, no shadow report has been submitted by Iraqi CSOs regarding the progress of the implementation of CEDAW in Iraq. From the very start, women's groups in Iraq asked for their rights, demonstrating by the hundreds as early as July 2003. Women demanded, in accordance with Security Council Resolution 1325, to be included in the shaping of the political future of their country.

13. In an era of openness, a new culture of women's human rights was introduced in Iraq through young and rising civil society organizations. While more oriented towards women's political, legislative and electoral rights, a part of CSOs started to tackle aspects of GBV in different ways. Most of these attempts give priority to the culture and prefer to work in the spaces which are allowed and favored socially. Nevertheless, some of them stepped into the realm of creating awareness against cultural practices while protecting women and prioritizing their safety and physical integrity.



14. The aforementioned population, gender and reproductive health related issues have continued to influence, and be influenced by recent geopolitical, institutional and socioeconomic developments. Poverty has spread further (23% are below the nationally defined poverty line) and has contributed to the intricacy of achieving MDG for poverty reduction by 2015, and prompted many constraining factors against advancing other MDGs, including maternal health, gender equality and empowerment of women, and reduction of child mortality. Iraq was once seen as easily divisible into “zones” for development investment: a poor, rural and chronically under-developed south, a more urbanized and educated centre that was hit hardest by post-2003 violence, and the northern Kurdistan Region, enjoying relative stability and therefore development progress. However, data analysis disaggregated to the sub-district level, proves that extreme disparities exist even within and among districts.

15. Poor rural and agricultural development is driving migration to urban areas, generating pressure on service delivery and increasing urban poor. The major cities are both a destination for people seeking economic opportunities and host to displaced families from different parts of the country. These factors combined with the high total fertility rate place increasing pressure on urban services. Overcrowding (13% of urban houses have more than ten occupants)¹ is prevalent and services such as water supply, sanitation and waste management and power supply, already overstretched and suffering under-investment, are unable to match growing demand. Consequently, 57% of urban population lives in slum-like conditions². Developing incentives for growth of rural economy needs to be part of a comprehensive population-related strategy.

16. Evidently, lack of population-centered policies and weak institutional capacities for designing and monitoring integrated population, gender and RH development plans was viewed as a prime cause for the blurred vision towards human rights responsive equitable social development planning and for persistence of “gender-blind” development strategies and monitoring tools and indicators. Though Iraq possesses several data sources, the development processes suffer from systematic national efforts to engender data collection and analysis, policies, programmes and services. Although relevant ministries implement projects targeting adolescent and youth, however challenges persists in youth engagement and inadequate financing for adequate youth strategies, programmes and action plans.

17. Over the past three decades, Iraq’s National Statistical System (NSS) has degraded due to conflict and sanctions, lack of skilled cadre, and disengagement from its regional and international peers. Today, Iraq’s NSS, has a strong central statistical organization (CSO), but the system itself lacks effective coordination and unable to provide coherent, integrated and up-to-date information systems for monitoring and evaluation. In addition, Iraq’s NSS face difficulties to establish political consensus on some statistical activities such as the population census, wide regional gaps, outdated technical tools and poor administrative records and central registers. Iraq’s NSS activities are not planned holistically, including those of line ministries and public agencies producing and disseminating statistics. An effective, harmonized, coordinated, coherent and integrated NSS is needed for monitoring the progress and performance in a number of vital areas and national policies.

¹ GoI MoMPW, UN HABITAT (2007), “The State of Iraq Cities Report 2006/2007: Cities in Transition”, pp. 48

² GoI /MoMPW, UN HABITAT (2007), “The State of Iraq Cities Report 2006/2007: Cities in Transition”, pp. 3





18. Beyond national policy frameworks, the social and health systems often fall short of advancing progress in the achievement of health MDGs for women, girls and youth. The health system in Iraq, as in several Arab countries, needs modernization, addressing poor professional capabilities, underfunding, dominance of curative care models at the expense of preventive and promotional care services. In 2009, the Ministry of Health formulated a new Health strategy stressed on the development of a solid primary health care system to complement the current hospital-based system, with a balanced preventive and curative approach. This strategic choice is facing serious challenges including adequate integration of reproductive health programme, and adapting technical norms and standards, as well as management practices and tools to realities and challenges of primary health care, including management of skilled human resources and commodities.

19. In 2010, in a national effort to guide the transition from recovery / reconstruction status to development, the government of Iraq formulated a new 5-year National Development Plan (NDP) (2010-2014) and a Poverty Reduction Strategy (PRS) in a participatory process, with involvement of the UN system and donors. Both documents stressed on addressing poverty, rapid population growth, population displacement, rural urban migration, youth development and gender equality. In addition, the two plans have highlighted the serious challenges to reach planned outcomes, and to secure a smooth transition from recovery to development, including: a) lack of people-centered social policies or strategies, including youth and gender equality; b) over-centralized government structure; c) outdated managerial tools and procedures; d) the brain drain and high turnover of managers, particularly at sub-national level; e) inadequate managerial skills, at sub national levels, needed to operate a decentralized context; f) fragmented statistical system for results-based moni-

toring; g) newly born, weak and uncoordinated civil society sector.

Part Iii. Past Cooperation And Lessons Learned

20. UNFPA began its assistance to Iraq in 1971, through the support of a number of population and family planning project through a project approach. These interventions were suspended in 1991 under the UN sanctions regime and resumed in 1995 with a set of major humanitarian interventions focusing on RH and FP services. Funding of these interventions was covered from UNFPA core and regular resources and UNFPA was not a member of the Oil for Food Program.

21. During the relief phase of the 2003 crisis, UNFPA distributed pre-positioned relief supplies including reproductive health kits, and provided medical supplies and equipment. In August 2003, UNFPA conducted an assessment of RH needs in Iraq for the reconstruction phase and during the same period; UNFPA financed the execution of an emergency humanitarian RH project.

22. Since 2004, UNFPA has supported reproductive health interventions, including a major 12.6 million programme focused on enhancing obstetric care in 24 hospitals and 84 health centers through the provision of medical equipment and supplies, staff training and the rehabilitation of facilities, and implementing a community-based project in the southern marshlands to enhance RH services.

23. Since mid 2007, using its core resources as seed funds, UNFPA has initiated several pre-country programme interventions, such as support to Census, combating violence against women, and Youth development concerns. During 2008/2009, with funding from Iraq Trust Fund and other resources, these initiatives were further consolidated into several large programmes, including:



A. “Support to Population & Housing Census”: Approved late 2008 with a budget of around 7.5 million, the project aimed at strengthening the capacities of CSO & KRSO to prepare and conduct the census. It included a collaboration with UN Statistical Division, and a large South-South cooperation component with the Egyptian Statistical Office (CAPMAS);

B. A UN-joint programmes on “Promoting Civic Education & Life Skills among adolescents”, jointly with UNESCO, UNESCWA, UN HRO: Approved late 2009, the programme aimed at supporting MoE, MoLSA and MoYS/MoCY (at federal government and KRG) to integrate civic education and social life skills into their respective formal and non-formal educational activities targeting youth 12-24 years;

C. A programme on “Strengthening protection and justice for children and young people”, jointly with UNICEF”: approved late 2009, this programme aimed at improving judicial system of children and adolescents, including enhancing rehabilitation services during and after release from reformatories.

D. A UN joint programme on “Integrating Youth Friendly Health services into PHC system”, jointly with WHO and UNICEF: Approved early 2010, it aims at assisting MoH to pilot integration of youth friendly health services into 20 PHC centers.

E. A 4.5 million \$ UN-Joint on “Multisectoral programme for Combating Violence Against Women”, jointly with UNIFEM, WHO, HRO and UNHCR: approved in December 2009, the programme is aiming at supporting several line ministries (MoH, MoI, MoLSA, MoE) and several Women Rights NGOs (at both federal government and KRG) to integrate combating GBV and VAW within their existing services, programmes and plans, as well as leading advocacy efforts toward eliminating VAW.

F. “Modernization of National Statistical System”: Approved by mid 2010, this programme,

part of a 4-year UN-Joint programme for “ Public Sector Modernization”, is aiming at creating the necessary basis for an effective, harmonized, and integrated NSS for monitoring progress and performance of national public policies, and Iraq NDP;

G. Support to CSO & KRSO to conduct two Nation-wide surveys :

i. “Iraq Women Social & Health Survey”: Based on PAPFAM/LAS survey

ii. “Socio-Economic Monitoring System”: through periodic rapid surveys around a set of Socio-economic indicators;

24. The implementation of these programmes involved a large component of south-south cooperation with countries in the region. Several projects included significant cash government contribution as parallel funding. During the last few years, several factors have detrimental impact on implementation rate of UNFPA interventions and projects in Iraq. Political instability, security constraints, high turnover of government officials, inadequate national capacity to assume direct implementation modality.

25. The key lessons learnt from the previous and ongoing project activities point to:

A. The need for institutional capacity-building and systems development in national entities;

B. Increased involvement of sub-national level and NGOs in programme implementation;

C. Inter-sectoral coordination among governmental and civil society organizations;

D. Importance of promoting national execution to ensure national ownership & sustainability;

E. The importance of emergency preparedness in programme design; and

F. The urgent need for increased UNFPA presence inside Iraq.



Part Iv. Proposed Programme

26. The first Iraq UNFPA-supported Country Programme (CP) 2011-2014 is based on the national development issues and challenges discerned throughout the Common Country Assessment (CCA) and on the national priorities identified in the United Nations Development Framework 2011-2014, in full congruence with the UNFPA Strategic Plan 2008-2011 and the ongoing 5-Year NDP, as well as the national Poverty Reduction Strategy. Within this perspective, the CP and its CPAP will contribute to the achievement of three UN-DAF outcomes, namely: a) improved governance and protection of human rights; b) increased access to high-quality essential services; and c) investment in human capital and empowerment of women and youth. In so doing, the CP will draw upon the human rights instruments embedded in ICPD/MDGs plus their reviews, as well as the guiding principles underpinning national ownership, national capacity development, promotion of local and regional partnerships through south-to-south cooperation, harmonization with other UN agencies, and building on cultural sensitive and rights-based programming. The CP intends to scale up lessons learnt and build on good practices stemming from the past UNFPA/GOI collaborative areas of intervention, with a view to cementing a sound synergies between the CP's components, encompassing "Population and Development", "Reproductive Health & Rights", and "Gender Equality", with youth issues crosscutting. Realizing the complex reality of Iraq and the problems associated with the recovery-to-development transition, the design of the first CP takes into consideration the inalienable linkages between and among each and every programme component.

27. Within this perspective, the "Population & Development" component will, directly and indirectly, support formulation of population-related strategies and action plans necessary for a sustainable implementation of the other two components,

including youth-related programmes. Moreover, the data collection, analysis, dissemination and utilization will be indispensable resource not only for formulation of these policies and strategies, but also for an evidence- and right-based programming, implementation and monitoring of the RH and gender equality components, and finally for advocacy for further support to population, gender and reproductive health programmes.

28. With the same token, while the "RH" and "Gender Equality" components are mutually reinforcing each other, through their enabling support to adequate programming and implementation of the earlier defined population-related strategies and action plans, with particular focus on women's reproductive health, their protection and empowerment against all forms of discrimination and violence, as well as on youth development and rights.

29. Considering the earlier described challenges in the situation analysis, and using a human rights-based, gender- and culture sensitive approaches, the programme will aim at : (a) building the institutional and technical capacities relevant government entities, at national and sub-national level, as well as national NGOs and local associations, as duty bearers, to fulfill their obligations; (b) enabling the capacities of targeted population groups and sub-groups, as rights holders, to claim their rights and make their own choices.

1) Population And Development Strategies Component

30. This country programme component is designed to respond to the CP outcome elucidated as "Enhanced government responsiveness to population and gender equality issues, and evidence-based policymaking, within the context of poverty reduction strategy and the millennium development goals".



In line with the NDP 2010-14, the CP component's outcome and its three outputs aim at addressing firstly the lack of adequate population-related strategies and action plans on priority issues, particularly rapid population growth, migration/displacement and urbanization, including internally displaced persons (IDPs), as well youth development and gender equality; and secondly strengthening population related data collection, analysis and utilization, as well as the National Statistical System to secure a proper monitoring mechanism of population-related priorities.

Output 1: User-oriented national statistical system is strengthened to produce, disseminate & promote utilization of high-quality population data at national & sub-national level

31. The main purpose of this output is to establish a well-functioning standardized and harmonized statistical system that sustains the quality of generated, processed, and utilized data from statistical information-related activities and interventions. The output aims at adopting an appropriate approach to a systematic flow of and access to data, which would lead to an effective, harmonized, coherent and integrated NSS for an effective monitoring of progress and performance of national public policies as well as UN joint programmes within the framework of the UNDAF.

32. Through impacting on knowledge base and national indicators framework, this output will contribute to addressing emerging data needs of Iraq 5-Year NDP, by promoting programming, monitoring and evaluation tools and for tracking progress of the country towards achieving the MDGs and PRS objectives. Moreover, this output

forms an instrumental element for the UNDAF Outcome 1.2 on “the Iraqi state has more efficient, accountable and participatory governance at national and sub-national levels”, and is related to UNFPA corporate MTSP (2008-2011) outcome P3¹.

33. This output will be achieved through the following Sub-outputs and major interventions:

A. National institutions are strengthened to implement and utilize data from census and surveys. Key activities are: a) Training nationals on new techniques and methodologies for analysis; b) Support stages of census undertaking; c) Support Population related surveys, such as I-WISH/PAPFAM; d) Setup population data bases;

B. Modernization strategy of National Statistical System defined and implemented to produce and disseminate population data. This will include: a) Develop statistical system policies, protocols, by-laws; b) Customize software environment to selected sector; c) Improve organizational and coordination structure of NSS, at national & sub-national level; d) Support engendering of generated data and statistical system; e) Support development of civil registration & vital statistical system

C. Utilization and analysis of data at national and sub national levels for good governance from census and surveys data, are enhanced. This will include: a) Support raising awareness regarding data analysis and utilization; b) Develop & produce e-dissemination tools and proactive dissemination programmes; c) Training on basic data analysis & utilization of census & surveys data at sectoral and sub-national levels; d) Joint analysis with universities.

¹ “Data on population dynamics, gender equality, young people, SRH and HIV/AIDS available, analyzed and utilized at national and sub-national levels to develop and monitor policies and programme implementation”





34. The achievement of this output will rely on the following determinants and conditions:

- A. Resolving the political issues related to Iraq Census, and availing conducive environment;
- B. Constructive collaboration between CSO and other line ministries, as well as among UN agencies and bi-lateral donors;
- C. Collaboration and involvement of Academia & university research centers
- D. Decentralization process and commitment at sub-national levels

35. The main implementing partners include CSO & KRSO, as well as selected ministries (MoP, MOH, MOE, ...), academia and University research centers, both at Federal and KRG governments. Partnership with other UN agencies (UNDP, WHO, UNICEF, UNESCO, WFP) will be essential through joint programming modalities.

Output 2: A multi-sectoral national youth strategy is formulated and monitored, with an effective participation of youth, at national and sub-national levels.

36. This output aims at formulating and monitoring a multi-sectoral National Youth Strategy (NYS) aiming at a safe and productive transition of young people to adulthood. The proposed NYS needs to create an enabling environment for promoting the rights of young girls and boys to participate at all levels of policy development, implementation and monitoring and to become agents of change for achieving higher national development goals. UNFPA, jointly with other UN agencies, will advocate for widening the scope of NYS to incorporate broad-based health, education, employment and livelihood investments in youth for

poverty reduction, seizing the demographic window of opportunities and to address critical issues of RH, HIV prevention and gender equality.

37. In line with the NDP priority expressed as: “promoting the empowerment and capacity of youth to face social challenges and to contribute to community development”, this output is contributing to several outcomes of UNDAF priority 5 (“Investment in human capital and empowerment of women, youth and children”), and is linked to UNFPA corporate MTSP outcome P2¹.

38. This output will be achieved through the following sub-outputs and major interventions :

- A. Governmental and Youth structures are strengthened and operationalized:** this will involve: a) Support Government structures (High Youth Committee, Multi-sectoral Technical Committee) at national & Governorate levels; b) Support Technical secretariat to advocate for NYS; c) Support youth structures at national, governorate & districts
- B. NYS formulated and integrated into sectoral plans:** a) facilitate sectoral and multi-sectoral dialogue for drafting NYS; b) Develop sectoral capacities on integration of youth issues into sectoral plans; c) Setup M&E system & tools for NYS implementation
- C. Youth friendly district initiatives supported in 6 governorates for integration at the local level.** This will involve: a) Advocacy for “Youth Friendly Municipalities” (YFM) initiatives; b) Provide technical support to selected municipalities

39. The achievement of this output will rely on the following determinants and conditions:

¹ “Young people’s rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend”



- A. Government investment for the High Youth Committee and National Multi-sectoral Technical Committee (financially & human resources);
- B. Capacity of MoYS & MoYC/KRG to maintain adequate and continuous dialogue with other relevant ministries, and to lead a Multi-sectoral Technical committee on youth;
- C. Constructive collaboration between all relevant line ministries and UN agencies
- D. Continuous consultation and active participation of youth groups from different parts of Iraq throughout the formulation process, as well during its implementation;
- E. Commitment at sub-national level for investing in youth

40. Under the overall leadership of the Prime Minister Office of Federal government and KRG, the MoYS and MoCY-KRG will be the main implementing partners, in close partnership other relevant ministries, such as MoP, MoE, MoLSA, MoH, as well as University research centers, at both federal government and KRG. Partnership with other UN agencies (UNDP, UNESCO, UNESCWA, ILO) will be essential through joint programming modalities.

Output 3: Capacity of national and sub national entities is strengthened to develop & monitor action plans on priority population issues, including rapid population growth, population displacement, rural-to-urban migration, youth and gender equality.

41. The main purpose of this output is to formulate and adopt population-related strategies & action plans for most emerging population issues in Iraq, including population displacement, urban-rural migration, including internally displaced persons (IDPs), as well as rapid population growth. These policy action plans are premised to respond to sustainable human development goals pronounced by the 1994 ICPD and the 2000 Millen-

nium Summit and their ensuing +5 Reviews. This output aims at strengthening an inter-ministerial National Population Commission and harnessing technical and normative support from line-ministries, academia and NGOs operating at national and sub-national levels. Moreover, it also aims at raising awareness of and networking with relevant parliamentary committees, and supporting their advocacy interventions in relation to population related issues.

42. By and large, through its latent linkages with sustainable human development objectives enunciated by the 5-Year NDP and PRS, this output impacts on MDGs 1, 3, 4, and 5. While explicitly linked to UNFPA corporate MTSP outcome Pr¹, this output is contributing to UNDAF Outcome 1.2 (*“the Iraqi State has more efficient, accountable and participatory governance at national and sub-national levels”*), and to the NDP priorities expressed as: *“formulating and implementing effective national policies favoring balanced population growth, composition and spatial distribution”* and *“promoting the empowerment and capacity of youth to face social challenges and to contribute to community development”*.

43. This output will be achieved through the following sub-outputs and major interventions :

- A. **Inter-ministerial commissions established and supported to address priority population issues:** Supported by a Technical Secretariat, the NPC will coordinate and monitor integration of population issues into development strategies and programmes. Key activities are: a) Support to national & regional NPCs and their technical secretariat; b) Support policy dialogue and integration of population strategy objectives into NDP & sectoral plans; c) Capacity building for analysis, M&E skills & integration of Population issues into sectoral strategies & sub-national plans for planning departments of line ministries;

¹ “Population & development linkages are taken into account in national, sub-national & sectoral policies & strategies”





B. Capacity of parliament committees enhanced to lead evidence based advocacy efforts: invigorating the capacity of parliamentary committees to nurture evidence-based advocacy in support of population issues, and their integration into development plans. This will include: a) Orientation & awareness raising for relevant committees & capacity building of executive staff ; b) Provide technical assistance to relevant committees to prepare population related law proposals ;

C. Research centers and academia supported to analyze population issues and their impact on socio- economic development: This sub-output will impart technical and substantive support to research centers to analyze population issues and to disseminate policy research findings on causes and consequences of these issues. This will include the following Key activities: a) Support a network of national research centers ; b) Support setup of post graduate degree in demography; c) Support Joint analysis with universities regarding population policy

44. The achievement of this output will rely on the following determinants or conditions:

A. Government commitment and investment to setup a National Population Commission (financially & human resources)

B. Staffing stability of NPC Technical secretariat at MoP

C. Constructive collaboration between all relevant line ministries;

D. Collaboration of relevant Parliament Committees and university research centers

45. The main implementing partners include both MoP at federal and KRG governments, CSO / KRSO, as well as selected parliament committees

and University research centers, from both Federal government and KRG. Partnership with other UN agencies (UNDP, UNESCWA, LAS)

II) Reproductive Health Component

46. This component is composed of two outcomes achievable through three constituent outputs. These outcomes are displayed as: a) “enhanced efficiency of primary health care and referral systems to offer a comprehensive reproductive health package”, and b) “increased utilization by women and youth, in underserved areas, of gender- and age-sensitive reproductive health, family planning and psychosocial services”. Interactively, the two outcomes will contribute to: a) improved access of a full range of RH health-care services through their adequate integration into national health systems, as well as current and future efforts for its modernization; b) to increase population demand and utilization of RH services through community-based behavior change communication targeting individuals and communities, particularly underserved women and young people, as stipulated by the ICPD PoA¹ and MDG 5 (Target 5b)², as well as MDGs 4 and 6.

47. The three outputs underpinning these outcomes and their underlying strategic sub-outputs and key activities are laid out hereunder

Output 1: Technical & institutional capacity is strengthened at national & sub-national levels to plan, manage & monitor implementation of high-quality RH services, as an integral part of the primary-health care system and health sector reform efforts.

¹ ICPD PoA (paragraph 7.5 a “comprehensive and factual information and a full range of reproductive health-care services, including family planning, are affordable, acceptable and convenient to all users, ”.

² “Achieve by 2015 universal access to reproductive health” , and to be monitored by indicators encompassing CPR for women in 15-49 age range; adolescent birth rate; ANC coverage; and unmet need for FP.



48. In line with the National Development Plan, expressed as: “promoting a public health-care system to reduce morbidity and mortality among the population, particularly among children and mothers” which mirrors a strong synergy with the National Health Policy that now advocates for a primary health care approach as an effective and equitable means of providing basic health services for all. Moreover, the recently formulated Health strategy stressed on the development of a solid primary health care system to complement the current hospital-based system, with a balanced preventive and curative approach.

49. This output is linked to UNFPA corporate MTSP outcome Rr¹, and is contributing to UNDAF Outcome 4.1: “GoI has participatory & accountable policy framework and implementation mechanisms for the delivery of quality basic services at all levels”.

50. The earlier mentioned strategic choice of building solid PHC system is facing serious challenges including adequate integration of reproductive health programme, and adapting technical norms and standards, as well as management practices and tools to realities and challenges of primary health care, including management of skilled human resources and commodities.

51. Within this perspective, and drawing upon a recent RH needs assessment conducted by MOH/ UNFPA/WHO, the progress towards this output will be guided by five sub-outputs, and their respective key activities:

A. RH / FP package and PoA fully integrated into national Health Sector reform : Building on current MoH’s efforts for Health sector reform, the key interventions would include:

a) RH/FP strategic & normative documents are developed and disseminated; b) Coordination mechanism with donors on approved Strategy & Plan of Action strengthened; c) RH Coordination mechanism among relevant MoH directorates and NGOs operational; d) Develop & implement Action plan for integration of RH into health sector reform. It is expected that these interventions would bring a broad-based legislative and operational support for National RH Programme, configuring its operational elements with policy monitoring indicators’ framework. In addition, the newly formulated RH strategy will take into account the potential impact of acute and chronic humanitarian crisis on provision of and access to RH services and will stress the importance of preparedness measures.

B. RH Management & service delivery in 6 governorates enhanced: Working closely with MoH’s national directorates, a set of inter-linked key interventions will be implemented to enhance managerial capabilities and functions at sub-national levels, and encompassing: a) Capacity building of RH managers at all levels in 6 governorates; b) Develop RH PoAs for 6 governorates, including costing of RH package; c) service training of health providers on RH/FP new package and guidelines in 6 governorates; d) Monitoring delivery of RH/FP package, including enhanced Health Information System, in 6 governorates. In addition, Management capacity building at central & sub-national will also cover humanitarian preparedness during acute humanitarian crisis to ensure access to RH services;

¹ “RH & SRH demand promoted & the essential SRH package, including RH commodities and human resources for health integrated in public policies of development and Humanitarian frameworks expenditure frameworks, with strengthening implementation monitoring”





C. Management and Logistics system of RH/FP commodities strengthened : To ensure universal access to RH/FP services, and to reduce unmet need for family planning, it is crucial to ensure sustainable supply of RH / FP commodities. The programme will leverage concerted national efforts to reinforce the national management and logistics system for RH/FP commodities, through: a) Capacities of RH/FP commodities managers developed at central & 6 governorates; b) Develop norms & supply chain system for RH/FP commodities, in harmony with existing essential drugs system; c) Operationalize Intra-ministerial coordination mechanism on RH/FP commodities

D. Skills & competencies and Job description of RH providers, particularly nurses, midwives & medical assistants improved within their respective pre-service training: Unless Iraq can substantially increase the number and skills of nurses and midwives, the achievement of MDG 5 will remain elusive. Key activities for filling the serious gaps of competent health staff include: a) reviewing of pre-service and in-service training modules of nurses and midwives; b) undertaking advocacy campaigns to deepen the public and professional acceptability with respect to the role of female nurses and midwives in provision of RH package); c) Capacity building of teaching staff of Nursing colleges and schools;

E. Health-systems research related to RH/FP programme strengthened: Supporting health-system research is crucial for health system development and a credible instrument for decision-makers to influence health system management, service delivery modalities and public health policy. In collaboration with MOH & WHO, the programme will: a) Create & support University research centers on RH/FP issues b) Setup collaboration mechanism

between these centres, MoH, and regional centres;

52. The achievement of this output will rely on the following determinants or conditions:

- A. Commitment of MoH to Setup a strong PHC system
- B. Efforts of Health sector Reform, and decentralization process
- C. Collaboration of MOHE to review nursing and midwifery curricula
- D. Collaboration of MoH with University Research centers and NGOs

53. The main implementing partners include both MoH at federal government and KRG, NGOs working in RH, University research centers, from both Federal government and KRG. Partnership with other UN agencies will include WHO, UNICEF, WFP, through joint UN programmes

Output 2: Community-based sensitization on reproductive health and family planning issues, targeting women and men, is intensified in underserved districts.

54. Considering the pro-natalist socio-cultural norms particularly in Iraq rural areas, and the limited knowledge and utilization of RH concerns and by Iraqi women as well as men, this output will endeavor to generate an increased demand and utilization of quality RH/FP and HIV prevention services among the target groups. As such, and in line with UNFPA MTSP Outcome Rr¹, this output is directly responding to Iraq NDP goal of achieving MDGs, and directly contributing to UN-DAF Outcome 4.1: "GoI has participatory & accountable policy framework and implementation mechanisms for the delivery of quality basic services at all levels".

55. Towards this end, three sub-outputs are identified and their key activities are as follows

¹ "RH & SRH demand promoted & the essential SRH package, including RH commodities & human resources for health integrated in public policies of development and Humanitarian frameworks expenditure frameworks, with strengthening implementation monitoring"



A. Partnerships between Directorates of Health (DoHs) and local NGOs in 6 Governorates: this will rely upon 2 key interventions: a) Setup coordination mechanism between local NGOs and DOHs; c) Capacitate NGOs and DoHs to develop RH community mobilisation initiatives.

B. RH-related outreach initiatives targeting women in underserved areas implemented: this will include: a) Support PHC centres in conducting outreach activities (Al Za'er Al Sehi); b) Expand Women Health Volunteer (WHVs) initiatives in urban and rural areas, through development of IEC material, ToT on communications and health education on RH/FP issues, cascade training for WHV, and follow up and research on efficacy of WHV

C. Male involvement initiatives are implemented jointly with community leaders in 6 governorates: this will include : a) Develop collaboration mechanisms between PHC managers & community leaders; b) Capacity building of selected community leaders on RH issues, with development of adequate advocacy and sensitization materials, cascade training, and documenting experience for drawing lessons learnt.

56. The achievement of this output will rely on the following determinants or conditions:

A. Collaboration of Directorates of Health (DoHs) with Local NGOs

B. Capacity of local NGOs to organize and maintain community-based outreach activities

C. Capacities of DoHs and local NGOs to open dialogue and advocate with community leaders

57. The main implementing partners include both MoH at federal government and KRG, NGOs working in RH, University research centers, from both Federal government and KRG. Partnership with

other UN agencies will include WHO, UNICEF, WFP, through joint UN programmes

Output 3: Youth health, development and protection programmes, including awareness-raising, are established within government and community-based services in selected areas, with a focus on youth who are high risk.

58. In line with the National Development Plan, expressed as: “promoting the empowerment and capacity of youth to face social challenges and to contribute to community development”, this output involves giving the youth/adolescents the information and skills for making good decisions; providing them with a range of health services that help them act on those decisions; and constructing legal, social and regulatory environment that supports healthy behaviors and protects them from harm, social exclusion, sexual abuse and exploitation. In this regard, more attention should be placed on the needs and rights of the most vulnerable and marginalized youth groups, including displaced youth, adolescent girls, juvenile delinquencies and orphans.

59. Linked to UNFPA corporate MTSP outcome R5¹, this output is directly contributing to several outcomes of UNDAF priority 5 (“Investment in human capital & empowerment of women, youth and children”).

60. Based on its comparative advantage and past interventions, UNFPA, jointly with WHO, ILO, UNICEF, will develop strategic partnerships with several line ministries, including MoE, MoLSA, MoHE, MoYS/MoCY (both at federal government and KRG), relevant NGOs and local youth associations to provide a package of health, educational and information services covering health, gender equality and social issues, with particular attention to the poor and vulnerable groups.

¹ “Access of young people to SRH, HIV and GBV prevention services, and gender-sensitive life skills based SRH education improved as part of a holistic multisectoral approach to young people’s development”



61. This output will be achieved through the following sub-outputs and key interventions:

A. Life Skills & Youth development aspects integrated into Government and NGOs youth-targeted services: As principal sub-output, this output will target in- and out-of-schools adolescents and youth (15 to 24 years), and will involve 5 key interventions as follows: a) Advocacy for Life skills & Peer education among policy /decision makers a central, governorate & municipal levels; b) Integration of Life skills into curriculum of Secondary schools (MoE) and Vocational Training centers (MoLSA); c) Socio-cultural activities & counseling services in 2ry schools are strengthened through school clubs & Peer educators; d) Socio-cultural activities & counseling/information services are strengthened in Youth Centers through Youth associations & Peer educators; e) M&E / Research & Networking among collaborating VESs, VTCs, Youth associations/centers

B. Youth Friendly Health Services institutionalized into Health system: Considering the numerous challenges of risky behavior facing adolescents and youth, that may have negative long term impact on their life, and to secure a smooth development and passage from childhood to adulthood, the following key interventions will be implemented: a) Youth Health package/strategy defined; b) Capacity building of providers & managers; c) Sensitization & involvement of leaders, families and teachers; d) Promotion among & involvement of In- & Out-of-school youth; e) Develop M&E system & research

C. Strengthening rehabilitation and social reintegration services for youth at risk: Ado-

lescents and youth residing in reformatories are facing serious challenges during their residencies and after their release. To secure proper rehabilitation and social integration, this sub-output aims at securing their rights for proper development, including health, educational and vocational services, through the following interventions: a) Setup multi-sectoral coordination structure at governorate level; b) Psychosocial/rehabilitation services delivered to youth in reformatories; c) Educational, vocational & health services secured at reformatories; d) Community-based counseling/care services in selected governorates for youth & families

62. The achievement of this output will rely on the following determinants or conditions:

A. Commitment of MOH to institutionalize YFHS into the health system

B. Commitment of MoE and MoLSA for integrating Social Life skills into their respective educational curricula, as well as their respective extra-curricular activities;

C. Support of directors and staff of 2ry schools and Vocational to support youth-led activities;

D. Commitment of MoYS / MoCY-KRG of role of local youth associations

63. The main implementing partners will be MoE, MoLSA, MoH and MoYS/KoCY-KRG (both at Federal government and KRG), in collaboration with local associations, and research centers. Partnership with other UN agencies will include UNESCO, UNICEF, WHO, ILO as well as UNESCWA through joint UN programmes. .



Iii) Gender Equality Component.

64. This component is designed to respond to the CP outcome elucidated as “: institutionalizing services and operational mechanisms for protecting and empowering women and young girls, in line with Security Council resolution 1325 on women, peace and security”. As such, this component is addressing a national priority expressed in Iraq 5-Year NDP by “promoting an enabling environment for women’s empowerment and development that broadens their capacity and choices, and secures gender equality”, and will assist the GoI in achieving MDG 3. Moreover, this component is directly contributing to UNDAF priority 5 (“Investment in human capital and empowerment of women, youth and children”), particularly the UNDAF Outcome 5.1, 5.3 and 5.5, that are directly related to combating GBV/VAW and women’s empowerment and protection of their roles and rights.

65. In line with SCR 1325, particularly in relation to earlier described situation concerning VAW elimination and women empowerment in conflict situation, this outcome will be achieved through two outputs, whereby the first output is aiming at strengthening duty bearers of relevant GoI partners to provide quality services according to the norms and standards. As for the second output, it contributes to strengthening the civil society organizations (CSOs) to prevent VAW at grass roots levels, as well as to empower women and eventually their participation in decision making.

Output 1: The institutional, technical and operational capacity of line ministries & local NGOs are strengthened to secure services for survivors of Violence Against Women

66. Related to UNFPA corporate MTSP outcome G4¹, this output is directly contributing to UNDAF outcome 5.5: “The Iraqi state has institutionalized preventive and protective mechanisms to combat GBV”, and this output will aim, over CP lifetime, at establishing a multi-sectoral chain of support services for VAW survivors, with an effective referral system.

A. This will be achieved through the following 3 sub-outputs and an interrelated set of Key interventions, as follows:**Knowledge of policy makers/gatekeepers on VAW extent, range, forms & effects raised:** in order to ensure commitments at the highest level, as well as sustainability of efforts, this will be pursued through the following : a) Qualitative study on VAW conducted and disseminated; b) Develop & implement a communication / advocacy strategy on VAW

B. National Strategy & PoA for combating VAW, developed & monitored within the framework of SCR 1325: a) Develop & review the National strategy & plan of action on combating VAW; b) Support coordination structures among stakeholders at central & 6 governorate; c) Strengthen technical & institutional capacities of SMOWA & KHCW

C. A chain of sectoral / NGOs services for VAW survivors established, monitored and linked effectively in 6 governorates: a) Support selected sectors and NGOs to integrate/setup services for VAW survivors in their existing services: b) Support selected ministries & NGOs to collect and analyze VAW statistics; c) Develop & implement inter-sectoral referral mechanism & system

¹ “Responses to GBV, particularly domestic & sexual violence, expanded through improved policies, protection systems, legal enforcement and SRH and HIV-prevention services, in emergency and post-emergency situations



67. The achievement of this output will rely on the following determinants or conditions:

- A. Government commitment at its highest level, as well as at sub-national levels (governors and municipal councils) to combating GBV/VAW;
- B. Financial & human resource investment of relevant line ministries (MoH, MoI, MoLSA, MoE) to integrate support services to VAW survivors into their existing services;
- C. Government financial & Human resource investment for MoWA & KHCW-KRG;

68. The main implementing partners will be MoWA/ KHCW, MoH, MoI, MoLSA, MoHE, MoYS/ MoCY, Ministry of Endowment (both at Federal government and KRG), in close collaboration with local associations and University research centers. Partnership with other UN agencies will include UN WOMEN, UNDP, WHO, UNICEF, and UNESCWA through joint UN programmes.

Output 2: Capacity of women non-governmental organizations is strengthened to advocate gender equality, women's rights, and reproductive health, and to promote women's empowerment and participation in peace building and development of Iraq.

69. As Gender Equality and Empowerment of Women (GEEW) needs and rights remain sensitive topics, this output will aim at creating a supportive and enabling socio-cultural environment. Related to UNFPA corporate MTSP G2¹, as well as UNDAF outcome 5.1 & 5.3, this output will promote socio-cultural context friendly to principles embedded in GEEW, in collaboration with national stakeholders, including national NGOs, parliamentarians and Iraqi Faith Based Organizations (FBOs).

70. Within this context, the programme efforts

will aim 2 sub-outputs and some key interventions:

- A. **Capacities of Women NGOs increased to conduct outreach activities among women and men on women rights, and within the framework of SCR 1325:** this will include: a) Institutional capacity of women NGOs on good governance, management, leadership & advocacy; b) Technical capacity of local NGOs strengthened to conduct outreach activities among women, and in line with SCR 1325; c) Partnership with Faith Based Organizations to advocate for men engagement on women rights
- B. **Networking among women's NGOs at national level & 6 governorates levels:** a) Institutional setup & structures of NGO networks strengthened at national & 6 governorates; b) Knowledge sharing mechanisms (newsletters, website, ...) developed within NGOs networks; c) invigorating linkage with parliament committees on combating VAW & SCR 1325

71. The achievement of this output will rely on the following determinants or conditions:

- A. Commitments of NGOs to networking/coordination efforts
- B. Collaboration of community leaders and members of Faith Based Organizations
- C. Commitment of media and relevant parliament committees
- D. Collaboration between MoWA/KHCW and women NGOs

72. The main implementing partners will be MoWA/ KHCW, national and local NGOs, media and Parliament committees (both at Federal government and KRG s), jointly with University research centers. Partnership with other UN agencies will include UNIFEM/UN WOMEN, UNDP, WHO as well as UNESCWA through joint UN programmes.

¹ "Gender equality, reproductive rights and empowerment of women and adolescents girls promoted through an enabling sociocultural environment that is conducive to male participation and elimination of harmful practices"



Linkages with National Priorities, UNDAF outcomes, UNFPA MTSP & MDGs

73. As detailed earlier, each CP outcome or output is: a) in line with one or more national priorities as expressed on the newly approved 5-year National Development Plan; b) contributing to a specific UNDAF thematic area and its outcomes; c) linked to a particular outcome of UNFPA Corporate Medium Term Strategic Plan (MTSP – 2008/2011); and d) supporting the GOI to achieve specific MDGs. Table 5 (in Annex) provide a comprehensive view of all these linkages.

Part V. Partnership Strategy

74. In line with its mandate and comparative advantages within the UN system, UNFPA contribution to its national partners will be essentially through five “Line of Actions”, namely:

- A. provision of technical assistance,
- B. promoting advocacy & policy dialogue,
- C. encouraging multi-sectoral programmes among Iraqi partners,
- D. facilitating South-South cooperation with regional and international partners, and
- E. finally fund mobilization either locally or from external sources.

75. As mentioned earlier, a number of national partners (Government entities, NGOs, and others) had been identified for each Country Programme’s component and output. The contribution of each partner is based on its mandate and comparative advantage.

76. The partnership at central level (both at Federal government and KRG) will be maintained and consolidated through continuous consultations and periodic reviews, and would rely on national execution, ownership of programme interventions, as well as financial contribution, directly and indirectly. This partnership will be crucial

to ensure harmonization of programme interventions with the newly approved Iraq National development Plan (2010 – 2014), and to promote sustainability and national ownership of programme efforts.

77. Considering the government policy to promote decentralization and de-concentration of functions, UNFPA country programme will seek partnership with local authorities (Governors and municipal councils) as well as sub-national directorates and structures of involved ministries in selected governorates (DoHs, DoEs, DoYS/DoCY, DoLSAs) both at Federal government and KRG. The partnership at sub-national level is expected to bring useful inputs to the programme, either programmatically through adaptation and appropriation of proposed interventions to governorates’ local context, as well as financially through cash or in-kind contributions;

78. Moreover, the programme will build upon and expand its current partnership with the newly born and vibrant Iraqi civil society and non-governmental organizations. Considering the programme areas of interventions, this partnership will particularly favor women and Youth Organizations, community-based associations, as well as some professional associations / syndicates (medical & paramedical syndicates. Recognizing their nature, this partnership will be mainly geared to advocacy on policy makers and gatekeepers, community-based policy dialogue, as well as service provision in those areas not feasible by line ministries;

79. Finally, the programme will also develop strong partnership with Iraqi Universities, particularly its research centers. This partnership will have a double-folded objective, firstly to compensate for the brain drain that is facing government institutions, and secondly to promote research and in-depth data analysis as essential tools for evidence-based programming.





80. As detailed on the description of the proposed programme, the following are the expected partners of each Country Programme components:

A. For the Reproductive Health component, the principal partner will be the Ministry of Health (both at Federal government and KRG), jointly with Ministry of Higher Education, University Academia and research centers, as well as national and international NGOs. This will be complemented with partnership with WHO, UNICEF, WFP;

B. For the Population & Development Strategies component, the principal partner will be the Ministry of Planning (both at Federal government and KRG), jointly with Statistical offices (CSO and KRSO), University Academia and research centers, selected Parliament Committees, in collaboration with regional institutions. This partnerships will be further consolidated by effective partnership with UNDP, ILO, IOM, UNHABITAT;

C. For the Gender Equity component, the principal partner will be the State Ministry of Women Affairs (at Federal government) and Kurdish High Council for Women (at KRG government) , jointly several line ministries such as Ministry of Health, Ministry of Interior, Ministry of Social Affairs, Ministry of Education (both at Federal government and KRG), University Academia and research centers, and most importantly national and international women NGOs, selected Local Faith-Based Organizations, in collaboration with regional & international NGOs or institutions. On the UN side, UNIFEM/UN Women, WHO, UNICEF, UNDP, UNHCR, UNHRO will be the main collaborating UN agencies;

D. For the CP cross-component Youth aspects, the main partners will include MoYS/MoCY, MoE, MoLSA, MoH, MoP, Youth NGOs and associations, Academia and University research centers, at both Federal government and KRG, and in collaboration with regional & international NGOs or institutions

81. The partnership with UN agencies : As part of the UN system in Iraq, and guided by the newly approved UNDAF, as such UNFPA will : a) actively participate in at least three out of five UNDAF Thematic Working Group; b) conduct its fund mobilization for its programme under the umbrella of the newly approved UNDAF Trust fund, and c) favor joint programming with other UN agencies within the UNDAF results Framework. This partnership will be systematically and persistently adhered to across all Country Programme outcomes and outputs.

82. Finally, building on experience of last two years, for implementing several of its projects from 2008 to 2010, UNFPA will seek to consolidate and further develop partnership with other institutions in other Arab countries and at the regional level, within a South-South Cooperation approach, not only to share experiences and good practices, but also senior experts and resource persons.

Part VI. Programme Management

83. In close collaboration with Ministry of Foreign Affairs, the Ministry of Planning (at both Federal government and KRG) will assume the overall technical coordination of UNFPA Country Programme,



84. Within this context, and jointly with UNFPA and Iraqi MoFA, the Ministry of Planning (at both Federal and KRG government) will establish a Programme Steering Committee (PSC), where all national implementing partners (IPs) from both Federal government and KRG, will be represented, as well as representatives from selected national NGOs, universities and other UN Agencies. This committee will meet at annual basis to: a) conduct an Annual Review of all CP components, where annual progress reports will be discussed and approved; b) provide strategic orientations and recommendations for CP future plans; c) approve proposed Annual Work Plans (AWPs) of CP components. In addition, it will be also responsible for organizing and approving the CP final evaluation in 2014;

85. For each CP component, a Technical Committee (TC) will be put in place, with representatives from all IPs contributing to CP results (outcome/Outputs) of that component. The TC would meet periodically, preferably at quarterly basis. These meetings will serve to monitor implementation of AWPs, to ensure harmonization and coordination of efforts among IPs, as well as sharing information, best practices and lessons learned.

86. At start of each year, each IP will prepare a detailed Annual Work Plan (AWP) within the CPAP framework and in close consultation UNFPA country office. These AWPs will be finalised, approved and signed within the annual meeting the PSC. By end of each calendar year, each IP will prepare a progress report of activities implemented, and constraints for non-achieved annual targets.

87. Concerning the financial execution modalities, During the last few years, UNFPA was directly executing the greatest portion of its projects inside Iraq for several operational reasons, and similar to other UN agencies working in Iraq. Within the

newly approved Country Programme, UNFPA will continue to directly execute some of the Country Programme activities. However, along with this Direct Execution, UNFPA will gradually introduce national execution, which involves government departments at national and subnational levels, as well as national and international NGOs.

88. Within this perspective, each IP that has signed an AWP, will also sign an LoU for the duration of the CP period (2011 – 2014), detailing the respective obligations and procedures in conformity with National Execution modality. Prior to the operationalization of National Execution modalities among its Implementing partners, an institutional and financial assessment will be conducted for all UNFPA partners. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

89. Pending this assessment, different modalities will be explored and piloted, as follows:

- A.** National execution with Cash transferred: where funds are directly transferred to the Implementing Partner, either prior to the start of activities (direct cash transfer), or after completion of planned activities (reimbursement);
- B.** National execution with Direct Payment, where payments to vendors or third parties for obligations incurred by the Implementing Partners, will be conducted by UNFPA county office on the basis of requests signed by the designated official of the IP;
- C.** Execution through international institutions, NGOs or UN agencies (who will also be included as Implementing Partners,
- D.** Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.





90. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts;

91. A standard “Fund Authorization and Certificate of Expenditures” (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by all Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure, as well as to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by a designated official(s) of the IPs.

92. Cash transfer modalities, the size of disbursements, and the scope and frequency of cash transfer may be revised in the course of programme implementation based on the findings of programme and expenditure monitoring and reporting, and audits reports. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

93. Details on yearly allocation of UNFPA’s funds to CP different components will be reviewed and further detailed through the preparation of the AWP. UNFPA funds are distributed by calendar year, in accordance with this CPAP and subject to availability of funds. During the review meetings, respective IPs (government ministries and NGOs) will examine the implementation rate for

each AWP. If the implementation rate of any programme component is below the annual estimates, funds may be re-allocated to other priorities and AWP, by mutual consent of both GoI and UNFPA;

94. As per the lessons learned during the last few years, UNFPA would seek to strengthen its presence inside Iraq, both at Baghdad and Erbil levels, mainly with National staff and few international posts. Within this perspective, UNFPA will manage its 1st Country Programme for Iraq, principally through its Baghdad-based Country office, and its sub-office in Erbil. These two offices will be headed by UNFPA Representative, a Chief of Operation/Deputy Representative, an International Programme Coordinator, a number of national Programme officers/Analysts, in addition to a team of support staff led by a national Operation Manager. Due to several operational and programmatic reasons, UNFPA will maintain a support office, based in Amman – Jordan. Moreover, Internationally recruited Senior Technical Advisers will be recruited for some CP components, and will be based in Amman due to current limitations of UN offices and accommodation facilities in Baghdad, and the current security related concerns;

95. The Country Office will develop a comprehensive resource mobilization strategy for the 4-year CPAP. In Line with UNDAF Resource mobilization efforts, including the establishment of a UNDAF Trust Fund, this strategy will highlight UNFPA’s mandate and its anchors within the overall UN mandate in Iraq. While keeping abreast with changes in donors’ aid environment and their humanitarian and development funding priorities, the strategy will explore co-financing from GoI and the Iraqi partners to enhance ownership of the programme.



Part VII Monitoring and Evaluation

96. Monitoring and evaluation of the CPAP will be undertaken in line with the UNDAF results matrix and monitoring and evaluation plan. The Government and UNFPA will be responsible for setting up the necessary M&E mechanisms, tools and conducting reviews, in order to ensure continuous monitoring and evaluation of the CPAP, with the view to ensuring efficient utilization of programme resources as well as accountability, transparency and integrity. The implementing partners will provide periodic reports on the progress, achievements and results of their projects, outlining the challenges faced in project implementation as well as resource utilization as articulated in AWP.

97. The present CPAP includes three instruments which will guide and facilitate the monitoring and evaluation of the Country Programme and its CPAP, namely:

A. CPAP Results Indicators (Baseline & 2014 Targets) (Annex 2): This table contains a set of macro Indicators, with Baseline & expected targets for 2014. Majority of these indicators had a baseline value; others will be established during the first year, from some surveys or Government periodic statistics. Data collection of these indicators will be assured regularly, and will be managed through a data base, which will be harmonized with Government & UNDAF data bases;

B. CPAP Planning & Tracking tool (Annex 3): This table identifies annual targets (Process Indicators) for each output, its related sub-outputs and respective key interventions. These process indicators represent CPAP yearly milestones, and will serve to assess progress towards planned CPAP outcomes and outputs targets. They will be reviewed and updated an-

nually based on approved AWP;

C. CPAP M&E Plan/Calendar (Annex 4): This plan/calendar defines all monitoring and evaluations activities, such as surveys, research as well as the data collection systems that will provide the values for the Outcomes and outputs indicators.

98. As part of the UNCT, UNFPA will participate in the UNDAF M&E task force in Mid Term Review (MTR) and the annual review to assess the progress and achievements of the UNDAF outcomes and priorities.

99. The Government and UNFPA shall jointly conduct annual review meetings for all programme components covered by this CPAP to assess progress towards achieving outputs, draw lessons learned, best practices and raise recommendations for way forward. In addition, Programme coordination meetings will be conducted with implementing partners to monitor progress of AWP and to facilitate coordination among partners and information exchange.

100. UNFPA will coordinate with all partners the process of the indicators' data availability or collection through different ways as well as Country Programme M&E tools.

101. Given the remote management modality, specific measures will be taken to ensure that programmes meet the expected performance. Local companies, NGOs and academia may be contracted to assist in carrying out these assurance functions. The implementing partners will provide routine reports on the progress, development achievements, outlining the challenges faced in implementation and accounting for the use of resources compared with the budgets set out in AWP.





102. Implementing partners agree to cooperate with UNFPA for monitoring all CP activities and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing partners agree to the following:

A. regular on-site field visits will be carried out by UNFPA officials, staff and advisers to assess programme implementation, challenges, obstacles, and management issues including financial management and follow up on audit recommendations.

B. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,

C. Special or scheduled audits: UNFPA will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA.

D. Audit of Government Implementing partners will be conducted by the Supreme Audit Institution (SAI). If the SAI chooses not to undertake auditing specific Implementing Partners to the required frequency and scope, UNFPA will commission the audits to be undertaken by private sector audit services. The Implementing Partner may select such a public accounting firm from a shortlist of accounting firms pre-approved by UNFPA.)

E. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

Part Viii Commitments Of Unfpa

103. UNFPA Executive Board has approved a total financial support of Thirty (30) millions US Dollars for the period 2011 to 2014, of which around eight (8) millions US Dollars are to be secured from UNFPA Regular resources, pending availability of funds, as well as twenty two (22) millions US\$ dol-

lars to be mobilized from other resources, subject to donor interest. While these amounts are exclusive of funding required or received in response to emergency appeals; it will be dedicated to the implementation of the earlier described CPAP's outputs, and their respective sub-outputs and key interventions.

104. While UNFPA will make its best efforts to advocate to donor community to obtain financial support for the different CPA component, it will also seek to negotiate financial contribution from GoI and KRG, either through government IPs collaborating within the CPAP framework, or also at sub-national level through Governors and municipal councils;

105. Part of UNFPA support may be provided to non-governmental and civil society organizations as agreed within the framework of the individual AWP.

106. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

107. Details on yearly allocation of UNFPA's fund in support of CP components will be reviewed and further detailed through the preparation of the AWP. UNFPA funds are distributed by calendar year, in accordance with this CPAP and subject to availability of funds. During the review meetings, respective IPs (government ministries and NGOs) will examine the implementation rate for each AWP. If the implementation rate of any programme component is below the annual estimates, funds may be re-allocated to other priority AWP, by mutual consent of both GoI and UNFPA;

108. UNFPA shall appoint programme staff and consultants for programme development as well as monitoring and evaluation activities.



109. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within two weeks after a formal and signed request. In case of direct payment to vendors or third parties for obligations incurred by the IPs on the basis of requests signed by a designated official of the IP; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within two weeks;

110. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

111. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly with those UN agencies.

Part IX Commitments Of The Government

112. The 1st UNFPA Country Programme for Iraq will be implemented in conformity with the policies of the GoI. The MoP (both at Federal and KRG Government) will be the channel of communication between the implementing partners and UNFPA, and will be responsible for providing all involved parties with information regarding policies and any changes occurring during the programme period. In addition, it will organise periodic programme reviews, as appropriate, to facilitate coordination and participation of donors and NGOs;

113. The GoI will support UNFPA's efforts to raise funds required to meet the financial needs of the approved CP components. In that context, it will authorize the publication through various national and international media of the Programme of

Cooperation results and experiences derived;

114. The GoI will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNFPA to the GoI. All procurement will be implemented under the Standard Basis Assistance (SBAA). The accounting procedures for supplies and equipment will conform to the general accounting procedures of the Government which will provide such information as required by UNFPA.

115. Cash transferred to Implementing Partners should only be spent as agreed in the AWP, and shall be used in accordance with established national regulations, policies and procedures consistent with international standards. Funds used for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the UN System. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

116. Any balance of funds unutilized or that could not be used as per original plan, shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient.

117. Each of the IPs shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this CPAP. UNFPA authorized officials shall have access to all relevant records and documentation concerning the distribution of supplies, equipment and other materials and the disbursement of its funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all relevant phases of the programme.





118. All supplies and equipment procured by UNFPA should be used as indicated in the AWP to serve the CP goals. Should any of the transferred supplies and equipment are not used for the purposes for which they were provided, UNFPA may require the reprogramming of those items, and the Government will make such items freely available to UNFPA.

119. The Government shall facilitate and co-operate in arranging periodic visits to programme sites and observations of programme activities for UNFPA staff and officials for purpose of monitoring the end use of programme assistance, assessing progress in programme implementation and collecting information for programme development, monitoring and evaluation.

120. To facilitate scheduled and special audits, each IP receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- A.** all financial records related to transactional record of cash transfers provided by UNFPA;
- B.** all relevant documentation and personnel associated with the functioning of the IP's internal control structure through which the cash transfers have passed.

121. Findings of each audit will be reported to relevant

IPs and UNFPA. Each IP will furthermore

- A.** Receive and review the audit report issued by the auditors.
- B.** Provide a timely statement of acceptance or rejection of any audit recommendation;
- C.** Undertake timely actions to address the accepted audit recommendations.
- D.** Report on Actions taken to implement accepted recommendations on a quarterly basis.

Part X. Other Provisions

122. This CPAP and its annexes shall become effective upon signature, and will cover programme activities to be implemented during the period 1 January 2011 through 31 December 2014.

123. The CPAP and its annexes may be modified by mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review or compelling circumstances.

124. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day 2011, in Baghdad, Republic of Iraq.

For Government of Iraq

Dr. Sami M. Blous

Ministry of Planning

Signature: _____

Date: 14th March 2011

For UNFPA

Dr Georges M. Georgi
UNFPA Representative to Iraq

Signature: _____

Date: 14th March 2011



ANNEXES

- Annex 1: CPAP – Results & Resource Framework
- Annex 2: CPAP – Results Indicators (Baseline & 2014 Targets)
- Annex 3: CPAP – Planning & Tracking Tool
- Annex 4: CPAP – Monitoring & Evaluation Plan / Calendar
- Annex 5: Linkage to National Priorities, UNDAF Outcomes, UNFPA MTSP, & MDGs

Annex 1: CPAP – Results and Resources Framework

Population and Development Strategies component

National priorities: (a) formulating and implementing effective national policies favouring balanced population growth, composition and spatial distribution; and (b) promoting the empowerment and capacity of youth to face social challenges and to contribute to community development

UNDAF outcome 1: Improved governance, including protection of human rights, mainly through efficient, accountable & participatory governance at national & sub-national levels
UNDAF outcome 5: Investment in human capital & empowerment of women, youth and children, mainly through active participation of youth in social development process

Country Programme outcome	Country Programme output	Partners	Indicative resources by output (per annum, 000 US\$)						
			Yr 2011	Yr 2012	Yr 2013	Yr 2014	Total		
Outcome 3: Enhanced government responsiveness to priority population and gender equality issues, and evidence-based policymaking, within the context of poverty reduction and the Millennium Development Goals	Output 3.1: The user-oriented national statistical system is strengthened to produce, disseminate and promote the utilization of high-quality population data at national and sub-national levels	MoPDC / MoP-KRG, MoH; MoE, CSO/ KRISO UNDP, UNESCWA, UNICEF, UNESCO, WHO, LAS	Regular Resources						
			100	100	100	100	400		
	Other Resources					1,500	1,500	1,250	1,250
	Output 3.2: A multisectoral national youth strategy is formulated and monitored, with the participation of youth, at national and sub-national levels	MoYS/MoCY, MoE, MoH, MoLSA, Youth NGOs & Associations ILO, UNICEF, UNESCO, WHO	Regular Resources						
			200	200	200	200	800		
	Other Resources					250	250	250	250
	Output 3.3: Capacity of national and sub-national entities is strengthened to develop and monitor action plans on priority population issues, including rapid population growth, population displacement, rural-to-urban migration, youth and gender equality	MoPDC /MoP-KRG, CSO/KRISO, Council of Ministers, Parliament, NGOs, research centers UNDP, UNESCWA,	Regular Resources						
			200	200	200	200	800		
	Other Resources					250	250	250	250

Reproductive Health component

National priority: Promoting a public, primary health-care system to reduce morbidity and mortality among the population, particularly among children and mothers

UNDAF outcome 4: Increased access to high-quality essential services, mainly through: (a) a participatory policy framework and implementation mechanisms; (b) access of youth to and completion of high-quality basic, vocational and non-formal education; and (c) access to and utilization of high-quality primary health care

Country Programme outcome	Country Programme output	Partners	Indicative resources by output (per annum, 000 US\$)				
			Yr 2011	Yr 2012	Yr 2013	Yr 2014	Total
Outcome 1: Enhanced efficiency of primary health care & referral systems to offer a comprehensive reproductive health package	Output 1.1: Technical and institutional capacity is strengthened at national and subnational levels to plan, manage and monitor the implementation of a package of high-quality reproductive health services, as an integral part of the primary health-care system and health-sector reform efforts	MoH, NGOs, University research centers WHO, UNICEF	Regular Resources				
			400	400	400	400	1,600
Outcome 2: Increased utilization by women and youth, in underserved areas, of gender- and age-sensitive reproductive health, family planning, and psychosocial services	Output 2.1: Community-based sensitization on reproductive health and family planning issues, targeting women and men, is intensified in underserved districts	MoH, NGOs, University research centers WHO, UNICEF, FAO	Regular Resources				
			300	300	300	300	1,200
	Output 2.2: Youth health, development & protection programmes, including awareness-raising, are established within government and community-based services in selected areas, with a focus on youth who are most at risk	MoE, MoYS/MoCY, MoH, MoLSA, Youth NGOs & Associations UNESCO, WHO, ILO, UNICEF	Regular Resources				
			400	400	400	400	1,600
			Regular Resources				
			300	300	300	300	1,200
			Other Resources				
			700	700	700	700	2,800

Gender Equality component							
National priority: Promoting an enabling environment for women's empowerment and development that broadens their capacity and choices, and secures gender equality							
UNDAF outcome 5: Investment in human capital and the empowerment of women, youth and children, mainly through: (a) improved knowledge, attitudes and practices regarding the roles and rights of women and youth;							
(b) institutionalized policies, plans and budgets related to women's issues; and (c) preventive and protective mechanisms to combat gender-based violence							
Country Programme outcome	Country Programme output	Partners	Indicative resources by output (per annum, 000 US\$)				
			Yr 2011	Yr 2012	Yr 2013	Yr 2014	Total
Outcome 4: Institutionalizing services and operational mechanisms for protecting and empowering women and young girls, in line with SCR 1325 on women, peace and security	Output 4.1: The institutional, technical and operational capacity of line ministries and local NGOs are strengthened to secure services for survivors of violence against women	MoWA / KHCW, MoH, MoI, MoLSA, MoE, Women NGOs, CSO / KRSO. Media UNIFEM, WHO, UNDP	Regular Resources				
			200	200	200	200	800
			Other Resources				
			750	750	750	750	3,000
	Output 4.2: The capacity of women's NGOs is strengthened to advocate gender equality, women's rights, and reproductive health, and to promote women's empowerment and participation in peace building & development of Iraq	MoWA / KHCW, Women NGOs, Faith Based Org UNIFEM	Regular Resources				
			150	150	150	150	600
			Other Resources				
			300	400	400	400	1,500

Annex 2: CPAP – Results Indicators (Baseline & 2014 Targets)

Population and Development Strategies component

National priorities: (a) formulating and implementing effective national policies favouring balanced population growth, composition and spatial distribution; and (b) promoting the empowerment and capacity of youth to face social challenges and to contribute to community development

UNDAF outcome 1: Improved governance, including protection of human rights, mainly through efficient, accountable & participatory governance at national & sub-national levels
 UNDAF outcome 5: Investment in human capital & empowerment of women, youth and children, mainly through active participation of youth in social development process

Results	Indicators	MOV	Responsible party	Base line 2010	Target 2014
Outcome 3: Enhanced government responsiveness to priority population and gender equality issues, and evidence-based policymaking, within the context of poverty reduction and the Millennium Development Goals	Number of population related sectoral & local plans monitored by disaggregated databases	Plans documents	MoP	750	10
	Level of compliance to UNSD principles of official Statistics	Assessment report	CSO / KRSOMoCY	30 %	75 %
	% increase of youth participation in social life	NYS 2014report	CSO, MoYS/ MoCY	TBD	> 25 % increase
Output 3-1: User-oriented national statistical system is strengthened to produce, disseminate and promote the utilization of high-quality population data at national and sub-national levels	Number of in-depth studies based on data from census & surveys	Contracts and plans	CSO / KRSO- MOP	0	50
	Number of statistical policies, protocols & subsystem approved	CSO/KRSO systems	CSO / KRSO	0	10
	Number of dissemination activities for census & surveys data	Dissemination reports	CSO / KRSO	0	50
Output 3-2: A multisectoral national youth strategy is formulated and monitored, with the participation of youth, at national and subnational levels	Number of sectoral plans integrating youth issues	Contracts and plans	CSO / KRSO- MOP	0	50
	Number of participatory youth structures (national/6 governorates)	CSO/KRSO systems	CSO / KRSO	0	10
	Number of districts implementing YFM initiatives	Dissemination reports	CSO / KRSO	0	50
Output 3-3: Capacity of national & sub-national entities is strengthened to develop & monitor action plans on priority population issues, incl. population growth, population displacement, rural-to-urban migration, youth & gender equality	Number of sectoral plans integrating youth issues	Dissemination reports	CSO / KRSO	0	50
	Number of participatory youth structures (national/6 governorates)	Dissemination reports	CSO / KRSO	0	50
	Number of districts implementing YFM initiatives	Dissemination reports	CSO / KRSO	0	50

Reproductive Health component

National priority: Promoting a public, primary health-care system to reduce morbidity and mortality among the population, particularly among children and mothers

UNDAF outcome 4: Increased access to high-quality essential services, mainly through: (a) a participatory policy framework and implementation mechanisms; (b) access of youth to and completion of high-quality basic, vocational and non-formal education; and (c) access to and utilization of high-quality primary health care

Results	Indicators	MOV	Responsible party	Base line 2010	Target 2014	
Outcome 1: Enhanced efficiency of primary health care and referral systems to offer a comprehensive reproductive health package	Contraceptive prevalence rate	I-WISH (papfam)	MoH, CSO/KRSO	TBD	10% increase	
	Unmet needs for FP	I-WISH (papfam)	MoH, CSO/PRSO	TBD	10% increase	
	Total fertility rate	I-WISH (papfam)	MoH, CSO/KRSO	TBD	5% decrease	
Output 1.1: Technical & institutional capacity is strengthened at national & sub-national levels to plan, manage and monitor the implementation of a package of high-quality reproductive health services, as an integral part of the primary health-care system and health-sector reform efforts	Number of PHC centres, pub. clinics & dist. Hospitals in 6 governorates providing quality RH package & 3 FP methods	DoH records, M&E results	Planning Dir & DOHs	TBD	120	
	Number of facilities providing Basic & Comprehensive EmOC per 500,000 inhabitants (in 6 governorates)	DOH reports	DOH	TBD	1 Compr EOC 4 Basic EOC	
	Number of Health Directorates / sectors using RH/FP commodity management & logistics system	DoH reports, M&E results	Tech Dir & DOHs		0	50
	% of Midwives/Nurses/Medical assistants trained & working as per newly established Norms and Standards	M&E studies	Planning Dir & Research centre		20%	70%
	Number of nursing institutions integrating RH curriculum	Annual Reports	Research centre		0%	50%
Number of university centers conducting studies on RH/FP issues	study reports	Research centers		0	3	

Reproductive Health component

National priority: Promoting a public, primary health-care system to reduce morbidity and mortality among the population, particularly among children and mothers

UNDAF outcome 4: Increased access to high-quality essential services, mainly through: (a) a participatory policy framework and implementation mechanisms; (b) access of youth to and completion of high-quality basic, vocational and non-formal education; and (c) access to and utilization of high-quality primary health care

Results	Indicators	MOV	Responsible party	Base line 2010	Target 2014
Outcome 2: Increased utilization by women and youth, in underserved areas, of gender- and age-sensitive RH/FP and psycho-social services	Contraceptive prevalence rate	I-WISH (papfam)	MoH, CSO/KRSO	TBD	10% increase
	Total fertility rate	I-WISH (papfam)	MoH, CSO/KRSO	TBD	10% decrease
	Percentage decrease of smoking among youth	NYS 2014	CSO, MoYS/ MoCY	TBD	20 %
	Adolescent fertility rate	NYS 2014	CSO, MoYS/MoCY	TBD	10% decrease
	Number of PHC centers with RH Outreach activities	DoH reports	DoHs	Base line data	90
Output 2.1: Community-based sensitization on RH / FP issues, targeting women and men, is intensified in underserved districts	Number of PHC centers collaborating with community leaders	DoH reports	DoHs	Base line data	90
	Number of communities covered by WHV activities	NGOs Report	DOHs	Base line data	200
	Number of PHC centers with Youth-Friendly Health Services	Annual Reports	MoH	0	50
Output 2.2: Youth health, development and protection programmes, including awareness-raising, are established within government and community-based services in selected areas, with a focus on youth who are most at risk	Number of secondary schools & vocational facilities integrating life skills into their curricular activities	Progress report	MoE & MoLSA	2ry schools : 0 V.TCs : 0	100 27
	Number of educational/ recreational youth facilities conducting life-skills / empowerment programmes through peer educators	Progress report	MoYS/ MoCY, MoE, MoLSA	2ry schools: 0 VTCs: 0 Youth Centers: 0	100 27 50
	Percentage of youth of reformatories provided with quality rehabilitation & reintegration assistance through peer educators	Annual Report	MoLSA	0	80%

Gender Equality Component

National priority: Promoting an enabling environment for women's empowerment and development that broadens their capacity and choices, and secures gender equality

UNDAF outcome 5 : Investment in human capital and the empowerment of women, youth and children, mainly through: (a) improved knowledge, attitudes and practices regarding the roles and rights of women and youth; (b) institutionalized policies, plans and budgets related to women's issues; and (c) preventative and protective mechanisms to combat gender-based violence

Results	Indicators	MOV	Responsible party	Base line 2010	Target 2014	
Outcome 4: Institutionalizing services and operational mechanisms for protecting & empowering women and young girls, in line with SCR 1325 on women, peace & security	Percentage increase of VAW cases that are reported	Annual Report	MoI	TBD	25% increase	
	Percentage change of attitudes of men & women towards VAW	I-WISH Survey	CSO, MoWA, KHCW	TBD	20%	
	Utilization and satisfaction rates for established services	Qualitative research	MoWA, KHCW, Other stakeholders	TBD	???	
Output 4.1: The institutional, technical and operational capacity of line ministries & local NGOs are strengthened to secure services for survivors of violence against women	Number of ministries plans integrating VAW	Sectoral reports	SMoWA/KHCW	0 ministry	5 ministries	
	Number & type of services created by sectors and CSOs for VAW survivors in 6 governorates	Annual Report	NGOs		9 centers	50
		Annual Report	MoH		0 centers	16
		Annual Report	MoLSA		0 centers	??
		Annual Report	MoI / Police		0 station	16
	Annual Report	MoE		0 Sec. schools	50	
	Number of Sectoral Statistical reports on VAW cases	Statistical reports	Selected sectors		0	5
National Outlines / Framework on implementation of SCR 1325	Progress Report	MoWA, KHCW,		0	1	
Output 4.2: Capacity of women's NGOs is strengthened to advocate for gender equality, women rights & RH, and to promote women empowerment and participation in peace building & development of Iraq	Number of local women's associations conducting outreach activities among women	NGOs' progress report	NGOs	10	50	
	Number of FBOs conducting outreach activities on men engagement	NGOs' progress report	NGOs	TBD	50% of targeted communities	
	Percentage of NGOs with good governance system	Evaluation report	NGOs	TBD	50%	
Number of women NGOs Networks at National & Governorates	Progress report	Progress report	NGOs	1	7	

**Annex 3: CPAP – Planning and Tracking Tool Table 1
Population & Development Strategies component**

Output 1 : User Oriented national statistical system is strengthened to produce, disseminate and promote the utilization of high-quality population data at national and sub national levels						
Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
National institutions are strengthened to implement and utilize data from 2011 population census and surveys	Train on techniques and new methodologies	CSO / KRSO	2 courses	2 courses	2 courses	2 courses
	Support stages of census undertaking	CSO/ KRSO	2 main reports & 2 sampling frames	18 governorate reports & 1 sampling frame	Dissemination of 5 thematic studies	3 sampling frames & Pop. projections updated
	Support Population related surveys	CSO/ KRSO	2 reports from I-WISH survey	5 reports from I-WISH and SEMs	2 reports from Youth and SEMs Surveys	one report from Youth Survey
	Setup population data bases	MoP/ CSO / KRSO	Technical study produced	one database established	One database established	One database established
Modernization strategy of National Statistical System defined and implemented to produce and disseminate population data	Develop statistical system policies, protocols and by-laws	CSO / KRSO	Functional review for statistical system	2 policies/laws 1 user satisfaction survey	2 policies/laws	one policy / law one user satisfaction survey
	Customize software environment to selected sectors	CSO/ KRSO	Produce an assessment study	Develop IT policy	Integrated IT software environment & networks	
	Improve organizational and coordination structure of NSS, at national & sub-national levels	CSO/ KRSO	Develop a functional review	national structure is functional	5 sub-national and local structures established	5 local structures are functional
	Support engendering of generated data and statistical system	CSO/ KRSO & SMoWA	functional reviews & situation analysis	5 engendering activities		
Utilization and analysis of data at national and sub national levels for good governance from census and surveys data, are enhanced	Support development of civil registration & vital statistical system	MoI / MoH	civil registration system defined	civil & vital registration systems linked	Assessments of the 2 systems linkages	integrated vital & civil registration system
	Support raising awareness regarding data analysis and utilization	MoP	2 workshops	5 workshops	5 workshops	5 workshops
	Develop & produce e- dissemination tools and proactive dissemination programmes	CSO / KRSO	statistical calendar in place	website is modernized	Proactive statistical calendar in place	Dissemination tools revised
	Training on basic data analysis & utilization of census & surveys data at sectoral and sub-national levels	MoP & Universities	Capacity assessment & training materials developed	10 trainings at national & sub national levels	10 analysis reports & 5 in-depth analysis	review of capacity gap and materials
	Joint analysis with universities	MoP/ universities	10 analysis studies disseminated	15 joint analysis studies disseminated	10 joint analysis studies disseminated	15 joint analysis studies disseminated

Output 2 :

A multi-sectoral national youth strategy (NYS) is formulated and monitored, with the participation of youth, at national and sub-national levels

Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
Governmental and Youth structures are strengthened and operationalized	Support government structures (High Y. Commission, Multi-sectoral Technical Committee) at national & Governorate levels	MoYS / MoCY	Setup HYC & MTC at national level & periodic meetings	Setup MTC at 6 governorates	Periodic reports of MTCs (national & governorates)	Assessment of TMCs (national & governorates)
	Support Technical secretariat to advocate for NYS	MoYS/ MoCY	Advocacy tools prepared	30 communication tools disseminated	30 communication materials disseminated	Impact assessment
	Support youth structures at national, governorate & districts	MoYS/ MoCY	Structures in place as per defined TORs	Training at national & 6 governorates	Training at district level	Monitoring & Assessment
NYS is formulated and integrated into sectoral plans	Support NYS formulation	MoYS/ MoCY	4 In-depth studies on Youth dev. issues	NYS finalised and endorsed	Qualitative research on NYS	
	Develop sectoral capacities on integration of youth issues into sectoral plans	MoP, with MoYS/MoCY	Institutional assessment	3 Training workshops on integration methods	Sectoral integrated plans operationalized	Assessment report
	Setup M&E system and tools for implementation of NYS	MoP, with MoYS/MoCY	Database with sub-national indicators	NYS monitoring system & report		Preparation for a new National Youth survey
Youth friendly district initiatives supported in 6 governorates for integration at local level	Advocate for “Youth Friendly Municipalities” (YFM) initiatives	MoYS / MoCY	Local authorities sensitized	Networking & visits among related districts	Study tours & twinning with arab municipalities	Success stories disseminated
	Provide technical support to selected municipalities	MoYS / MoCY	YFM guide is developed	Training in 6 governorate	Monitoring of municipal initiatives	Assessment of municipal initiatives

Output 3:

Capacity of national and sub national entities is strengthened to develop and monitor action plans on priority population issues, including rapid population growth, population displacement, rural- to-urban migration, youth and gender equality

	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
Sub-Outputs (Strategies)	Support to national & regional NPCs and their technical secretariat (TS) Support policy dialogue & integration of population strategy objectives into NDP & sectoral plans Capacity building for analysis, M&E skills & integration of Population issues into sectoral strategies & sub-national plans for planning departments of relevant line ministries	MoP / Parliament	National & regional NPC & TS functional	Population strategy framework endorsed	Sectoral integration mechanism in place	Functional Review implemented
			Plan of Action endorsed	Sectoral Population database established 5 policy papers	2 trainings on integration & RB M&E	Regular M&E reports disseminated
			Capacity assessment & materials developed	3 trainings on integration & RB M&E	2 trainings on integration & RB M&E	
Capacity of parliament committees enhanced to lead evidence based advocacy efforts	Orientation & awareness raising for relevant committees & capacity building of executive staff	MoP / CoRs	4 awareness sessions on pop issues	2 trainings for executive staff	2 study tours to other countries	Assessment & evaluation
	Provide technical assistance to relevant Parliament committees to prepare population related law proposals	CoRs Parliament	Assess capacity of relevant Committees	Coordination between NPC & Par. committee	5 pop. related proposals submitted to CoRs	Assess implementation of issued laws
Research centers and academia supported to analyze population issues and their impact on socio-economic development	Support a network of national research centers	MoP / MoHE	1 functional network in place	2 meetings	2 meetings	Assessment of existing network
	Support setup of post graduate degree in demography	MoHE / MoP	Post graduate plan in demography approved	Demography post graduate programme established		10 graduates in demography enrolled
	Support Joint analysis with universities regarding population policy	MoP	National Population conference	10 analytical researches	National Population conference	10 analytical researches

Reproductive Health component

Output 1:

Technical and institutional capacity is strengthened at national and sub-national levels to plan, manage and monitor the implementation of a package of high-quality reproductive health services, as an integral part of the primary health-care system and health-sector reform efforts

Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
RH / FP package & PoA fully integrated into national Health Sector reform	RH/FP strategic & normative documents developed, endorsed, disseminated & reviewed	Dir. PH	RH Strategy & PoA disseminated	RH guidelines disseminated	RH evaluation & POA reviewed	RH evaluation & POA reviewed
	Coordination mechanism with donors on approved Strategy & PoA strengthened	Dir. PH	2 Meetings organised	2 Meetings organised	2 Meetings organised	2 Meetings organised
	RH Coordination mechanism among MoH directorates and NGOs operational	Dir. PH	2 Meetings organised	2 Meetings organised	2 Meetings organised	2 Meetings organised
	Develop & implement Action plan for integration of RH into health sector reform	Dir. PH, Planning	Action Plan defined & approved	30 % of Action Plan implemented	60 % of Action Plan implemented	100% of action plan
	Capacity building of RH managers at all levels (6 governorates)	Dir. PH	Training manuals updated, and TOT	Training in 3 governorate	Training in 3 governorate	Materials reviewed
	Develop RH PoAs for 6 governorates, including costing of RH package	Dir. Plan & Dir. PH	Methodology & tools developed	PoA for 3 gov. developed	PoA for 3 gov. developed	Evaluation & Review of tools
	In service training of health providers on RH/FP package & guidelines in 6 governorates	Dir. Plan & Dir. PH	Training materials developed and TOT	Training in 3 govos	Training in 3 govos	Materials assessed and reviewed
	Monitoring delivery of RH/FP package, including enhanced Health Information System, in 6 governorates	Dir. PH, DOH	M&E tools developed & TOT conducted	M&E in place & report in 3 govos	M&E in place & report in 3 govos	Tools assessed and reviewed
	Capacities of RH/FP commodities Managers developed at central & 6 governorate	Dir. PH, Tech Aff, Kimadia	Training Manuals & tools developed	Training central & 3 governorate	Training in 3 Governorate	Evaluation & review materials
	Develop supply chain norms & system for RH/FP commodities	Dir. PH, Tech Aff, Kimadia	Norms & supply chain defined	TOT at central & 3 governorates	TOT in 3 governorates	Tools reviewed and assessed
Operationalize coordination mechanism on RH/FP commodities	Dir. PH, Tec Aff, Kimadia	2 meetings	2 meetings	2 meetings	2 meetings	
Competencies & Job description of RH providers, mainly nurses, midwives & medical assistants improved through pre-service training	Review policies & job descriptions of nurses, midwives & med. Assistants	Nursing dept, Nursing Syndic	Assess & review of current policies	New policies & rules approved	Functional review implemented	Functional review implemented
	Review Pre-service training modules of nurses, midwives & med. Assistants	MoH, MoHE, nursing college	Pre-service modules assessed	Pre-service training updated	ToT for 6 Nursing colleges	Evaluation & review materials
	Capacity building of teaching staff of Nursing colleges and schools	MoHE, Nursing College	Assess capacities of teaching staff	Trainings in 3 governorates	Trainings in 3 governorates	Evaluation & review materials
Health-systems research related to RH/FP programme strengthened	Create & support University research centers on RH/FP issues	Faculties of Medicine	5 research in RH/FP	5 research in RH/FP	Conference on RH / FP research	6 research and disseminated
	Setup collaboration mechanisms between established Research centers, MoH & Regional centers	Faculties of Medicine	2 workshops on research priorities	2 meetings	2 workshops on research priorities	2 meetings

**Output 2 :
Community-based sensitization on RH & FP issues, targeting women and men, is intensified in underserved districts**

Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
Partnership between DoHs & local NGOs strengthened in 6 governorates	Setup coordination mechanism between local NGOs and DOHs	MoH, Dir PH, DoHs	NGOs Evaluation Joint Committees in 6 governorate	3 meetings of joint committee in each governorate	One joint project in each governorate	review experience
	Capacitate NGOs and DoHs to develop RH community mobilisation initiatives	MoH, Dir. PH, DoHs,	Communication strategy & IEC materials developed	One training session in each governorate	3 comm. initiatives in each governorate	Evaluation of the initiatives
RH-related outreach initiatives targeting women in underserved areas implemented	Support PHC centres in conducting outreach activities (Al Za'er Al Sehi)	Gov. DoHs,	Training in 6 governorates	Monitor outreach in 6 governorates	Refreshing training in 6 governorates	Impact evaluation
	Expand Women health Volunteer initiatives in urban and rural areas	MoH, Dir PH, DoHs, NGOs	Develop tools and ToT	Train WHV in 2 districts/ governorate	Train WHV in 2 districts/governorate	Impact evaluation
Male involvement initiatives are implemented jointly with community leaders in 6 governorates	Develop collaboration mechanisms between PHC managers & community leaders	MoH, Dir PH	PHC managers trained on dealing with Com. Leaders on RH issues	Develop tools and ToT	2 joint workshops (Community leaders & PHC M) on RH/FP issues	2 workshops (community leaders & PHC M) on RH/FP issues
	Capacity building of selected community leaders on RH issues	MoH, Dir PH	Research on RH & male involvement	training material developed	Training in 2 district per governorate	Evaluation & review materials

Output 3 :
Youth health, development and protection programmes, including awareness-raising, are established within government and community-based services in selected areas, with a focus on youth who are most at risk

	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
Sub-Outputs (Strategies)	Advocacy for Life skills & Peer education among policy /decision makers a central, governorate & municipal levels	MoYS/MoCY, Youth Parliament	Advocacy Plan Action developed			
	Integration of Life skills into curriculum of Secondary schools and Vocational Training centers	MoE & MoLSA,	2 training manuals & kits developed & TOT conducted	Pilot in 20 VESs, 20 VTCs	Scaling up to 100 schools and 100 VTCs	Curricula endorsed in MOLSA & MOE curricula
	Socio-cultural activities in 2ry schools & Youth centers are strengthened through Peer educators	MoE, MoYS/MoCY Youth associations	PE manual developed & TOT conducted	Piloting PEs into 20 VESs & 20 Youth centers	Scaling up into 50 2ry schools & 20 youth centers	
	M&E / Research & Networking among collaborating VESs, VTCs, Youth associations/centers	Universities, MoE, MoLSA, MoYS / MoCY	Development of M&E tools for interventions	Setup networking mechanisms among	National conference among PEs	Final evaluation
Youth Friendly Health Services institutionalized into Health system	Youth Health package/strategy defined &	MoH	YFHS guidelines & tools developed		Youth Health Strategy defined	YFHS integrated into Health system
	Capacity building of providers & managers	MoH	Piloting in 20 PHCs in 4 governorates	Expand to non-PHC opportunities	Expand into 30 PHC centers	
	Sensitization & involvement of leaders, families and teachers	MoH	Develop & pre-test of tools & materials	Setup consultative mechanisms		Assessment among leaders, families, ...
	Promotion & involvement of In- & Out-of-school youth	MoH	Develop & pretest tools and materials		Youth participation mechanism defined	
Strengthening rehabilitation and social reintegration services for youth at risk	Develop M&E system & research	MoH	Develop M&E system & tools	Conduct monitoring	Research on access & satisfaction	Evaluation
	Setup multi-sectoral coordination structure at governorate level	MoLSA	Committee setup & Quarterly meetings	Alternative options for reformatories	Pilot alternative options in 3 Governorates	Assess new Options
	Psychosocial/rehabilitation services delivered to youth in reformatories	MoLSA & NGOs	Train staff of 8 centers	supervision tools developed	Refreshing course for staff	Assessment of services
	Educational, vocational & health services secured at reformatories	MoLSA, MoE, MoH, NGOs	Train staff of 8 centers	supervision tools developed	Refreshing course for staff	Assessment of services
Community-based counseling/ care services in selected governorates for youth & families	MoLSA, NGOs	Opportunities & referral system defined	Train staff & Referral system			Review norms & training materials

Gender Equality component

Output 1:

The institutional, technical and operational capacity of line ministries and local NGOs are strengthened to secure services for survivors of VAW

Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
Knowledge of policy makers/gatekeepers on VAW extent, range, forms & effects raised	Qualitative study on VAW conducted and disseminated	SMOWA/ KHCW	Qualitative study conducted		Qualitative study conducted	
	Develop & implement a communication / advocacy strategy & PoA on VAW	SMOWA/ KHCW	Strategy developed	1 communication network in place		Strategy reviewed
National Strategy & PoA for combating VAW, developed & monitored, within framework of SCR I325	Develop & review the National strategy & plan of action on combating VAW	SMOWA, KHCW	National VAW strategy & PoA endorsed		5 sectoral PoAs integrating VAW	
	Support coordination structures among stakeholders at central & 6 governorate	SMOWA, stakeholders		ToRs Coordination mechanism	4 meetings organised	Coord. mechanism assessed
A chain of sectoral / NGOs services for VAW survivors established, monitored and linked effectively in 6 governorates	Strengthen technical & institutional capacities of SMOWA & KHCW	SMOWA / KHCW	Institutional & Tech. assessment	Study visits to other Arab countries		Review institutional & tech. capacities
	Support selected sectors and NGOs to integrate services for VAW survivors in their existing services	MoH, MoI, MoLSA, MoE NGOs	5 sectoral guidelines & training manuals developed	Training of service providers in 3 governorates	Training of service providers in 3 governorates	Guidelines, norms & manuals assessed
	Support selected ministries & NGOs to collect and analyze VAW statistics	MoH, MoI, MoLSA, MoE NGOs	Data collection tools developed	Sectoral statistical tools used in 3 governorates	Sectoral statistical tools used in 3 governorates	Statistical Instrument and tools reviewed
	Develop & implement inter-sectoral referral mechanism & system	MoH, MoLSA, MoI, MoE, NGOs	Guidelines & training manual	Training on VAW referral mechanism		Assessment of the referral system

Output 2 :

The capacity of women's non-governmental organizations is strengthened to advocate gender equality, women's rights, and reproductive health, and to promote women's empowerment and participation in the peace building and development of Iraq

Sub-Outputs (Strategies)	Major Activities/Interventions	Responsible IP	Annual Targets			
			Yr 2011	Yr 2012	Yr 2013	Yr 2014
2.1 Capacities of Women NGOs increased to conduct outreach activities among women and men on women rights, within SCR 1325 framework	Institutional capacity of women NGOs on good governance, management, leadership, advocacy	NGOs		Institutional analysis	Training of NGOs in 3 governorates	Training of NGOs in 3 governorates
	Technical capacity of local NGOs strengthened to conduct outreach activities among women, in line with SCR 1325	NGOs		Outreach strategy & Training materials developed	Outreach activities conducted in 3 governorates	Outreach activities conducted in 3 governorates
	Partnership with Faith Based Organisations to advocate for men engagement on women rights	MoWA, NGOs KHCW, FBOs		advocacy tool kit developed	Outreach activities in 3 governorates	Outreach activities in 3 governorates
2.2 Networking among women's NGOs at national level & 6 governorates levels	Setup and structures of NGO networks strengthened at national & 6 governorates	NGOs	Capacity gap of existing networks	NGO networks in 3 governorates	NGO networks in 3 governorates	
	Knowledge sharing mechanisms (newsletters, website,) developed for network members	NGOs	Knowledge sharing mechanism defined	National network website of in place	network news letter disseminated	Assess Knowledge sharing mechanisms
	Setup linkage between parliament committees around combating VAW & SCR 1325	SMOWA/ KHCW, NGO	Mechanism defined	Quarterly meetings	Quarterly meetings	Assess mechanism

Annex 4: CPAP Monitoring and Evaluation Plan / Calendar

	Yr 2011	Yr 2012	Yr 2013	Yr 2014
M&E activities	Surveys/studies	WISH Survey Socio-Economic Monitoring surveillance System (SEMS)	Youth Survey	I-WISH Survey
	Monitoring systems	CP & CPAP data base Iraq Info portals (IAU) and data base	Develop and update of all related databases	Develop and update of all related databases
	Evaluations	Annual CPAP evaluation	Annual CPAP evaluation	Programme evaluation
	Reviews	Programme component review Annual review UNDAF annual review COAR	Programme component review Annual review UNDAF annual review COAR	Programme component review Annual review UNDAF annual review COAR
	Support activities	Regular M&E field visits Regular tracking meeting with IPs	Regular M&E field visits Regular tracking meeting with IPs	Regular M&E field visits Regular tracking meeting with IPs
	UNDAF final evaluation milestones	UNDAF Annual Review	UNDAF Midterm Review	UNDAF Final Evaluation (by all UNCT)
	M&E capacity- building	3 RBM&E capacity building sessions for national partners	RBM&E capacity building sessions for national partners	RBM&E capacity building sessions with reporting skills for UNFPA and Nationals
	Use of information	Dissemination of Census results Dissemination of SEMS 2011 results	Dissemination of I-WISH 2012 results	Dissemination of I-WISH 2014 survey results
	Partner activities	1. Progress reports on Activities implementation & expenditures (at different levels) 2. data collection of Census 3- data collection of SEMS(IKN&2waves) and I-WISH survey	1. Progress reports on Activities implementation & expenditures (at different levels) 2. Data collection of Youth Survey 3- finalizing the implementation of the Census and I-WISH related specialized Studies and researches	1. Progress reports on Activities implementation & expenditures (at different levels) 2. disseminating of census, I-WISH, youth and SEMS surveys related reports and thematic studies
	Planning references			

Annex 5: Linkage with National priorities, UNDAF, UNFPA MTSP, and MDGs

NDP National Priorities	UNDAF Outcomes	UNFPA CP Outputs	UNFPA Global Strategic Plan - Outcomes	MDGs
Promoting programming, monitoring & evaluation tools for tracking progress of Iraq towards achieving MDGs	Iraqi state has more efficient, accountable & participatory governance at national and sub-national levels	User-oriented national statistical system is strengthened to produce, disseminate & promote utilization of high-quality population data at national and sub-national levelsGs	P3: Data on population dynamics, gender equality, young people, SRH & HIV/AIDS available, analyzed & utilized at national and sub-national levels to develop & monitor policies & programme implementation	MDG 1, MDG 3, MDG 5, MDG 6
Formulating & implementing effective national policies favouring balanced pop. growth, composition & spatial distribution	Investment in human capital and empowerment of women, youth and children	Capacity of national & sub national entities is strengthened to develop & monitor action plans on priority pop. issues, (rapid pop. growth, displacement, rural-urban migration, youth & gender equality.	P1: Population and development linkages are taken into account in national, sub-national and sectoral policies and strategies	MDG 1, MDG 3, MDG 5, MDG 6
Promoting empowerment and capacity of youth to face social challenges and to contribute to community development	A multi-sectoral national youth strategy is formulated & monitored, with effective participation of youth, at national and sub-national levels.	Youth health, development & protection programmes, including awareness-raising, are established in government & community-based services in selected areas, with focus on youth who are at high risk	P2: Young people's rights & multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend	MDG 1, MDG 3, MDG 5
Promoting a PHC system to reduce morbidity and mortality, particularly among children and mothers	Gol has participatory & accountable policy framework & implementation mechanisms for delivery of quality basic services at all levels	Technical & institutional capacity is strengthened at national & sub-national levels to plan, manage & monitor implementation of high-quality RH services, as an integral part of PHC system & health sector reform	R5: Access of young people to SRH, HIV & gender-based violence prevention services, and gender-sensitive life skills based SRH education improved as part of a holistic multisectoral approach to young people's development	MDG 1, MDG 3, MDG 5
Promoting an enabling environment for women's empowerment & development that broadens their capacity and choices & secures gender equality	Iraqi state has institutionalized preventive and protective mechanisms to combat GBV	Community-based sensitization on reproductive health and family planning issues, targeting women and men, is intensified in underserved districts	R1: RH & SRH demand promoted & the essential SRH package, including RH commodities and human resources for health, integrated in public policies of development & Humanitarian frameworks expenditure frameworks with strengthening implementation monitoring	MDG 5, MDG 4, MDG 6 MDG 5, MDG 4, MDG 6
Promoting an enabling environment for women's empowerment & development that broadens their capacity and choices & secures gender equality	Capacity of women NGOs is strengthened to advocate gender equality, women's rights & RH, & promote women's empowerment & participation in peace building & development of Iraq	Institutional, technical and operational capacity of line ministries & local NGOs are strengthened to secure services for survivors of VAW.	G4: Responses to GBV, particularly domestic & sexual violence, expanded through improved policies, protection systems, legal enforcement & SRH and HIV-prevention services, including in emergency & post-emergency situations	MDG 3, MDG 5
			G2: Gender equality, RR & empowerment of women & adolescents girls promoted through enabling sociocultural environment conducive to male participation & elimination of harmful practices	MDG 3, MDG 5