



جمهوری اسلامی ایران
وزارت امور خارجه



**United Nations Development Assistance Framework
The Islamic Republic of Iran
2012-2016**

27 September 2011

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ACRONYMS and ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Treatments
ATS	Amphetamine-Type Stimulants
BAFIA	Bureau for Alien and Foreign Immigrants Affairs
BDN	Basic Development Needs
CBI	Central Bank of Iran
CBI	Community Based Initiative
CCA	Common Country Assessment
CDC	Centre for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
DCHQ	Drug Control Head Quarters
DOE	Department of Environment
DRM	Disaster Risk Management
ECO	Economic Cooperation Organization
EFA	Education for All
EPHC	Evidence-based Primary Health Care
ESCAP	Economic and Social Council of the Asia Pacific
GDI	Gender Development Index
GDP	Gross Domestic Product
GEF	Global Environment Facility
GEM	Gender Empowerment Measure
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GHD	Gender in Health and Development
GNI	Gross National Income
GOI	Government of Iran
HCP	Healthy City Programme
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPI	Human Poverty Index
HVP	Healthy Villages Programme
ICHHTO	Iranian Cultural Heritage, Handicraft and Tourism Organization
ICPD	International Conference on Population and Development
ICT	Information and Communications Technology
ICQHS	International Centre on Qanats and Historic Hydraulic Structures
IDU	Intravenous Drug User
IHR	International Health Regulation
IRIS	Isfahan Regional Centre on Development of Science Parks and Technology Incubators
ISTT	Isfahan Science and Technology TownIROST Iranian Research Organization for Science and Technology
M&E	Monitoring and Evaluation
MEA	Multilateral Environmental Agreement
MDG	Millennium Development Goal
MFA	Ministry of Foreign Affairs
MIC	Middle Income Country
MoE	Ministry of Education
MoH	Ministry of Health
MOHME	Ministry of Health and Medical Education
MSRT	Ministry of Science, Research and Technology
NBCRC	National Disaster Management Organization
NGO	Non-governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary Health Care
PLHIV	People Living With HIV

PPP	Purchasing Power Parity
PTP	Pardis Technology Park
RC	Resident Coordinator
RSA	Rapid Situation Assessment
SCI	Statistical Centre of Iran
SME	Small and Medium Enterprise
SPAC	Strategic Planning and Control Deputy, Ministry of Communications and Information Technology
S/T	Science and Technology
TB	Tuberculosis
UA	Universal Access
UNAIDS	United Nations Programme on HIV/AIDS
UNCAC	United Nations Convention Against Corruption
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special session on AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNODC	United Nations Office for Drugs and Crime
USD	United States Dollar
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The United Nations Development Assistance Framework (UNDAF) for the Islamic Republic of Iran (I.R. of Iran) is the result of a consultative process between the Government and the United Nations Country Team, analyzing how the United Nations can most effectively respond to the national priorities. It is guided by the goals and targets of the Fifth Five Year National Development Plan 2011-2015, as well as by the Millennium Development Goals (MDGs).

The UNDAF translates these into a common operational framework for development activities upon which individual United Nations organizations will formulate their programmes and projects for the period 2012-2016.

The I.R. Iran is an upper middle-income country that has made notable progress in human development. Moreover, with 62 percent of people younger than age 30, it faces a “demographic window of opportunity” with important development implications. Amid considerable achievements, more continues to be done to ensure that all the people of I.R. Iran are able to build upon equitable opportunities to fully develop their human potential. There are issues related to unemployment, low labour productivity growth, income inequality, inadequacy of results-based institutional structures, and also from an epidemiological transition, environmental degradation and vulnerability to the impacts of climate change, recurrent natural disasters, and drug-related threats which need to be addressed more.

As a result of the country’s development situation, five inter-related priority areas have emerged for United Nations support during the UNDAF period. Key strategies to be pursued under the UNDAF will focus on strengthened capacity development; South-South cooperation to benefit from sharing of best practices and experiences; transfer of science and technology and collection of quality data for more evidence-based decision making. The five priority areas are:

- **Poverty Reduction**, with particular attention to strengthening national and sub-national development planning capacities to promote inclusive economic growth, as well as to support for the Economic Reform Plan process, technical and vocational education, and improved availability and use of data;
- **Health**, with a focus on social determinants of health and evidence-based approaches to reduce disparities; improved family practice in urban areas, where most people live; effective surveillance, prevention and monitoring of non-communicable and communicable diseases, including HIV/AIDS; and a more comprehensive approach to the health implications of Disaster Risk Reduction;
- **Environmentally Sustainable Management**, focused on improved capacities at all levels for integrated management, conservation and sustainable use of natural resources; mainstreaming of environmental economics into national planning; effective prevention of and response to environmental pollution; and formulation and implementation of climate change mitigation and adaptation plans and projects;
- **Disaster Risk Reduction (DRR) and Management**, which will build on existing strengths in the I.R. Iran to support integration of DRR into national development policies and programmes; enhance national and local capacities to ensure systematic monitoring and multi-hazard early warning, with particular attention to “last mile” interventions; and support improved contingency planning, especially in most-at-risk communities;

- **Drug Prevention and Control**, which will highlight development and implementation of effective, coordinated drug prevention programmes, with a focus on families, communities, educational centers and the workplace, prioritizing most-at-risk groups; enhanced and more holistic national capacities for effective treatment and rehabilitation programmes for people affected by drugs; evidence-based HIV prevention, treatment, care and control programmes among drug users; and strengthening of national capacities to combat drug trafficking.

In all five areas, the United Nations offers comparative advantages with regard to achieving further progress toward national development goals and the MDGs, drawing on its vast technical resources to facilitate the sharing and application of global experiences and best practices. A crosscutting issue taken into consideration in all areas is that of development of science and technology, which receives special emphasis in the I.R. Iran.

Oversight of the UNDAF will be carried out jointly by the Government and the United Nations System through the authority of a High Level Steering Committee, supported by UNDAF Theme Groups and an UNDAF Monitoring and Evaluation Group. Joint UNDAF Annual Reviews will be complemented by a detailed evaluation in the penultimate year of the UNDAF cycle to inform the design of the next UNDAF.

Preamble

The Government of the Islamic Republic of Iran (I.R. Iran) and the United Nations System in Iran are delighted to present the United Nations Development Assistance Framework (UNDAF 2012 - 2016). The UNDAF is a product of close, collaborative and participatory efforts between the Government and the UN Country Team.

In cooperation with the Government, the UNCT will support Iran's fulfilment of the objectives set out in the Fifth Five Year National Development Plan. In addition, the UNDAF will contribute to fulfil the country's commitment to international conventions, treaties, conferences and summits, within the national rules and regulations of the I.R. Iran. The UNCT will support the country in its development efforts and in doing so it will contribute to ensuring the national ownership of UN programmes and projects and the further development of Iran's individual and institutional national capacities.

On the occasion of the publication of the UNDAF, the Co-chairs of the High Level Steering Committee would like to express their great appreciation to all the Government ministries and institutions as well as the UN system, for their valuable time and efforts, and substantive inputs in the formulation process.



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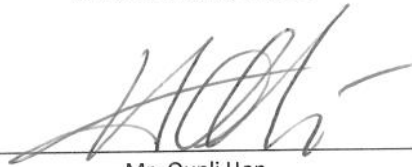
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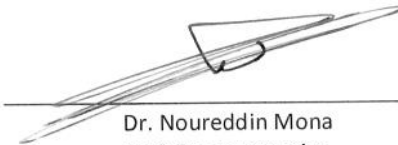
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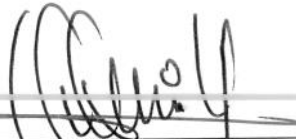
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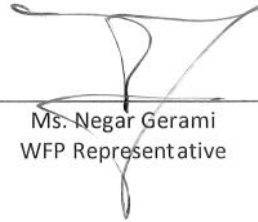
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Section I: The United Nations Development Assistance Framework

1. To support efforts of the Islamic Republic of Iran to become an even more developed State, the Government and the United Nations Country Team (UNCT), in close cooperation, have prepared this United Nations Development Assistance Framework (UNDAF). As a strategic planning framework for United Nations development operations and cooperation at country level, it provides a basis for increased collaboration, coherence and effectiveness of United Nations development cooperation activities. It also builds on the partnership over the last decades between the Government of the Islamic Republic of Iran (I.R. Iran) and the United Nations System.

2. This UNDAF is a collective, coherent and integrated response by the United Nations to national priorities set out in the Fifth Five Year National Development Plan 2011-2015 (NDP). At the same time, it reflects the aspirations of the Millennium Development Goals (MDGs) and I.R. Iran's initiatives in this regard as a signatory to a number of United Nations and other international treaties. The UNDAF thus establishes a common strategic plan for the United Nations System in I.R. Iran for the period 2012-2016 and notes the strong emphasis of the Government on bridging social gaps. Taking into account the United Nations System's comparative advantages, cooperation during the coming five years will seek to support furthering the national objective of minimizing disparities and maximizing accrued benefits from I.R. Iran's socioeconomic development.

Section II: The Development Context

3. I.R. Iran is a middle-income country (MIC), with a per-capita GDP of \$10,783 (adjusted for PPP in 2005) in 2008. It has made good progress in social and human development and is on track to achieve most of the Millennium Development Goals (MDGs). Progress has been most notable under MDG1 (Reduce extreme poverty), MDG2 (Achieve universal education), MDG4 (Reduce child mortality by half) and MDG5 (Reduce maternal mortality by two-thirds).

4. The country's human development indicators have substantially improved during the past 30 years.¹ The Government continues to demonstrate a strong commitment to further reduce income and capability poverty² and has witnessed a decline in extreme income poverty³ to around 1 percent.⁴ Maternal mortality has markedly reduced, from 150 in 1990 per 100,000 live births to 30 in 2008.⁵ Similarly, under-5 mortality fell from 54 per 1,000 live births in 1990 to 29 in 2007. Life expectancy at birth has risen for both men and women, and more people have access to safe drinking water.⁴ A total of 97.3 percent of all births are attended by skilled birth attendants. The family planning programme has reduced the current total fertility rate to 1.8, and there exists a contraceptive prevalence rate of 79 percent (60 percent for modern methods).

5. Other achievements include a high literacy rate for girls of more than 90 percent, and an overall literacy rate of more than 75 percent. Social security coverage encompasses 30 million people;⁶ health insurance schemes cover about 50 percent of the population; and direct poverty relief was provided for 2.2 million households in 2007 considered among the poorest, or 8 percent of

¹ I.R. Iran's Human Development Index value for 2010 was 0.702 and places the country in the high human development category, positioning it at 70th out of 169 countries and areas. This represents an increase from an HDI value of 0.493 in 1985, representing a total increase of 42 percent or an average annual increase of about 1.4 percent.

² Multi-dimensional index (income, employment, health and education), similar to HDI.

³ \$1 per day

⁴ National MDG Report 2006.

⁵ Global Maternal Mortality Estimation Report 2010, (approved by Ministry of Health and Medical Education)

⁶ Most of these are people with formalized work and whose health insurance is paid for by their employers.

the population.⁷ Primary Health Care coverage, such coverage in rural areas stands at more than 98 percent.⁸

6. A special emphasis is placed on science and technology development. I.R. Iran has long-term and consistent national Science and Technology development strategies, implemented and reinforced through each of the NDPs. The country's Gross Domestic Expenditures for Research and Development (GERD) continue to be high compared with most of its neighbours.⁹ While the culture of science is deeply rooted in Iranian society, there is considerable scope to further mobilize science and technology development to address current and emerging development challenges. In particular, these concern job creation and economic growth through the use of science and technology transfer mechanisms;¹⁰ improving the quality of higher education systems;¹¹ increasing energy efficiency, especially in industrial and urban areas; enhancing the efficiency of water use; mitigating impacts of climate change; reducing biodiversity loss; and better preparing against natural disasters.

7. I.R. Iran likewise has made significant progress in women's education and health since 1990. Key achievements include the increased ratio of literate women to men aged 15-24, from 96.1 percent in 2000 to 99.2 percent in 2008,¹² as well as the increased ratio of girls to boys in primary, secondary and tertiary education, from 79.2 percent in 1990 to 98 percent in 2007.¹³ Women now constitute more than half of all university students.¹⁴ This progress is reflected in the increased Gender Development Index for I.R. Iran, which rose from 0.713 in 2004 to 0.770 in 2009. The Islamic Consultative Assembly (Iranian Parliament) has approved "The Charter on Women's Rights and Responsibilities" as a law, while the Fifth Five Year NDP, emphasizing the importance of social justice, envisages special support to female-headed households, including in social insurance.

8. Since the Islamic Revolution, increased living standards, higher life expectancy rates and high birth rates have propelled I.R. Iran toward a "demographic window of opportunity" that has important development implications. With a population of 75 million and 62 percent of people younger than age 30, the country has one of the youngest populations in the world. A total of 25 percent of the population are younger than 14 years, with another 25 percent aged 15-24 years.¹⁵

9. I.R. Iran continues to host one of the largest registered refugee populations in the world, whose basic needs are looked after almost entirely by the Government. At the end of 2010, the registered Afghan and Iraqi refugee population in I.R. Iran stood at 1,073,285, of whom 97 percent lived in urban areas. The Government has provided registered refugees with access to basic social services and to the job market by issuing official temporary work permits. Some 70 percent of Afghan and Iraqi registered refugees remaining in I.R. Iran have lived in the country for 20 to 30 years. Half were born and educated in the country, and half of the registered refugee population is female.

10. Amid considerable achievements, more remains to be done to ensure that all the people of I.R. Iran are able to fully develop their human potential. Despite sustained economic growth, the

⁷ Social Security Organization, 2006.

⁸ Ministry of Health, Health Network Expansion Department.

⁹ UNESCO Science Report 2010: Among neighbouring countries, only Turkey maintains an equivalent level of GERD (GERD as % of GDP): both were 0.7 percent as of 2007.

¹⁰ As of 2010, 26 science and technology parks had been set up across the country, as had numerous technology business incubators.

¹¹ UNESCO Science Report 2010, op. cit. Numbers of students enrolled in universities have been growing rapidly, from 1.4 million in 2000 to 2.8 million in 2007.

¹² Statistical Centre of I.R. Iran (2008).

¹³ Ibid.

¹⁴ Statistical Centre of I.R. Iran (2006) Census for 2006 (Tehran).

¹⁵ Ibid.

country faces challenges from unemployment, low labour productivity growth rates and sustained income inequality.¹⁶ According to joint Government/United Nations reports,¹⁷ much of the income and non-income poverty is in areas such as informal urban settlements; the informal sector of the economy; remote rural areas; among refugees; and encompassing groups such as People With Disabilities, child labourers and poor female-headed households. The Gini coefficient has stood above 0.4 for many years, with disparities between provinces, districts and urban centres/rural areas recorded.¹⁸ The Government seeks to reduce inequality to a Gini coefficient of 0.3 by the end of the Fifth Five Year NDP period.

11. A need to absorb the younger generation into the labour market has placed pressure on the economy and resulted in an estimated overall unemployment rate of 11.9 percent (16.8 percent for women) in March 2010. Official unemployment rates are much higher for young people (22.7 percent for young men, 32.4 percent for young women in 2008). The search for better job opportunities underlies the increasing challenge of migration and rapid urbanization among the population¹⁹.

12. Structural and institutional constraints to achieving development goals also exist, including a need for more results-based institutional structures, and insufficient inter-sectoral coordination. Structural challenges are being met by the Government through the Fifth Five Year NDP, including the need for economic diversification; reduced dependence on the oil sector; improved trading conditions; financial sector reforms; and prompting the growth potential of the country. New attention is being devoted to inclusive and “job-rich” growth, which can reduce unemployment, especially rising levels of youth unemployment. Other key parts of these efforts include development of Small and Medium Enterprises (SMEs), expanded microcredit, and private sector support.

13. In addition, support to disadvantaged populations who are disproportionately affected by poverty – including the poor themselves, female-headed households, informal-sector workers and refugees – are part of the Fifth Five Year NDP policy, especially through development of insurance systems and cash transfers. Refugees are particularly vulnerable given their status, but for the Government to indefinitely sustain the provision of services to this segment of the population will be difficult.

14. The Government continues to work to reduce sub-national disparities. For example, the Human Poverty Index (HPI) stands at 8.28 and 10.90 for Tehran and Isfahan Provinces, respectively, but in Sistan-Baluchistan and Kordestan the figures are 38.3 and 22.5. Similarly, primary school enrolment in Sistan-Baluchistan is 76.7 percent, compared with a national average of 90 percent.²⁰ Despite the improvement of health conditions in Iran, life expectancy for men and women in some provinces, including Sistan-Baluchistan, Kurdistan, Kohkilooyeh and Boyerahmad, and Lorestan,²¹ remains lower than in other areas.

15. Development also is reflected in terms of the rate of employment in the provinces, where shares of unemployment may differ between men and women. A 2007 labour force report by

¹⁶ SCI 2008; productivity data also in UNESCAP 2009, op.cit.n.17.

¹⁷ United Nations (2004), *Millennium Development Goals Report* (New York); United Nations (2007), *Millennium Development Goals Report* (New York); and Government of I.R. Iran (1999) *National Human Development Report* (Tehran).

¹⁸ Various HIES show the extensive differences.

¹⁹ SCI, Statistical yearbook of Iran, 2009; Summary Report of the labour force survey, 2009.

²⁰ Government of I.R.Iran (n.d.) *2nd National Human Development Report* (unpublished).

²¹ Statistical Center of Iran, Datasheet 2006.

the Statistical Centre of Iran shows that the highest rate of economic activity is in the provinces of Eastern Azerbaijan, Western Azerbaijan, Ardebil, Zanjan, Mazandaran, Gilan, and Khorassan.

16. The 2007 labour force report also indicates the highest rate for female unemployment in the group aged 10 and above is in Semnan Province, urban parts of Ardebil Province and rural Ghom Province. In the group aged 15 and above, the two provinces of Kohkilooyeh and Boyerahmad and Sistan-Baluchistan are marked by the highest unemployment rate for women in general and for men in urban areas, respectively.²² A comparison of individuals earning income in the non-agricultural sector also illustrates a considerable difference between wages for women and men in urban and rural areas. Women's and men's employment rates in various economic sectors (industry, agricultural and services) show the significant predominance of women, particularly urban women, in the services sector. The number of women in the Consultative Assembly is 8 out of 290 parliamentarians at present.

17. Equitable access to food, sanitation, health, education, information and services continues to be a challenge to ensure that every person in I.R. Iran enjoys the capabilities to avoid poverty in the future. Sustained provision of services also remains a challenge as budgetary approaches evolve. At the end of 2010, the country began implementing drastic cuts to State subsidies on fuels, utilities and basic foodstuffs, with the aim of reducing economic distortions and waste. A system of monthly cash transfers as compensation payments, reaching an estimated 96²³ percent of the population, has been put in place to cushion the impact of the resulting price increases. In addition, children and young people are vulnerable to poverty, drug and tobacco abuse, and a high rate of road traffic accidents and other types of injuries, which constitute a leading cause of death among children.²⁴ All this underscores the significance of continued development work in areas such as poverty reduction and health, among others.

18. While access to health care services is formally almost universal, Primary Health Care (PHC) in urban areas is 40 percent, and in peri-urban areas it falls to 9 percent.²⁵ Rapid changes in the demographic and epidemiological profile in urban and peri-urban areas have highlighted the importance of strengthening the PHC system in these areas by relying on family practice. Out-of-pocket expenditures also are high, affecting access to health and potentially constituting "catastrophic" expenditures that in turn contribute to poverty.²⁶ The Fifth Five Year NDP prioritizes the significant reduction of out-of-pocket expenditures, from 60 percent to 30 percent.

19. Overall quality of health care could be further improved at all levels, particularly in child and women's health; women remain more vulnerable to diseases and cancers of the reproductive system.

20. The epidemiological transition, with a predominance of Non-Communicable Diseases (NCD) such as cardiovascular diseases/hypertension, cancer and diabetes, represents a major challenge for the country. The most common risk factors, which show increasing trends, are tobacco and substance abuse, unhealthy diet and physical inactivity as a contributing factor. With regard to Communicable Diseases (CD), malaria and tuberculosis (TB) represent special issues, especially in some provinces (Kerman, Hormozgan, Sistan-Baluchistan) and for poor people. About 10,000 TB cases occurred in 2009 mainly among marginalized populations, according to MOHME. Natural

²² Statistical Centre of Iran and UNFPA, 2007

²³ Mr. Adel Azar, Head of SCI, speech in Parliament, 9 May 2011.

²⁴ According to a study conducted by the Ministry of Health through the Medical Universities in 2007, 36.7% of under 5 children in I.R. Iran die as a result of traffic accidents.

²⁵ Ministry of Health, Health Network Expansion Department

²⁶ National Health Accounts.

disasters also represent a relevant public health problem. The health and economic impact of emergencies/disasters in Iran can be substantially reduced through further improvements of and better coordination among all stakeholders.

21. HIV/AIDS and Sexually Transmitted Infections (STIs) remain significant public health concerns. Although HIV prevalence in the general population is low, the country is experiencing a concentrated HIV epidemic among injecting drug users (IDUs). The Government has significantly scaled up harm reduction services for IDUs and prison inmates. Prevention remains the key to protecting the general population, especially women and young people, from a generalized epidemic. Recognizing this, the multi-sectoral National HIV/AIDS Strategic Plan 2010-2014 is diversifying strategic responses.²⁷

22. The main mode of transmission of HIV/AIDS in the country remains through injecting drug use (69.7 percent), while 20.8 per cent of the new HIV cases registered in 2010 resulted from sexual transmission²⁸. At the same time, there are about 116,000 registered STI cases, of which 99,000 are women.²⁹ The vulnerability of young people (46.6 percent)³⁰ and women to HIV/AIDS is being increasingly recognized. While access to treatment has improved, recent data show a need to further increase coverage.³¹ Integration of STIs into reproductive health programmes and collection of systematic disaggregated data on HIV and STIs remain to be addressed.

23. I.R. Iran's location and its complex and varied climates and topography have led to unique biological diversity. A total of 80 percent of the land area is arid or semi-arid. The Iranian ecosystems support over 8,000 species of plants, 140 species of mammals, 293 species of birds, 219 species of reptiles, 112 species of fish and 23 species of amphibians, many endemic and of prime ecological value. About 8 percent of I.R. Iran's land area is under legal protection by the Department of Environment, with a target of 10 percent. The country's established capacity for environmental protection has focused primarily on terrestrial ecosystems.

24. However, the country's ecosystems are susceptible to environmental degradation, including habitat degradation, biodiversity loss, depletion of groundwater levels and pollution of air, soil and water. In particular, climate change and its impacts – including a decline in the quality and quantity of water resources and arable lands – are increasingly emerging as critical issues, with links to poverty reduction, health and Disaster Risk Reduction issues, among others. This is exacerbated by unsustainable land use change, overexploitation of the natural resource base, and a need for more coordination in development planning and decision making. Environmental degradation, depletion of natural resources and vulnerability to the impacts of climate change also require particular attention because of additional linkages to increasing issues of agricultural productivity, internal displacement and rapid urbanization.

25. With increasing urbanization, air pollution represents a growing menace. At least five larger cities, including the capital, Tehran, are believed to be under threat of air pollution. In the winter of 2010, there have been reports on an increase of health related problems among Tehran inhabitants due to such pollution. The Fifth NDP calls for remedial measures to abate environmental pollution.

²⁷ Ministry of Health and Medical Education; Ministry of Science, Research and Technology; Red Crescent; Iranian State Welfare Organization; Organization for State Prisons and Security & Corrective Measures; Armed Forces of the Islamic Republic of Iran; Broadcasting; Ministry of Education; Ministry of Roads and Transportation; Blood Transfusion Organization and the Imam Khomeini Relief Fund.

²⁸ CDC MOHME quarterly report on HIV/AIDS, March 2011.

²⁹ CDC MOHME quarterly report on STI, July 2011.

³⁰ MOHME and CDC HIV quarterly statistics, summer 2010.

³¹ *Treatment Evaluation Report 2011*, Ministry of Health and Medical Education

26. According to the studies by the Ministry of Energy, I.R. Iran is receiving 30 percent less precipitation in comparison with its long-term average. With climate change and other related issues, the country Iran faces a scarcity of water for agriculture and other uses, even as both sandstorms and flash floods grow more frequent. A total of 75 million hectares of land are exposed to serious water erosion, 20 million hectares to wind erosion and 5 million hectares to other types of chemical and physical degradation (decreased productivity, salinization).³² The Government is employing an inter-sectoral and community-based planning approach to try and alleviate this, recognizing that the poor are the most vulnerable to negative impacts of climatic variations.

27. A 2005 study by the Department of Environment and the World Bank suggests that environmental degradation may cause damage to the environmental resource base of up to 7 percent of the country's annual GDP. The cost of environmental degradation is not yet appropriately incorporated into the development analysis and decision making. Integrated and participatory approaches to management and monitoring of the environment and natural resources are being promoted. Environmentally sustainable development has therefore been highlighted as a priority in the Fifth NDP and other national strategies and development plans. The Fifth NDP aims at integrating environmental assessments into policies, plans and projects as well as at mainstreaming environmental economics into national planning, budgeting and audit processes. Such a shift, for example, may allow greater attention to protection and integration of I.R. Iran's rich marine environment. Overall, it is key to address barriers to sustainable management of environmental and natural resources, including gaps in legislation and institutional capacities, as well as insufficient integration among sectors, if I.R. Iran is to ensure environmental sustainability.³³

28. I.R. Iran also is one of the most disaster-prone countries in the world. Located in a very active seismic region, earthquakes alone accounted for more than half of all natural disasters between 1986 and 2007. These earthquakes were responsible for 95 percent of recorded mortality and 73 percent of damage to buildings in disaster events. Climatic events – floods, drought and sandstorms – represented another 47 percent of disasters during this period. Droughts, mainly in the southern and eastern provinces, caused the greatest economic losses,³⁴ while in recent years sandstorms, have arisen mainly from the western border region. The particular vulnerability of women and girls in disaster situations requires specific consideration.

29. Disaster Risk Reduction (DRR) and management have long been high priorities at national level. To cope with the negative impact of disasters, the country has developed notable capacities in disaster preparedness and response which meet international standards, among others. These have been developed further through recent national-level initiatives such as the adoption of new legislation on disaster management and establishment of the National Disaster Management Organization (NDMO) to oversee coordination.

30. Disaster monitoring and early warning can play a crucial role in the effectiveness of disaster management particularly for weather-related hazards. The integration of local- and national-level early warning, including access to and distribution of data and information before and

³² FRWO (2004) *The National Action Programme to Combat Desertification and Mitigate the Effect of Drought in Islamic Republic of Iran*, pp.13

³³ I.R. Iran is a member to several Multilateral Environmental Agreements (MEAs), including the United Nations Framework Convention on Climate Change, the Biodiversity Convention, the Ozone Layer Protection Convention and its Montreal Protocol, the United Nations Convention to Combat Desertification, the Ramsar Convention, the CITES Convention, and the Tehran Convention on the Protection of the Marine Environment of the Caspian Sea.

³⁴ Between 1991 and 2001, disasters cost the economy, on average, \$1.1 billion per year; when secondary damages were included, the losses amounted to 10 percent of GDP, National Disaster Task Force (2005) *Report of the Secretariat* (Tehran)

during disasters, requires further development. A need also exists for standardized coverage and a mandated national body to integrate and manage early warnings in a national system. In addition, relevant protocols and standardized operating procedures (SOPs) are to be further developed.

31. Communities (both vulnerable and affected by disasters) can play the key role in effective disaster preparedness and response, as well as promotion of a culture of safety and DRR. National disaster risk reduction and management plans and programmes require support to further enhance communities' capacity development. At the same time, enhanced regional cooperation is needed to prevent, reduce the risk of and cope with the negative impact of some transboundary natural hazards to which I.R. Iran is subject (sandstorms, drought). Strengthened regional and international cooperation also can facilitate the exchange of data, information, knowledge and expertise as well as of good practices between I.R. Iran and other countries, along with regional and international institutions.

32. I.R. Iran faces several drug-related challenges, caused by drug trafficking³⁵. Opium and heroin exports are smuggled every year through the country, which is partly consumed and the rest is for onward trafficking. The borders are likewise under attack by drug trafficking groups smuggling chemical precursors and other illicit drugs.³⁶ It is estimated that there are 1.2 million drug-dependent people in the country, equivalent to more than 2 percent of the population.³⁷ An alarming increase in the use of Amphetamine-Type Stimulants (ATS) is a further cause of concern.

33. Over the years, the country has built one of the strongest counter-narcotics enforcement capabilities in the region and beyond, spending millions of dollars annually in border control and seizing the highest percentages of opium and heroin in the world.³⁸ The national legislation prescribes the death penalty for drug offences in a number of cases.³⁹

34. More than half of the drug-dependent population is married and with children. In addition, the prevalence of drugs among youth is a concern because of I.R. Iran's predominantly young population.

35. I.R. Iran is one of the pioneering countries in the world in opium substitution therapies, as well as in the prevention and treatment of HIV/AIDS among drug users. In particular, successful programmes on HIV prevention and treatment rolled out in the national prison setting have been studied with interest by many countries.⁴⁰ Drug treatment is provided through outreach programmes, drop-in centres and other initiatives. Most rehabilitation and social support services for drug dependents are carried out by the non-Governmental sector at community level.

36. In line with international good practices, I.R. Iran also made progress in introducing drug demand prevention programmes, comprising life skills training in key settings (community, school, workplace, etc.) and amongst high-risk groups. The Government has taken steps to strengthen the national legal framework to address the issue of juvenile justice for those affected by drugs and crime.

37. Lastly, the country has the capacity for effective collection and management of socioeconomic data and information. The national statistical system in I.R. Iran conducts regular

³⁵ Drug Control Headquarters, *Drug Control in 2010, Annual Report of the Islamic Republic of Iran*.

³⁶ *Ibid.*

³⁷ UNODC (2010) *World Drug Report* (New York); United Nations Office on Drugs and Crime

³⁸ Drug Control Headquarters, *Drug Control in 2010*, op. cit., and United Nations Office on Drugs and Crime, *World Drug Report 2010*, *ibid.*

³⁹ These include cultivation of illicit drugs, possession and trafficking of more than 5 kg of cannabis and opium, 30 grams of heroin, and so forth.

⁴⁰ UNODC, Technical Cooperation Programme on Drugs and Crime in the Islamic Republic of Iran, Country Programme 2011-2014.

censuses⁴¹ and a large number of thematic household surveys. Harmonization of data from multiple official sources, timely analysis, disaggregation of data by men and women, and appropriate utilization of data generated continue to be challenges. The Statistical Centre of I.R. Iran (SCI) has set a goal to harmonize and unify the national statistical system as well as to generate routine data for monitoring national development priorities and internationally agreed development goals, including the MDGs. Further, the SCI underscores the importance of generating and analyzing disaggregated data in regional and national surveys for more accurate planning in economic, social, health, and environmental fields, so that social justice will be highlighted in programming.⁴²

Section III. UNDAF Priorities and Comparative Advantages of the United Nations System

38. The UNDAF 2012-2016 focuses on five priority areas, initially identified by the Government of I.R. Iran. These are:

- **Poverty Reduction**
- **Health**
- **Environmentally Sustainable Management**
- **Disaster Risk Reduction and Management**
- **Drug Prevention and Control**

39. Crosscutting issues taken into consideration in all areas include development of science and technology and South-South cooperation. Through its global network of knowledge and expertise, the United Nations System can contribute to science and technology in the five UNDAF areas of cooperation through support to, among others, a) scientifically sound management of land and water resources and biodiversity; b) energy efficiency; c) improvement of productivity of science and technology parks and incubators for job creation and employment; and d) upgrading of institutional capacities in early warning systems for Disaster Risk Reduction.

40. With regard to South-South cooperation, I.R. Iran, as in the case of other MICs, has the capacity to share its development experience with the global community and has been active in providing international development cooperation and humanitarian assistance. Numerous international and regional centres in the country in the fields of health, science and technology, some supported by the United Nations System, can provide an important platform for such South-South cooperation.

41. Not only does the UNDAF document provide a framework for future collaboration, but it also matured following a consultative, comprehensive and dynamic strategic process. As part of this process, the Ministry of Foreign Affairs and the United Nations Resident Coordinator agreed on the formation of an UNDAF High Level Steering Committee comprising Government Institutions and United Nations Agencies. Under the auspices of the Steering Committee, five Technical Working Groups were established and tasked with developing specific Outcomes and Outputs under each of the five UNDAF priority areas. Subsequently, following further consultation and participation, Outcomes and Outputs were adopted and agreed upon by the Steering Committee.

42. A draft of the UNDAF document was circulated among the Government and UNCT for quality support and assurance before being finalized for signature. Individual United Nations Agencies will formulate their Country Programmes and projects for the period 2012-2016 in a manner that supports and reinforces the Fifth Five Year NDP and within the framework of UNDAF. At the

⁴¹ The last census was conducted in 2006 and the next is being conducted in 2011.

⁴² The draft of 5-year Statistic Country Programme 2010-2014 and the List of Statistical Surveys as attachment of the 5-year Statistic Country Programme; both documents have been given initial approval by the Government

same time, the UNDAF will remain a living document, designed to allow flexibility throughout the UNDAF cycle.

43. The United Nations System in I.R. Iran comprises Agencies with different mandates that can work together to provide multi-dimensional and comprehensive approaches to development issues. The United Nations System's long track record of cooperation with I.R. Iran, and its presence in the country, represents one of its main comparative advantages. This long-term experience of collaboration has resulted in a body of knowledge, expertise, practices and partnerships through which the United Nations System has been able to contribute to the achievement of national priorities.

44. The principle of national ownership underpins all UN programmes of cooperation in I.R. Iran. The Government is the prime partner of the UNCT. Based on the agreement between the UNCT and the Government partners, other partners such as civil society organisations and private sector may also cooperate in implementation of the programme. Country ownership, culturally sensitive approaches, using only official data/information as the point of reference shall be framework principles of the collaboration between the Government and the UNCT.

45. Being a Middle Income Country, one of the UN's comparative advantages also lies in its vast technical resources, including technical expertise, as well as its advocacy, convening and facilitating roles. The United Nations System will coordinate with the Government in focusing on the enhancement of awareness on key development issues identified in the UNDAF. In addition, Government cost-sharing may prove essential in benefiting from pilot projects that can later be scaled up. The UNCT will proactively seek to mobilize its global partnerships and networks, as well as its knowledge base, to facilitate the sharing and application of experiences and best practices.

Section IV: UNDAF Results

46. The UNDAF sets out two levels of results expected from the partnership between the Government of I.R. Iran and the United Nations System for the period 2012-2016. At the Outcome level, the contribution is articulated in terms of specific development results that support national development priorities. The results aim to support the government in pursuing required institutional and behavioural change resulting from the collective efforts of two or more United Nations Agencies cooperating with the Government and other development partners. This is the level at which the value added of the United Nations System as a whole is captured. At the Output level, contributions will address capacity gaps and results can be directly attributed to products and services delivered by the United Nations System. It is here that the UNCT, under the leadership of the Resident Coordinator, is directly accountable.

47. First and foremost among the key strategies to be pursued under the UNDAF approach is that of contributing to strengthened capacity development for I.R. Iran, focused on development outcomes, improved management of human resources, and adequate financial resources and tools. With the capacity development paradigm representing the heart of United Nations work, this positions Agencies well vis-à-vis the Government in support of the results of the 2007 Triennial Comprehensive Policy Review. This long-term process thus gives tangible expression to the concept of national ownership, enabling more informed choices and decisions at both organizational and individual levels while providing a systematic measurement approach with the use of key baseline indicators and available data analysis.

48. Capacity development will be linked with South-South cooperation as a crosscutting issue and strategy (see paras. 39-40), along with the promotion of better distribution of

development benefits and social inclusion. Finally, contributing to further developing the capacity of the Government in collecting quality data, analyzing these through a more unified database, and further promoting of evidence based policy decisions will be crucial for making development plans effective. These key strategies will be further refined during the UNDAF implementation through the coordination mechanisms discussed in Section VII.

49. The development outcomes to be supported by the United Nations System under the I.R. Iran UNDAF 2012-2016 are briefly described below. They are implemented in support of the efforts of national Government institutions. The complete Results and Resources Framework is detailed in Annex A.

UNDAF Priority Area I – Poverty Reduction

Intended Poverty Outcomes

Improved national and sub-national capacities contribute to formulating macro-level socioeconomic policies and plans to promote inclusive economic growth, sustainable human development, social and economic welfare, and the prevention of poverty

Improved national and sub-national capacities contribute to people living in/most at risk of capability poverty having enhanced access to and participating in education, health and social protection programmes which contribute to national human capital development

50. To reduce disparities, the United Nations System will support government efforts to strengthen the development planning and implementation capacities of planning and administration institutions, of relevant Government partners. This will be achieved through further improvements in areas including integrated planning and coordination; budgeting and performance-based planning; and urban housing development and reduction of informal settlements. Modelling to increase access to health, education, social protection and employment will be promoted, as well as for poverty reduction, employment generation and income redistribution planning.

51. The United Nations System will support the Government in the new Economic Reform Plan process. It will help the Government consider alternative targeting and transfer methods, which might include conditional cash transfer approaches. Similarly, it will contribute to the Government in further considering social, health and education financing programmes, including insurance.

52. With regard to improved data, the United Nations System will specifically support the Government in its policies on a) strengthening of capacity for decision making and evidence-based programming and management; b) further improving capacities of national institutions for harmonization and disaggregation of demographic data and information; c) selected demographic research and surveys on female-headed households and major emerging population issues, including demographic transition, ageing and urbanization, as well as their impact on women and men; and d) advocacy for regularly updating and disseminating both nationally and internationally an increased number of relevant indicators. The UNCT will continue to work closely with national counterparts such as SPAC, SCI, Ministry of Education and Ministry of Health and Medical Education to address gaps in production and management of statistics, information and evidence-based policymaking and programming at both national and sub-national levels. In addition, it will support the Government in its major nationwide surveys such as the Demographic and Health Survey (DHS); the National Census; and the Multi-Dimensional Poverty Index (MDPI).⁴³

⁴³ The new National Census and DHS will be conducted and results will be made available in 2011.

53. The United Nations System will support linkages in the Fifth NDP between the macro policy environment and the creation of new economic activities and jobs. In particular, the Fifth NDP highlights the importance of results-oriented education, including technical and vocational education and training. This will be supported by the United Nations System to enhance its relevance to entrepreneurship development, job creation and inclusive development.⁴⁴ Moreover, the United Nations System will support the Government to promote and increase capacity for quality control, enhanced design, innovation and marketability of Iranian cultural industry products, including handicrafts, traditional arts and community-based eco- and cultural tourism. This will be useful especially for the growing domestic market as well as trade between countries in the region.

54. The United Nations System will cooperate with relevant national partners in undertaking pilot projects for the above to upscale, as appropriate, to national level new methods and techniques for improving employment and income generation opportunities. These will be in areas including skills building, micro-enterprises and SMEs, microfinance, and Area Based Development.

55. Also with regard to promotion of the development of SMEs, the United Nations System will assist the Government in promoting business clusters and structured supply chain instruments to supply components and services to large enterprises and small, medium and micro-enterprises in the agro-industry sector, taking into account the importance of creating added value.

UNDAF Priority Area II – Health

Intended Health Outcomes

National capacities for the health system, focusing on PHC, are strengthened to further apply Social Determinants of Health and evidence-based approaches toward reducing disparities in the health status of the population

National capacities in providing holistic, integrated and quality primary health care services in urban areas are improved, especially for most-at-risk groups, based on family practice

Capacities of the health system and other relevant institutions for promotion and implementation of policies and programmes to reduce non-communicable and communicable diseases are strengthened

National capacities to respond in a holistic manner to the health needs of populations affected by disasters and injuries are strengthened

56. To address disparities, the United Nations System will support the Government to effectively employ Social Determinants of Health and promote universal access to health, based on its long-term technical presence in the country and taking into account international experiences. It is well placed to provide options and access to the best available models for comprehensive and integrated services to improve family practice in urban areas, where the majority of the population lives.

57. The United Nations System will support authorities of I.R. Iran in improving surveillance as well as prevention, care and rehabilitation for Non Communicable Diseases. At the same time, the UN Agencies will support the Government through, inter alia, promoting inter-country initiatives and a regional approach to more effectively address surveillance, monitoring and evaluation of Communicable Diseases. In addition, specific support will be delivered to Iranian institutions to eradicate malaria and decrease the prevalence and incidence of TB.

⁴⁴ This will be done by reviewing the curriculum and facilities and focusing on teachers' education centres.

58. The United Nations System will contribute to Government efforts for more equitable, quality and efficient health care service provision and financing, as well as to improvements in evidence-based management of the health care sector. A further area of cooperation will lie in the enhancement of monitoring and evaluation systems and information management for better health planning. The United Nations System will contribute to Government efforts in the development and dissemination of evidence-based norms and standards for prevention, treatment and care, supporting their application to promote healthy lifestyles and reduce risk factors. Special attention will be given to infant, child, adolescent and women's health and reproductive health. Both advocacy and technical support will be given to the Government in further developing the policies, technical and managerial capacity necessary for Government to achieve an equitable, comprehensive, affordable and sustainable health system.

59. The United Nations System, within the context of the National AIDS Committee (NAC), will cooperate in implementation of the Third National HIV/AIDS Strategic Plan 2010-2014. The positive preventive actions taken thus far by the Government need to be continued and/or developed, with a particular multi-sectoral focus and multi-stakeholder approach to be able to reach the most-at-risk groups. It should be noted that the Third National HIV/AIDS Strategic Plan addresses specific needs of women, including support to counselling centres for vulnerable women.

60. With regard to the health implications of Disaster Risk Reduction (DRR), the United Nations System will support the Government in providing a more comprehensive approach to build national and sub-national capacities in emergency preparedness and response, as well as risk reduction. The focus will be on communities most at risk. United Nations Agencies will serve as catalysts to support the strengthening of DRR coordination and partnership of MOHME, Iranian Red Crescent Society and other stakeholders. Further, they will cooperate with the Government and International Committee of the Red Crescent (ICRC) in continuing to tailor emergency preparedness programmes that address the specific needs of women and girls, who are more vulnerable in disaster situations.

61. In line with the Decade of Action for Road Safety 2011-20, the United Nations System, in collaboration with MOHME, the Ministry of Transportation and Housing and the Road Traffic Police will assist relevant stakeholders to reduce road traffic fatalities. In this regard, the main focus of work will be on management of road safety, advocacy for safe driving, and promotion of intensified post-crash responses.

UNDAF Priority Area III – Environmentally Sustainable Development

Environmentally Sustainable Development Outcome

National, sub-national and local capacities are enhanced to ensure 1) integrated management, conservation and sustainable use of marine and terrestrial ecosystems, natural resources and biodiversity; 2) mainstreaming of environmental economics into national planning and audits; 3) effective use of knowledge and tools in prevention, control of and response to current and emerging environmental pollution; and 4) formulation and implementation of climate change mitigation and adaptation plans and projects

62. In line with the provisions of the Fifth NDP, the United Nations System will contribute to the efforts of I.R. Iran to further integrate environmental considerations into decision making at national, sub-national, and inter-sectoral levels. Participatory and innovative approaches to environmental and natural resource management will continue to be promoted, piloted and as appropriate, upscaled, building on the achievements of the previous UNDAF.

63. Taking into account United Nations work in MICs around the world, it will assist the Government in further strengthening national capacities for reinforcement of policy frameworks at national and sector levels through piloting of other relevant strategies. Consequently, the United Nations System will link I.R. Iran to international best practices and resources to mainstream biodiversity conservation and sustainable use into national and economic sector policies. Environmental initiatives will emphasize the sustainable livelihoods approach (SLA). National capacities will be further supported to strengthen national mechanisms for assessing and monitoring environmental impacts and trends, including population trends and those that signify the relationship between environmental degradation and poverty.

64. A second area of support will be to contribute to Government efforts to integrate environmental economic considerations into national plans and programmes. This will take advantage of the United Nations System's access to international best practices on environmental assessment frameworks and available tools, helping to strengthen national capacities to apply these and taking population trends into account at policy, planning and project levels.

65. To contribute to the Government's goal of reducing pollution levels through more effective use of pollution prevention, control and adaptation tools and knowledge, the United Nations System will continue to support the strengthening of national environmental data and information management and monitoring systems. The aim will be to improve the scope, coverage and disaggregation of data. It also will partner with the Government in promoting a national plan for the sound management of Persistent Organic Pollutants, Ozone Depleting Substances and hazardous waste, and will share capacity on control measures for dust/haze storms and urban air pollution.

66. The United Nations System will contribute to the Government's work in strengthening climate change mitigation and adaptation through scientific and technological cooperation, among other actions. Particular attention will be given to working with the Government in terms of its policies on encouraging wider use of renewable energies and increased energy efficiency in residential, industrial, transport and urban systems. The United Nations System will support the Government to enhance its national climate change adaptation plans and will work with the Government on piloting a number of community-based and participatory approaches to natural resource management. Meteorological modelling of long-term climate forecasting will be highlighted.

UNDAF Priority Area IV – Natural Disaster Management

Natural Disaster Management Outcomes

Disaster Risk Reduction (DRR) and management concepts and standards are integrated into national development policies/programmes, and institutional, operational and coordination capacities for effective DRR and response are strengthened

National and local capacities are enhanced to ensure systematic monitoring and multi-hazard early warning of disaster risks

All communities, particularly those most at risk, have enhanced abilities to prevent, prepare for, respond to, and recover from disasters

67. In a complex, multi-sectoral environment for long-term disaster prevention and risk prevention planning and coordination, the United Nations System is well placed to contribute to the

Government in strengthening national achievements and coordination with international knowledge and experience. This can work to secure a consistent, timely and integrated disaster response and recovery. Provisions of the Fifth NDP on DRR and disaster management in the country can be supported at lower executive levels during institutional planning and budgeting. In this regard, support will be provided to the NDMO, as the national responsible authority for DRR and disaster management, and SPAC, with the support of the Parliament, to make efforts to ensure appropriate inclusion of DRR and disaster management elements in annual plans and budgets of various development sectors and Ministries. In cooperation with the Government decision makers and planners will be exposed to key international concepts, methodologies, expertise, standards and good practices to strengthen this process.

68. United Nations will work with the Government in building on existing strengths in I.R. Iran on disaster preparedness and response. These include, among others, experienced relief workers and volunteers, internationally recognized and used disaster relief items and equipment; community-level disaster preparedness and response capacities; national commitment to disaster management and DRR; and a developing national disaster management organization (NDMO). To further capacity development, the United Nations System will support the Government in promoting additional institutional and operational capacities in not only planning and programming, but also coordination, organizational and structural set-ups, methodologies and standards, tools, equipment and other resources. These capabilities will be developed at both national and local/community levels.

69. To support Government efforts aimed at preventing and reducing loss of life and assets due to natural hazards, the United Nations System will support development of a multi-hazard early warning system. Drawing on its experience of working on DRR in the region, it also will support applied vulnerability and capacity mapping. Particular attention will be given to addressing “last mile” interventions to communicate information from the Government to communities and vice versa in a timely manner. Capacities will be enhanced in responsible organizations and among the public to ensure multi-hazard and multi-stakeholder monitoring and early warning of disasters for more effective preparedness and response.

70. The United Nations System likewise will support Government efforts for improved contingency planning, as well as enhancement of community-based disaster risk reduction and management capacities through piloting as needed. This will enhance capacities of men and women, family and communities in DRR, adaptation and a culture of safety.

UNDAF Priority Area V – Drug Reduction and Control

Drug Prevention and Control Outcomes

Effective and comprehensive drug prevention programmes with a particular focus on families, communities, educational centres and the workplace, and people most at risk, are developed and implemented.

National capacities for effective and comprehensive treatment and rehabilitation programmes for people affected by drugs are enhanced

Effective and comprehensive HIV prevention, treatment, care and control programmes among drug users are supported and implemented

National capacities to cope with different aspects of drug trafficking are improved

71. The United Nations System will cooperate with the Government through introducing good practices and international standards through multi-sectorial pilot initiatives with regard to drug reduction and control, for its consideration. In addition to work on HIV control, great potential exists to undertake groundbreaking joint programming, particularly in the area of drug prevention. The pursuit of a multi-stakeholder, coordinated approach will be emphasized, as will a focus on monitoring and evaluation. The United Nations System is well placed to promote dialogue to expose other countries to good practices carried out in I.R. Iran, and vice versa.

72. The United Nations System will support the Government in developing and implementing effective and comprehensive drug prevention programmes that focus on four settings: the family, the community, educational centres, and the workplace, with prioritizing most-at-risk groups. Joint work with the lead national drug control agency, Drug Control Headquarters, will aim at strengthening evidence-based programming and management, as well as identifying risks. This will be complemented, among other things, by joint pilot work in support for drug awareness programmes and advocacy campaigns targeting parents, who are seen as important agents of change in the area of drug prevention. United Nations multi-sectorial international expertise will contribute to national pilot initiatives that aim to reduce psycho-social vulnerabilities through the expansion of life skills programmes.

73. The United Nations will support the Government's plans to enhance national capacities for effective and comprehensive evidence-based drug treatment and rehabilitation programmes for people affected by drugs. The cooperation will include adopting and advocating a more holistic approach, targeting not only drug users but also their families and communities, all of whom suffer the direct and indirect consequences of drug use. It might involve supporting Government programmes in close partnership with police, social workers and the judiciary to look at non-custodial alternatives for people affected by drugs. An additional important area of United Nations contribution will aim to assist the Government to further strengthen national capacities to provide more effective drug prevention awareness raising and education programmes, as well as psycho-social counselling and other support services.

74. In the area of HIV prevention and care related to drug use, the United Nations System will jointly work with the Government to focus its efforts on evidence-based programming, capacity building and improving the quality and accessibility of services in a stigma-free environment. Particular attention will be given to more disadvantaged groups, including young people, women, HIV-positive people, and IDUs, both in communities and prisons.

75. The United Nations System will cooperate with the Government in incorporating community-based and evidence-informed activities for drug and HIV prevention, treatment and care which, as per paragraph 43 above, might involve non-Government organizations and community-based organizations; special attention will be given to social drivers of drug use and HIV epidemics as well as their alleviation; this will encompass support to the Government's programmes to prevent trafficking of/by people most at risk and to reduce vulnerability.

76. National capacities to cope with different aspects of drug trafficking will be further developed by: facilitating procurement of counter-narcotics enforcement tools and equipment; strengthening capacities of national responsible bodies; contributing to the further development of modern forensic laboratories; facilitating regional information exchanges among law enforcement agencies and with Afghanistan and Pakistan in particular; and promoting the introduction of best practices and experiences.

77. The United Nations system will cooperate with the Government to enhance national capacities and advocacy for combating drug trafficking. The cooperation is expected to deliver legislative assistance, as well as to contribute to institution building and promote international cooperation on this issue, which often is linked to organized crime and drug trafficking.

Section V: Interventions Related to Specific Areas of Cooperation

78. The Government and United Nations Agencies represented in I.R. Iran have single UN Agency cooperation, relevant and important towards national development and the UNDAF. These specific areas of cooperation are based on established bilateral agreements between the Government and the Agencies. An outline of these cooperation actions is shown below, with the objective of ensuring greater transparency of overall United Nations cooperation and to encourage further inclusiveness, coherence and partnership development.

Agency	Intervention (Agency updates)	Line Ministry
FAO	Further strengthen capacity for better knowledge management in agriculture and rural development	Ministry of Jihad-e-Agriculture
	Support Government in promoting its role in the region and beyond on FAO mandated areas, through regional bodies such as ECO and mechanisms including South-South cooperation	Ministry of Jihad-e-Agriculture, SCI, ECO Secretariat
WFP	Provide food assistance and support to the education of Afghan and Iraqi Refugees in I.R. Iran, based on the request of the Government to ensure that basic food needs of refugees are met and enrolment and completion rates of refugee schoolgirls are maintained/increased through education incentives	Ministry of Interior and Bureau for Alien and Foreign Immigrants Affairs
UNESCO	<u>Education for All (EFA):</u> Support improvement in education and literacy policies, quality assurance and higher education through better planning and management Support improved coverage and delivery of education in rural and remote areas and to out-of-school children	Ministry of Education (MoE); SPAC / Ministry of Science, Research and Technology (MSRT) / Majlis Education Commission / Supreme Council of Education Tehran University / Ministry of Labour
	<u>Sciences for sustainable development:</u> Support science and technology for development of a knowledge-based society, including science education, science museums, enhanced university-industry cooperation through chairs and the Inter-University Network (UNITWIN) Support urban water management and traditional knowledge/skills in water resource management Support development of the scientific basis for transboundary water resource management cooperation, including attention to aquifers	MSRT / Vice Presidency for Science and Technology / Isfahan Regional Centre on Development of Science Parks and Technology Incubators (IRIS) and ISTT / IROST / Pardis Technology Park (PTP) / Ministries of Energy, Jihad-e-Agriculture and Forests, Range and Watershed Management Organization / International Centre on Qanats and Historic Hydraulic Structures (ICQHS) / Department of Environment (DOE) / Universities, specialized research institutes and centres

Agency	Intervention (Agency updates)	Line Ministry
	<p><u>Culture as one pillar for sustainable development:</u> Support sound conservation, management and promotion of diverse cultural (intangible and tangible) and natural heritages of Iran</p> <p>Link territorial development plans, at county and municipal levels, with sustainable conservation and management of cultural and natural heritage</p> <p>Promote cultural diversity and Inter-cultural dialogue</p>	<p>Iranian Cultural Heritage, Handicraft and Tourism Organization (ICHHTO) / Ministry of Culture and Islamic Guidance / Ministry of Housing and Urban Development / Ministry of Interior (Provincial, County and Municipal Governments) / Ministry of Energy (water and <i>qanats</i>) / Ministry of Jihad-e Agriculture / specialized technical institutes and research centres, universities, and others</p>
	<p><u>Communication-Information:</u> Improve public awareness of importance of media and ICTs for building knowledge societies</p> <p>Address challenges and opportunities in knowledge creation, access and sharing</p> <p>Further strengthen “infostructure” development, including promotion of library and information services and documentation of Iran’s audio-visual and manuscript heritage.</p>	<p>Ministry of Communication / multiple stakeholders</p>
UNIDO	<p>Further strengthen trade capacity on harmonization of standards, including metrology, quality and testing</p>	<p>Eco Secretariat and National Standardization Bodies in Eco member countries.</p>
UNODC	<p>Providing technical support to the Government of the I.R. of Iran, as agreed between the Government and the UNODC, for the enhancement of its national capacities to tackle transnational organized crime, particularly on illicit drug trafficking, money</p>	<p>Government Inspection Organization, Ministry of Justice, judiciary, Ministry of Economy and Finance, Ministry of Interior and Drug</p>

Agency	Intervention (Agency updates)	Line Ministry
	laundering and corruption, as well as for the promotion of its legislative, regulatory and institutional capacities in the areas related to the UNCAC and UNTAC.	Control Headquarters
UNHCR	Assist voluntary repatriation of Afghan and Iraqi refugees to their home countries and resettlement of refugees to third countries	Bureau for Aliens, Foreigners and Immigrants Affairs, Ministry of Interior
	Support the Government in providing assistance to registered refugees in Iran in the areas of basic human needs and livelihoods	Bureau for Aliens, Foreigners and Immigrants Affairs, Ministry of Interior

Section VI: Resource Requirements

79. The estimated financial resources for each UNDAF Outcome are presented in the UNDAF Results Matrix in Annex A. These contributions include (1) the core and non-core known resource allocations by each participating United Nations Agency and (2) other resources that organizations expect to mobilize during the UNDAF cycle. The figures, while presented as targets, are as accurate as possible at the time of the UNDAF drafting. Resource targets will continue to be updated and confirmed in Agency programme documents and work plans according to the procedures and approval mechanisms of each Agency. Resource requirements will be reviewed and updated annually.

80. Other important resources of the United Nations System in the context of cooperation with MICs include substantive technical expertise and knowledge, national, regional and global networks, and access to international best practices. Complemented by Government financial resources, these will serve as critical catalysts for successful implementation of the UNDAF.

Section VII: Implementation Arrangements

81. The UNDAF High Level Steering Committee (SC) is the highest decision making body in charge of formulation, implementation as well as monitoring & evaluation of the UNDAF. It will comprise two co-chairs (Ministry of Foreign Affairs, United Nations Resident Coordinator Office); five line Ministries (Ministry of Health and Medical Education, Department of Environment, Ministry of Labour, Cooperatives and Welfare, National Disaster Management Organization, Drug Control Headquarters); and representatives of all relevant UN Agencies.

82. The SC will adopt final procedural and substantive decisions, while continuing to take the lead in ensuring progress in implementation, continued relevance and impact of the development partnership between the Government and United Nations System.

83. The Government of I.R. Iran and the UNCT will be collectively responsible for implementation of the UNDAF at the output level. Under the authority of the SC, UNDAF Theme Groups, co-chaired by the Government and the UNCT, will be established according to the structure of the UNDAF. The co-chairs of UNDAF Theme Groups will be accountable to the SC for preparing their coordination workplans and reporting on progress with UNDAF implementation in their areas.

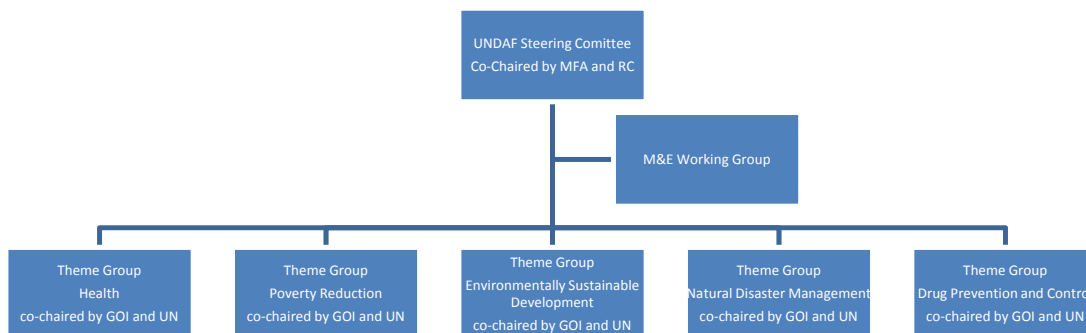


Figure 2: Proposed UNDAF Management Structure

Section VIII: Monitoring and Evaluation

84. The United Nations and the Government of I.R. Iran are committed to rigorously monitor progress of the UNDAF within the agreed terms. Under the authority of the UNDAF High Level Steering Committee, an UNDAF M&E Group will be established and co-chaired by representatives of the Government and UNCT. The M&E group will support the UNDAF Theme Groups and be accountable to the Steering Committee for preparing its workplans and reporting on annual progress of the UNDAF. As part of this effort, capacities of national institutions and collaboration with the UNCT will be further strengthened.

85. By 1 January 2012, the Government and the UNCT will agree to baseline data and set targets to be proposed to the Steering Committee. Indicators at Outcome and Output levels will be drawn from official data sources and aligned with the Fifth Five Year NDP, national development indicators and national MDG targets.

86. To enable both the Government and the United Nations System to be responsive and take advantage of new opportunities or adjust expectations in response to changes in the external environment, the UNDAF High Level Steering Committee each year will organize the Joint UNDAF Annual Review under agreed terms. This will validate best practices and lessons learned during UNDAF progress to feed into preparation of new Annual Workplans. UNDAF Theme Groups, according to a workplan endorsed by the SC, will provide inputs based not only on the status of the implementation of their current Annual Workplans but also building on and incorporating feedback from bilateral discussions between individual agencies and their line Ministry counterparts.

87. The UNDAF High Level Steering Committee also will conduct a detailed evaluation in the penultimate year of the UNDAF cycle, within agreed terms, to assess the extent to which programmes and projects have achieved results outlined in the UNDAF. This evaluation will assess, in particular, the contribution made to national development priorities and goals; the relevance of UNDAF Outcomes; the effectiveness and efficiency by which results have been achieved; and the sustainability of results. A particular focus will be on the extent to which the United Nations System in I.R. Iran has been able to contribute to strengthening national capacities and priorities. As appropriate, this evaluation will inform the design of the next UNDAF and its ensuing Country Programmes and projects by individual Agencies.

Annex A RESULTS AND RESOURCES FRAMEWORK					
Poverty Reduction					
<p>National Development Priorities and Goals (5th Plan):</p> <ol style="list-style-type: none"> 1. Improving the quality of human capital, improving the Human Development Index through coordination and integration between health, education and employment and towards establishment of a “decent work” framework. (Articles 21, 24, 25 and 27) 2. Towards development of an improved “comprehensive social security” framework, supporting of a capability development framework, and development of a “youth opportunities” framework. (Articles 27, 39 and 41) 3. Improving business climate for private sector and cooperatives, raising productivity and efficiency and enhancing employment generation (Articles 69, 71, 75, 79, 80, 84, 86, 101, 104, 112, 124) 4. Towards integrated resources management and economic growth (Articles 143, 148, 173 and 178) <ul style="list-style-type: none"> • Indicator 1: Income growth (GDP Growth – five year average) Baseline for Indicator 1: 3% Target for Indicator 1: 8% • Indicator 2: Inequality reduction (Gini index) Baseline for Indicator 2: .43 Target for Indicator 2: .35 • Indicator 3: Human development (Human Development Index) Baseline for Indicator 3: .70 Target for Indicator 3: .80 • Indicator 4: Poverty reduction (2200 Calorie per day) Baseline for Indicator 4: 8% Target for Indicator 4: 1% • Indicator 5: Unemployment reduction (% of workforce unemployed) Baseline for Indicator 5: 12% Target for Indicator 5: 7% 					
Outcomes	Indicators, Baselines, Target	Data Sources (Official; Joint Government/UN Produced)	Risks and Assumptions	Proposed Partners	Indicative Resources

<p>Outcome 1: IMPROVED NATIONAL AND SUB-NATIONAL CAPACITIES CONTRIBUTE TO FORMULATING MACRO LEVEL SOCIO-ECONOMIC POLICIES AND PLANS TO PROMOTE INCLUSIVE ECONOMIC GROWTH, SUSTAINABLE HUMAN DEVELOPMENT, ACCESS TO SOCIAL AND ECONOMIC WELFARE AND THE PREVENTION OF POVERTY.</p>	<p>1.1.Number of national and sub-national development plans which incorporate “inclusive growth” principles</p> <p>1.2.Number of new programmes and policies that incorporate multi-dimensional poverty reduction principles Baseline: Target:</p>	<p>National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys</p>	<p>Access to relevant public data as appropriate Constraints in adapting the effective integrated resource management and agricultural production approach National level programming and upscaling of derived models Constraints to scale up the proposed models;</p>	<p>MWSS , SPAC, MEAF , MoL, DMHRD, MoJA , MoHME, MoInterior (Municipalities and rural councils), SCI, Majlis Research Centre, Expediency Council , State Universities, SPAC/MWSS HDI Unit, Universities, Targeted Subsidies Organization, UNCT</p>	<p>Total: \$6,689,000</p>
<p>Output 1.1. Capacity of relevant organizations to incorporate human development criteria (including basic development needs, local participation and capability development systems) into macro-economic planning is further improved.</p>	<p>1.1.1. A localised (tested and piloted according to national context) “<i>inclusive growth</i>” based macro planning system in place (Y/N).</p> <p>1.1.2.Number of knowledge products, Standard Operating Procedures and working mechanisms to operationalise and coordinate the inclusive growth model</p> <p>1.1.3.Number of trained government staff who have increased knowledge on how to use “inclusive growth” methodologies and techniques a) Number of inclusive growth indicators that integrate sustainable development</p>	<p>National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints in adapting the “inclusive growth” approaches</p>	<p>MWSS , SPAC, MEAF , DMHRD, MoInterior , SCI, Majlis Research Centre, Expediency Council , State Universities, UNCT</p>	

	Baseline: Target:				
Output 1.2 Capacity of relevant organizations for income redistribution planning on the basis of targeted subsidies is further improved.	1.2.1.Localised (tested and piloted according to national context) <i>“income redistribution”, “targeting” and “cash transfer” best practices</i> are developed (Y/N) 1.2.2.Number of knowledge products, Standard Operating Procedures and working mechanisms to operationalise and coordinate the best practices 1.2.3.Number of trained government staff who have increased knowledge on how to use income redistribution methodologies within <i>“inclusive growth”</i> frameworks Baseline: Target:	National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys	Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the <i>“inclusive growth”</i> approaches	MWSS , SPAC, SPAC/MWSS HDI Unit, MoInterior, MEAF, MoInterior , State Universities, Targeted, Subsidies Organization, UNCT	
Output 1.3. Capacity of relevant organizations to incorporate regional/local characteristics into national and sub-national social services provision programmes, in order to improve quality and quantity of such services, is further improved.	1.3.1 .A locally tested data gathering structure and system useful for social development planning and improved targeting in place (Y/N). 1.3.2.Number of trained government staff who have increased knowledge on how to utilize evidence based programming 1.3.3.Number of knowledge products, Standard Operating Procedures and working mechanisms to operationalise and coordinate evidence based programming Baseline: Target:	National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys	Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models; Constraints in adapting the <i>“inclusive growth”</i> approaches	MWSS, MoInterior, SPAC, UNCT	
Output 1.4. Capacity of relevant	1.4.1.Number of trained government staff who have increased knowledge on how to use multi-	National development reports National Statistics	Access to relevant public data as appropriate	MWSS, SPAC, MoInterior, SCI,	

<p>organizations to produce and manage statistics and knowledge at national and sub-national level is further improved.</p>	<p>dimensional poverty index (MDPI)</p> <p>1.4.2. Number of knowledge products and Standard Operating Procedures related to multi-dimensional poverty index (MDPI) generated</p> <p>1.4.3. A localized (tested and piloted according to national context) monitoring system for multi-dimensional poverty index (MDPI) is in place (Y/N).</p> <p>Baseline: Target:</p>	<p>Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge survey</p>	<p>Support for sustainability of the projects Constraints to test the proposed models; Constraints in adapting the MDPI approach</p>	<p>UNCT</p>	
<p>Output 1.5. Capacity of relevant organizations to develop effective social and health financing programmes for reducing the proportion of out-of-pocket expenditures is improved.</p>	<p>1.5.1. Social insurance best practices introduced and localized (tested and piloted according to national context)</p> <p>1.5.2. Number of trained government staff who have increased knowledge on how to use social insurance best practices</p> <p>1.5.3. Number of knowledge products and Standard Operating Procedures related to social insurance best practices</p> <p>Baseline: Target:</p>	<p>National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models; Constraints in adapting the effective social insurance approach</p>	<p>MWSS , SPAC, MoInterior, MoL , State Universities, UNCT</p>	
<p>Output 1.6 Capacity of relevant organizations to further integrate agriculture and rural development, food security and food safety as well as integrated relevant natural resource</p>	<p>1.6.1. A localised (tested and piloted according to national context) integrated natural resource management and agricultural production model in place (Y/N).</p> <p>1.6.2. Standard Operating Procedures, knowledge products and working mechanisms to operationalise the models and to coordinate inter-sectorally are</p>	<p>National development reports Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models;</p>	<p>MoJA , MWSS, MoHME, MoInterior (Municipalities and rural councils), SPAC, UNCT</p>	

<p>management and increasing productivity capacity within poverty eradication policies and programmes are enhanced.</p>	<p>developed</p> <p>1.6.3.Number of trained government staff who have increased knowledge on how to utilize integrated natural resource management, productivity and poverty reduction systems</p> <p>1.6.4.No. of beneficiaries in the natural resources and agricultural sector reached through capacity development efforts</p> <p>1.6.5.A localized (tested and piloted according to national context) model for improved access to quality food is in place</p> <p>Baseline: Target:</p>				
<p>OUTCOME 2. IMPROVED NATIONAL AND SUB-NATIONAL CAPACITIES CONTRIBUTE TO PEOPLE LIVING IN/MOST AT RISK OF CAPABILITY POVERTY HAVING ENHANCED ACCESS TO AND PARTICIPATING IN EDUCATION, HEALTH AND SOCIAL PROTECTION PROGRAMMES WHICH CONTRIBUTE TO NATIONAL HUMAN CAPITAL DEVELOPMENT.</p>	<p>2.1.percentage of people at risk of capability poverty utilising new integrated human (capital) development programmes in targeted communities</p> <p>2.2. Number of targeted departments applying a localized (tested and piloted according to national context) integrated/inter-sector national and sub-national capability poverty based planning and coordination mechanism.</p> <p>2.3.Number of new programmes and policies that incorporate multi-dimensional poverty reduction principles</p>	<p>National development reports National Statistics Desk review of relevant documents; e.g. project reports Pilot site evaluations and project reports Training / evaluation reports, knowledge surveys</p>	<p>Access to relevant public data as appropriate Constraints in adapting the effective integrated resource management and agricultural production approach National level programming and upscaling of derived models Constraints to scale up the proposed models;</p>	<p>MWSS, SPAC, SPAC/MWSS HDI Unit, MoL, MHUD, UNCT</p>	<p>Total: \$4,280,000</p>
<p>Output 2.1 Capacity of relevant</p>	<p>2.1.1. Localised (tested and piloted according to national context) <i>capability poverty reduction</i> and</p>	<p>National development reports National Statistics</p>	<p>Access to relevant public data as appropriate</p>	<p>MWSS, SPAC/MWSS</p>	

<p>organizations for enhancement of the national capability poverty reduction and capability development programmes is further improved.</p>	<p><i>capability development</i> models are developed (for use in national planning).</p> <p>2.1.2. Number of Standard Operating Procedures, knowledge products and working mechanisms to operationalise and coordinate the new model</p> <p>2.1.3. Number of trained government staff who have increased knowledge on how to use capability poverty reduction models</p>	<p>Desk review of relevant documents; e.g. project reports Training/evaluation reports, knowledge surveys Research papers by national research agencies</p>	<p>Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>HDI Unit, UNCT</p>	
<p>Output 2.2. Capacity of relevant organizations to coordinate and integrate social capability development planning into sector and inter-sector programmes for improved access to quality public education, quality public health, social protection and optimal food programmes and services including for most at risk groups/persons is further enhanced.</p>	<p>2.2.1.A localized (tested and piloted according to national context) and integrated social capability development planning model and system among ministries is in place</p> <p>2.2.2. Number of localized (tested and piloted according to national context) sectoral models for capability development introduced/developed.</p> <p>2.2.3. Number of Standard Operating Procedures, knowledge products and working mechanisms to operationalise and coordinate the new planning model</p> <p>2.2.4. Number of trained government staff who have increased knowledge on how to use capability development models</p> <p>Baseline: Target:</p>	<p>National development reports National Statistics Pilot initiative outputs and outcomes. Cabinet by-law issued for a national programme Established working mechanisms Resource levels provided in the national budget for the “model”.</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices</p>	<p>SPAC, MWSS, MoInterior, UNCT</p>	
<p>Output 2.3.</p>	<p>2.3.1. A localized (tested and piloted according to</p>	<p>National development reports National Statistics</p>	<p>Access to relevant public data as appropriate</p>	<p>MWSS, MOL, SPAC, UNCT</p>	

<p>Capacity of relevant organisations for publicly supported employment and entrepreneurship generation policies and programming for increased access of those most at risk and/or living under the capability poverty line, to the required basic services, skills and resources is further improved.</p>	<p>national context) <i>capability development based employment generation</i> model is developed.</p> <p>2.3.2. Number of Standard Operating Procedures, knowledge products and working mechanisms to operationalise the new approach across relevant organisations/sectors.</p> <p>2.3.3. Number of beneficiaries reached by capacity development initiatives under the programme</p> <p>2.3.4. Number of knowledge products in the area of employment generation and entrepreneurship.</p> <p>2.3.5. Number of public-private partnerships to generate employment and entrepreneurship</p> <p>Baseline: Target:</p>	<p>Desk review of relevant documents; e.g. project reports Training/evaluation reports, knowledge surveys Research papers by national research agencies</p>	<p>Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices</p>		
<p>Output 2.4. Capacity of relevant organisations for publicly supported housing programmes that include enhanced access of the poor is improved.</p>	<p>2.4.1. Localized (tested and piloted according to national context) and integrated <i>capability development approach to housing development (including addressing the issue of informal settlements) is in place</i> (Y/N).</p> <p>2.4.2. Number of Standard Operating Procedures, knowledge products and working mechanisms to operationalise the new approach.</p> <p>2.4.3. Number of beneficiaries reached by capacity development initiatives under the programme.</p> <p>2.4.5. Number of trained government staff who have increased knowledge on design and management of household programmes (including</p>	<p>National development reports National Statistics Desk review of relevant documents; e.g. project reports Training/evaluation reports, knowledge surveys Research papers by national research agencies</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>MWSS, MHUD, MoInterior, SPAC, UNCT</p>	

	addressing the issue of informal settlements) development in the context of capability development is increased Baseline: Target:				
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Health

National Development Priorities and Goals (5th Plan):

1. Increase Human Development Index;
2. Reduce out of pocket health expenditure ;
3. Focus on PHC and family physician

- Indicator 1: Human Development Index
Baseline: 0.702 (2010)
Target: Not specified
- Indicator 2: Out of pocket expenditure as % of the total health expenditure
Baseline: more than 50%
Target: 30%
- Indicator 3: % of population covered by family physician
Baseline: rural areas, urban areas under 20,000 inhabitants; urban areas from 20,000 to 100,000 inhabitants in three provinces (Khozestam, Sistan Baluchistan, Char Mahal Bakhtiari)
Target: All urban areas

Outcomes	Indicators, Baselines, Target	Data Sources (Official; Joint Government/UN Produced)	Risks and Assumptions	Role of Partners	Indicative Resources
<p>OUTCOME 1: National capacities for the health system focusing on PHC, in further applying Social Determinants of Health and evidence-based approaches to further reduce disparities in the health status of the population strengthened.</p>	<p>1.1. Number of sectors and institutions that actively cooperate to integrate SDH into relevant national policies and plans, focusing on PHC, disaggregated by:</p> <ul style="list-style-type: none"> • Strategy, policy • Programmes, Plans • Resources (human and financial) <p>1.2. Percentage of SDH programmes and plans of action piloted and implemented at national and sub-national level</p> <p>Baseline: Target:</p>	<p>Official communications, reports, minutes of meetings of High Council of Health, and relevant Ministries</p> <p>Reports and plans of targeted sectors and institutions</p> <p>National reporting of SDH Secretariat</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>	<p>MOHME, High Council of Health, SWO, MOE, SCI, UNCT, etc</p>	<p>Total: \$4,825,000</p>

<p>OUTPUT 1.1: To support the implementation of National Social Determinants of Health Strategic Plan and Plan of Action with emphasis on inter-sectoral management modalities and to contribute to enhancing national capacity for measuring health equity and health impact assessment</p>	<p>1.1.1. Number of trained staff whose capacity is improved and know in particular how to apply Health Equity and/or Health Impact Assessment methods and techniques. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>1.1.2. Number of piloted Health Impact Assessment guidelines, standards and knowledge products in accordance with national context</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>Evaluation reports from Training</p> <p>Reports and plans of targeted sectors and institutions</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, SCI, UNCT</p>	
<p>OUTPUT 1.2: National capacities to improve the system that generates quality, disaggregated data and information for decision-making processes strengthened.</p>	<p>1.2.1. The model of national health statistics is enhanced (Y/N).</p> <p>1.2.2. Number of guidelines, standards and knowledge products developed, improved and piloted in accordance with national context</p> <p>1.2.3. Disaggregated and regularly updated health database at national and sub-national levels (Y/N).</p> <p>1.2.4. Number of trained staff whose capacity is improved and know in particular how to develop and use health information system. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex 	<p>National Development Reports</p> <p>Evaluation reports from Training</p> <p>Reports and plans of targeted sectors and institutions</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Reports generated through surveillance systems</p> <p>National Statistics, Census and surveys</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, SCI, UNCT</p>	

	Baseline: Target:				
OUTPUT 1.3: National capacities in the area of health care financing further strengthened to make it more equitable and efficient	<p>1.3.1. Number of sectoral and multi-sectoral strategies, plans/ programmes developed on equitable health care financing</p> <p>1.3.2. Number of technical reports on national equitable health care financing models</p> <p>1.3.3. Number of guidelines, standards and knowledge products developed, improved and piloted in accordance with national context</p> <p>1.3.4. Number of trained health staff whose knowledge is increased in the area of Health Care Financing. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>1.3.5. National health account system is enhanced and used for evidence-based policy making (Y/N)</p> <p>1.3.6. Financial models for enhancing health coverage are developed and further enhanced (Y/N)</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>Evaluation reports from Training</p> <p>Reports and plans of targeted sectors and institutions</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>National Health Account</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, MEAF, Welfare Institution, UNCT</p>	
OUTPUT 1.4: National capacities and programmes to meet family health and nutrition needs with the focus on the early	<p>1.4.1. Number of institutions/organizations at national levels that have developed annual plans and programmes to address one or more of the following areas:</p> <ul style="list-style-type: none"> • family health • nutrition <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p>	<p>MOHME, MOJA, SWO, UNCT</p>	

<p>childhood development, youth, disabled and the elderly strengthened</p>	<ul style="list-style-type: none"> • early childhood development • youth • disabled • the elderly <p>1.4.2. Number of models, manuals, protocols and other standard operating procedures and working mechanisms developed in the following areas:</p> <ul style="list-style-type: none"> • family health • nutrition • early childhood development • youth • disabled • the elderly <p>1.4.3. Number of trained health staff whose programming knowledge is increased in one or more of the following areas:</p> <ul style="list-style-type: none"> • family health • nutrition • early childhood development • youth • disabled • the elderly <p>The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	<p>Reports and plans of targeted sectors and institutions</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Reports generated through surveillance systems</p> <p>National Census and national surveys</p>	<p>Constraints in adapting the introduced new best practices</p>		
<p>OUTCOME 2</p>	<p>2.1.Number of urban districts covered by family</p>	<p>National Development Reports</p>	<p>Access to relevant public data as</p>	<p>MOHME, UNCT</p>	<p>Total:</p>

<p>National capacities in providing holistic, integrated and quality primary health care services in urban areas especially for most at risk groups based on the family practice improved.</p>	<p>practice programs</p> <p>2.2. Number of family practice units/teams/practitioners functioning/operating in urban areas</p> <p>Baseline: Target:</p>	<p>National Statistics</p> <p>Integrated Monitoring and Evaluation System of Ministry of Health (IMES)</p> <p>Routine reporting of MOHME</p>	<p>appropriate National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>		<p>\$4,160,000</p>
<p>OUTPUT 2.1: Family practice model in urban areas promoted.</p>	<p>2.1.1. Number of trained health staff whose knowledge is increased in the field of family practice in urban areas. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>2.1.2. The family practice model for urban areas enhanced(Y/N)</p> <p>2.1.3. Number of guidelines, standards and knowledge products developed, improved and piloted in accordance with national context</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Reports and plans of targeted sectors and institutions</p> <p>Documents (guidelines, SOPs, manuals, and models)</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, UNCT</p>	
<p>OUTPUT 2.2: National PHC services, with a special focus on suburbs upgraded.</p>	<p>2.2.1. Number of guidelines, standards and knowledge products developed, with the view to upgrade PHC services in suburbs</p> <p>2.2.2. Number of trained staff whose capacity is improved and know in particular how to provide family health services in suburbs. The indicators will</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs,</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the</p>	<p>MOHME, UNCT</p>	

	<p>be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>2.2.3. National PHC services upgraded with a special focus on suburbs (Y/N)</p> <p>Baseline: Target:</p>	<p>manuals)</p> <p>Routine reporting of the MOHME</p>	<p>introduced new best practices</p>		
<p>OUTPUT 2.3: National PHC services to improve the quality of reproductive health care strengthened.</p>	<p>2.3.1. Number of standards/ guidelines/ training packages and tools produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of service/intervention (incl. pilots) • Age/sex of target population • Provider (sector/level) <p>2.3.2. Number of trained staff whose capacity is improved and know in particular how to provide quality reproductive health services. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, UNCT</p>	
<p>OUTPUT 2.4: National PHC to improve the quality and</p>	<p>2.4.1. Number of institutions/organizations that have developed annual plans and programmes to address one or more of the following areas at PHC level:</p>	<p>National Development Reports</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p>	<p>MOHME, MOL, UNCT</p>	

<p>coverage of environmental, occupational, mental and oral health services strengthened.</p>	<ul style="list-style-type: none"> • environmental health • occupational health • mental health • oral health <p>2.4.2. Number of guidelines, standards operating procedures, protocols and knowledge products developed</p> <p>2.4.3. Number of trained staff whose capacity is improved and know how to provide quality services in the related areas (as listed under 2.4.1) at PHC. The indicators will be disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	<p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>		
<p>OUTCOME 3: Capacities of the health system and other relevant institutions for the promotion and implementation of policies and programmes to reduce non-communicable and communicable diseases are strengthened</p>	<p>3.1.Number of sectors and institutions that actively cooperate to reduce the burden of N/CD, disaggregated by:</p> <ul style="list-style-type: none"> • Strategy, policy • Programmes, Plans • Resources (human and financial) <p>3.2.Number of N/CD programmes integrated into PHC</p> <p>3.3. Number of HIV/AIDS NSP3 strategic objectives achieved</p> <p>3.4. Number of provinces that have integrated healthy lifestyles into health systems</p> <p>3.5. Number of sub-regional</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>	<p>MOHME, MWSS, Judiciary, MOI, UNCT</p>	<p>Total: \$47,669,000</p>

	<p>agreements/resolutions to control communicable and non-communicable diseases</p> <p>Baseline: Target:</p>				
<p>OUTPUT 3.1: Communicable and non-communicable diseases are addressed through further improvement of the comprehensive Surveillance and Information System.</p>	<p>3.1.1. Number of standards/ guidelines/ training packages and tools produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of service/intervention (incl. pilots) • Age/Sex of target population • Provider (sector/level) <p>3.1.2. Number of trained staff whose capacity in the area of health surveillance and information systems is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>3.1.3. Number of reports routinely generated by the Surveillance and Information System of the MOHME</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p> <p>Surveillance system reports</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, SCI, UNCT</p>	
<p>OUTPUT 3.2: Implementation of the third National Strategic Plan of HIV/AIDS (2010-2014) which includes STDs control strategies is supported.</p>	<p>3.2.1. Number of standards/ guidelines/training packages and knowledge products produced in accordance with the 3rd NSP. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of services/intervention (incl. pilots) • Age/ Sex of target population • Provider (sector/level) 	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, MOI, Judiciary, MOEd, UNCT</p>	

	<p>3.2.2. Number of trained staff whose capacity in the area of HIV prevention, treatment, care and support is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	Routine reporting of the MOHME			
<p>OUTPUT 3.3: NCD national policies and their implementation through focusing on integration of healthy lifestyles into health systems and other relevant institutions are supported.</p>	<p>3.3.1. Number of NCD policies, strategies, standards, guidelines, training packages and knowledge products produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of services/intervention (incl. pilots) • Age/Sex of target population • Provider (sector/level) <p>3.3.2. Number of trained staff whose capacity in the area of NCD is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, MOJA, MOEd, Sports org, NYO, UNCT</p>	
<p>OUTPUT 3.4: Implementation of national policies and plans to control communicable diseases including emerging and re-emerging ones is supported.</p>	<p>3.4.1. Number of CD policies, strategies, standards, guidelines, training packages and knowledge products produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of services/intervention (incl. pilots) • Age/Sex of target population • Provider (sector/level) 	<p>National Development Reports</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, Judiciary, MOI, UNCT</p>	

	<p>3.4.2. Number of trained staff whose capacity in the area of CD is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>				
<p>OUTPUT 3.5: Sub-regional cooperation particularly in the field of communicable and non-communicable diseases strengthened.</p>	<p>3.5.1. Number of sub-regional meetings and events on subjects of common concern</p> <p>3.5.2. Number of sub-regional joint programmes to control communicable and non-communicable diseases, in particular cross-border concerns</p> <p>3.5.3. Number of co-managed outbreaks in sub-region</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Documents (guidelines, SOPs, meeting reports and manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	MOHME, UNCT	
<p>OUTPUT 3.6: Food safety plans and programmes for the population enhanced.</p>	<p>3.6.1. Number of food safety policies, strategies, standards, guidelines, training packages and knowledge products produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> • Type of services/intervention (incl. pilots) • Age/Sex of target population • Provider (sector/level) <p>3.6.2. Number of trained staff whose capacity in the area of food safety is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration 	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME and other sectors</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	MOHME, MOJA, UNCT	

	<ul style="list-style-type: none"> Age/sex <p>Baseline: Target:</p>				
OUTCOME 4: National capacities to respond in a holistic way to the health needs of population affected by disasters and injuries strengthened.	<p>4.1. Number of plans, standards, guidelines and local protocols which are implemented</p> <p>4.2. Number of districts covered by local risk reduction and preparedness protocols</p> <p>4.3. Number of national programmes that are documented as international good practices</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Documents (plans, guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>	<p>MOHME, NDMO, MOI, Iranian Academy of Medical Science, UNCT</p>	<p>Total: \$835,000</p>
OUTPUT 4.1: The capacity of the health sector at national and sub-national levels to address health related risks and consequences of disasters and all other emergency situations, with special focus on most at risk groups is strengthened.	<p>4.1.1. Number of plans, standards, guidelines, local protocols, training packages and knowledge products produced. The indicator will be disaggregated by:</p> <ul style="list-style-type: none"> Type of services/intervention (incl. pilots) Age/Sex of target population Provider (sector/level) <p>4.1.2. Existence of national databases on vulnerability/capacity and hazard analysis</p> <p>4.1.3. Number of medical universities, which include disaster management in their curricula / training courses</p> <p>Baseline: Target:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Risk Maps</p> <p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices</p>	<p>MOHME, NDMO, MOI, UNCT, Ministry of higher education</p>	
OUTPUT 4.2: Capacity of health sector and other relevant institutions to promote safety and	<p>4.2.1. Number of community-based awareness and education programmes implemented</p> <p>4.2.2. Number of trained staff whose capacity to</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>Evaluation reports from Training</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the</p>	<p>MOHME, MOI, MORT, Traffic Police, Ministry of Housing, IRIB, MOEd,</p>	

<p>reduce the morbidity and mortality due to injuries, including road traffic accidents, strengthened.</p>	<p>monitor and reduce injury-related morbidity and mortality is improved, disaggregated by:</p> <ul style="list-style-type: none"> • Institutional affiliation • Functional role (managers/staff) • Geographical consideration • Age/sex <p>Baseline: Target:</p>	<p>Documents (guidelines, SOPs, manuals)</p> <p>Routine reporting of the MOHME</p>	<p>proposed models Constraints in adapting the introduced new best practices</p>	<p>UNCT</p>	
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Environmentally Sustainable Development

National Development Priorities and Goals:

1. Environmental Considerations Integrated into Development Decision Making;
2. Iran is in compliance with the provisions of MEAs and internationally agreed targets;
3. Iran actively contributes to the implementation of Tehran Agreement on Dust and Sand Storms (DSS) Control

- Indicator 1: % increase in the proportion of terrestrial, inland water and marine/coastal areas protected - total and by ecological region
Baseline for Indicator 1: 8% as of end 2010
Target for Indicator 1: 1% annual increase against baseline (as per the *Aichi Target 2011-2020*)
- Indicator 2: Tonnes of Ozone Depleting Substances phased out
Baseline for Indicator 2: As per the Montreal Protocol ODS phase-out schedules
Target for Indicator 2: As per the Montreal Protocol ODS phase out targets
- Indicator 3: Sound implementation of DSS Agreement
Baseline for Indicator 3: None
Target for Indicator 3: Tehran Agreement Secretariat and Thematic Centre in place and functioning by 2012

Outcomes	Indicators, Baselines, Target	Data Sources (Official; Joint Government/UN Produced)	Risks and Assumptions	Proposed Partners	Indicative Resources
<p>Outcome 1: National, sub-national and local capacities enhanced to ensure 1) integrated management, conservation and sustainable use of marine and terrestrial ecosystems, natural resources and biodiversity; 2) mainstreaming environmental economics into national planning and audits; 3) effective use of knowledge and tools in prevention, control and response to current and emerging environmental pollutions 4) formulation and implementation of climate change mitigation and adaptation plans and projects.</p>	<p>1.1.Number of provinces that adopt and implement some type of landscape and eco-system-based models of environmental conservation and sustainable use</p> <p>1.2.Functioning network systems of protected areas are established (Y/N)</p> <p>1.3.Participatory approaches to natural resource management integrated into relevant development plan at all levels as applicable (Y/N)</p> <p>1.4.% of protected areas in targeted provinces under sustainable and participatory management programmes</p> <p>1.5.Amount of resources, financial or otherwise mobilised at the national level</p> <p>1.6.Number of national programmes, policies and plans that integrate environment economics principles and allocate resources accordingly (disaggregated by sector)</p> <p>1.7.Number of public institutions that adopt green economy principles and practices</p> <p>1.8.Strategic environmental assessment frameworks and mechanisms are in place and implemented (Y/N) [All relevant sectors further apply EIA, including economic valuation principles of the environment in development projects (Y/N).]</p> <p>1.9.National Implementation Plans under the Stockholm Convention as well as Montreal Protocol</p>	<p>National development reports National Statistics National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics</p>	<p>Access to relevant public data as appropriate National level programming and upscaling of derived models Constraints to scale up the proposed models</p>	<p>DoE, FRWO, MJA, MIM, MoE, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHME, MoEd, Judiciary, Parliament, IRIB, UNCT</p>	<p>Total: \$58,755,000</p>

	<p>are implemented and monitored (Y/N)</p> <p>1.10.Iran contributes effectively to the global efforts under international Multilateral Environmental Agreements (Y/N)</p> <p>1.11.National Centre for Environmental Assessment Data and Information is established and operationalized (Y/N)</p> <p>1.12.Number of national, sub-national and local as well as sectoral plans and programmes that integrate climate change mitigation and adaptation measures</p> <p>Baseline: Target:</p>				
<p>Output 1.1: Frameworks and mechanisms for improved sustainability, effectiveness and representativeness of protected area system developed and implemented at pilot scale</p>	<p>1.1.1. Localized frameworks and mechanisms for improved management of protected area network system, tailored to national context, are in place (Y/N).</p> <p>1.1.2. Number of trained government staff who know how to apply and monitor sustainable protected area management methodologies and techniques, disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.1.3. Number of knowledge products, standard operating procedures and working mechanisms to operationalize and coordinate effective management of protected areas disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.1.4. A comprehensive management system of protected areas is developed (Y/N).</p> <p>Baseline: Target:</p>	<p>National development reports National Statistics National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics</p>	<p>Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models</p>	<p>DoE, FRWO, MJA, MIM, MoE, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHME, UNCT</p>	
<p>Output 1.2:</p>	<p>1.2.1. Localized (tailored to national context)</p>	<p>National development reports</p>	<p>Access to relevant public data as</p>	<p>DoE</p>	<p>-</p>

National and sector policies and frameworks strengthened to mainstream biodiversity in economic sectors and new approaches piloted	frameworks and mechanisms for mainstreaming of biodiversity in production sectors are in place (Y/N). 1.2.2.Number of trained government staff who know how to apply and monitor sustainable protected area management methodologies and techniques disaggregated by sector, function, geography, sex/age, etc 1.2.3.Number of knowledge products, standard operating procedures and working mechanisms to operationalize and coordinate effective management of protected areas disaggregated by sector, function, geography, sex/age, etc Baseline: Target:	National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models	FRW MJA MIM Men SPAC, MFA, MRT, CHTO, MHUD, NAO, UNCT	
Output 1.3: Country level policy, legal and regulatory frameworks that integrate sustainable terrestrial, fresh water and marine environment management principles developed	1.3.1. Number of localized (tailored to national context) frameworks and mechanisms that integrate sustainable environmental management. 1.3.2.A national system is in place to identify and monitor selected species (terrestrial, fresh water and marine) (Y/N) Baseline: Target:	National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models	DoE, FRWO, MJA MIM, MEn, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHME, MoEd, Judiciary, Parliament, UNCT	-
Output 1.4:	1.4.1.Number of national strategies	National development reports	Access to relevant public data as	DoE, FRWO,	

<p>National strategies and plans under the UNCCD, CBD and other relevant MEAs developed/updated and implemented</p>	<p>developed/updated under MEAs Baseline: Baseline: Target:</p>	<p>National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics</p>	<p>appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models</p>	<p>MJA MIM, MEn, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHME, MoEd, UNCT</p>	
<p>Output 1.5: Adaptive alternative livelihood, participatory and community-based natural resource management approaches developed, piloted and integrated into national strategies and plans</p>	<p>1.5.1. National strategy for participatory management of natural resources is in place (Y/N). 1.5.2. Number of rural community members participating in natural resource management in pilot villages. 1.5.3. Number of alternative livelihood schemes that are established and viable. Baseline: Target:</p>	<p>National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics</p>	<p>Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models</p>	<p>DoE, FRWO, MJA MIM, MEn, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHME, MoEd, UNCT</p>	

<p>Output 1.6: Information, communication, education materials for public awareness prepared, developed and disseminated including through its integration into the school system</p>	<p>1.6.1. Number of knowledge products and education materials for public awareness.</p> <p>1.6.2. Educational packages, tailored to local context, on environmentally sustainability in the school system developed (Y/N).</p> <p>1.6.3. Number of school children who have increased knowledge on environmentally sustainable principles in targeted pilot areas.</p> <p>Baseline: Target:</p>	<p>National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistic</p>	<p>Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed model</p>	<p>DoE, FRWO, MJA MIM, MEn, SPAC, MFA, MRT, CHTO, MHUD, NAO, MHM, MoEd, Judiciary IRIB, UNCT</p>	
<p>Output 1.7: Environmental assessment frameworks and tools developed/updated and effectively used at policy, plan and project levels</p>	<p>1.7.1. Localized frameworks, mechanisms and tools for strategic environmental assessments are developed (Y/N).</p> <p>1.7.2. Number of knowledge products, standard operating procedures and working mechanisms to operationalize and coordinate effective use of environmental assessments disaggregated by sector, function, geography, sex/age, etc.</p> <p>Baseline:</p>	<p>National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents</p>	<p>Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication</p>	<p>DoE, SPAC, MEn, MJA, IRIMO, NAO, MHEME, MRT, MHUD, UNCT</p>	

	Target:	National Statistics	Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models		
Output 1.8: Strengthened national capacities for economic valuation of the basic elements of environment and sensitive ecosystems and estimation of the costs of environmental degradation caused by development plans	<p>1.8.1. Localized frameworks and mechanisms for economic valuation of environmental assets and services are in place (Y/N).</p> <p>1.8.2. Number of knowledge products, standard operating procedures and working mechanisms to operationalize and coordinate effective management of protected areas disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.8.3. Number of ecosystems for which in-situ valuation reports have been generated</p> <p>1.8.4. Mechanisms for Estimation of damages resulting from environmental degradation due to development projects are in place (Y/N).</p> <p>Baseline: Target:</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p> <p>Desk review of other relevant documents</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund</p> <p>Multi-sectoral coordination and communication</p> <p>Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources</p> <p>Natural hazards (e.g. droughts, floods, earthquakes)</p> <p>Constraints to test the proposed models</p>	<p>DoE, FRWO, MJA, MIM, Men, SPAC, MFA, MRT, CHTO, MHUD, IRIMO, MoF, Mol, Audit, UNCT</p>	
Output 1.9: Information, knowledge and best practices on “green economy” shared	<p>1.9.1. Number of knowledge products, best practices as well as education and training materials on green economics.</p> <p>Baseline: Target:</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p>	<p>Access to relevant public data as appropriate</p>	<p>DoE, FRWO, MJA, MIM, Men, SPAC, MFA, MRT, CHTO, MHUD, Audit, Finance, ISC, UNCT</p>	

		Desk review of other relevant documents National Statistics			
Output 1.10: National environmental data and information management and monitoring system strengthened, and environmental databases consolidated	1.10.1 .Standard operating procedures and working mechanisms to operationalize the National Centre for Environmental Assessment Data and Information are developed. (Y/N) Baseline: Target:	National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models	DoE, FRWO, Men, MJA, IRIMO, MHEME, IRIMO, Shilat, UNCT	
Output 1.11: National plans for sound management of Persistent Organic Pollutants (POPs) and Ozone Depleting Substances (ODSs) and hazardous wastes updated and implemented	1.11.1. Number of national plans and programs for management of POPs, ODS and hazardous wastes in place. 1.11.2. Number of knowledge products, standard operating procedures and working mechanisms Baseline: Target:	National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts,	DoE, IRIMO, MIM, Shilat, MJA, MHME, MFA, UNCT	

			floods, earthquakes) Constraints to test the proposed models		
Output 1.12: National capacities to control dust-haze/storm phenomenon including through developing and sharing scientific models and technologies strengthened	1.12.1.A forecasting model for dust/sand storm is designed and tested (Y/N) 1.12.2.Number of knowledge products, standard operating procedures and working mechanisms Baseline: Target:	National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models	DoE, IRIMO, FRWO, MJA, MEn, MFA, MHME, UNCT	
Output 1.13: National capacities strengthened through sharing of information, knowledge and best practices on urban air pollution control measures with emphasis on non-vehicular methods as well as identification of noise and wave pollution deployment technologies	1.13.1. Localised (tested and piloted according to national context) urban air pollution measures in place (Y/N). 1.13.2. Number of knowledge products, standard operating procedures and best practices disaggregated by sector, function, geography, sex/age, etc. 1.13.3.Number of trained government staff who have increased knowledge on how to use urban air pollution control methodologies and techniques Baseline: Target:	National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics	Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural	DoE, FRWO, MoI/Municipalities, MIM, MEn, MoP, SPAC, MFA, CHTO, MHME, IRIMO, UNCT	

			resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models		
Output 1.14: National capacities to develop and transfer technologies relevant to climate change mitigation and adaptation supported.	<p>1.14.1. Number of knowledge products and best practices developed and transferred.</p> <p>1.14.2. Number of knowledge products, standard operating procedures and best practices disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.14.3. Number of trained government staff who have increased knowledge on how to develop and transfer clean technologies</p> <p>Baseline: Target:</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p> <p>Desk review of other relevant documents</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund</p> <p>Multi-sectoral coordination and communication</p> <p>Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources</p> <p>Natural hazards (e.g. droughts, floods, earthquakes)</p> <p>Constraints to test the proposed models</p>	DoE, IRIMO, FRWO, MJA, MIM, MoE, MoP, SPAC, MFA, MRT, UNCT	
Output 1.15: National capacities to integrate energy efficiency in residential and economic sectors strengthened and promoted	<p>1.15.1. Localized frameworks and mechanisms for improved energy efficiency in residential and industrial sectors enhanced and updated. (Y/N)</p> <p>1.15.2. Number of knowledge products, standard operating procedures and best practices disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.15.3. Number of trained government staff who have increased knowledge on how to use energy efficient methods and techniques.</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p> <p>Desk review of other relevant documents</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund</p> <p>Multi-sectoral coordination and communication</p> <p>Insufficient cooperation by local stakeholders in terms of sustainable use of natural</p>	DoE, MoP, MoE, SPAC, MFA, Mun., UNCT	-

	Baseline: Target:		resources Natural hazards (e.g. droughts, floods, earthquakes)		
Output 1.16: National capacities for conservation and enhancement of carbon stocks through land use management and forestry promoted	<p>1.16.1. Localized frameworks and mechanisms for conservation and enhancement of carbon stocks are in place (Y/N).</p> <p>1.16.2. Number of knowledge products, standard operating procedures and best practices disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.16.3. Number of trained government staff who have increased knowledge on how to conserve and enhance carbon stocks</p> <p>1.16.4. National plans and programs for protection of forests against wildfires strengthened (Y/N)</p> <p>Baseline: Target:</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p> <p>Desk review of other relevant documents</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund</p> <p>Multi-sectoral coordination and communication</p> <p>Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources</p> <p>Natural hazards (e.g. droughts, floods, earthquakes)</p> <p>Constraints to test the proposed models</p>	DoE, FRWO, MJA, MoP, MoE, SPAC, MFA	-
Output 1.17: Climate change mitigation and adaptation planning in most affected sectors including community-based and participatory approaches	<p>1.17.1. Localised frameworks, mechanisms and models (tested and piloted according to national context) on climate change mitigation and adaptation are developed (Y/N).</p> <p>1.17.2. Number of knowledge products, standard operating procedures and working mechanisms to operationalize and coordinate community based approaches to climate change adaptation and mitigation disaggregated by sector, function, geography, sex/age, etc.</p> <p>1.17.3. Number of trained government staff who have increased knowledge on how to plan and</p>	<p>National development reports</p> <p>National census results</p> <p>National reports under Multilateral Environmental Agreements</p> <p>Periodic national/sectoral thematic reports</p> <p>Knowledge surveys</p> <p>Desk review of other relevant documents</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund</p> <p>Multi-sectoral coordination and communication</p> <p>Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources</p>	DoE, IRIMO, FRWO, MJA, MIM, MoEn, MoP, SPAC, MFA, MRT, FO, NAO	

	<p>implement climate change mitigation and adaptation methods and techniques that include community-based approaches.</p> <p>Baseline: Target:</p>		<p>Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models</p>		
<p>Output 1.18: Strengthened national capacities in meteorological modeling of climate long term forecasting through sharing of information, knowledge and best practices</p>	<p>1.18.1. A national climate model and its relevant sub-models are developed (Y/N).</p> <p>1.18.2. Number of knowledge products, standard operating procedures and working mechanisms</p> <p>1.18.3. Number of trained government staff who have increased knowledge on climate modelling</p> <p>Baseline: Target:</p>	<p>National development reports National census results National reports under Multilateral Environmental Agreements Periodic national/sectoral thematic reports Knowledge surveys Desk review of other relevant documents National Statistics</p>	<p>Access to relevant public data as appropriate Access to international funding sources including the Global Environment Facility, the Multilateral Fund to Implement the Montreal Protocol, and the Adaptation Fund Multi-sectoral coordination and communication Insufficient cooperation by local stakeholders in terms of sustainable use of natural resources Natural hazards (e.g. droughts, floods, earthquakes) Constraints to test the proposed models</p>	<p>IRIMO, DoE, MoE, MJA</p>	

Natural Disaster Management

National Development Priorities and Goals:

1. Role and responsibilities of the Iranian Red Crescent in disaster preparedness and response
2. Building and construction codes and standards and earthquake prevention measures
3. Safety in rural settlements
4. Allocation of 2% of annual national budget to disaster risk reduction and management

Outcomes	Indicators, Baselines, Target	Data Sources (Official; Joint Government/UN Produced)	Risks and Assumptions	Proposed Partners	Indicative Resources
Outcome 1: Disaster risk reduction and management concepts and standards integrated into national development policies/programmes and institutional, operational and coordination capacities for effective disaster risk reduction and response strengthened	<p>1.1. Percentage of targeted social, economic, and cultural institutions that have allocated adequate resources for implementation of DRR and DM plans</p> <p>1.2. Percentage of targeted organizations that monitor and evaluate DRR and DM annual plans according to national and international standards</p> <p>1.3. No. of institutions that actively participate and contribute to multi-sector cooperation and coordination of risk reduction</p> <p>1.4. No. of targeted institutions that implement DRR and DM programmes/priorities as agreed through joint coordination mechanisms</p> <p>1.5. No. of regional and international cooperation initiatives on DM and DRR</p> <p>Baseline: Target:</p>	<p>Desk review of organizational plans and annual reports;</p> <p>Relevant documents of NDMO/monitoring reports</p> <p>Financial reports of relevant organizations (to track budget against expenditures)</p> <p>National Statistics</p> <p>National reports by NDMO and relevant institutions</p> <p>Reports and documentation of joint simulation activities</p> <p>Financial reports (expenditure tracked against allocated budget)</p>	<p>Access to relevant public data as appropriate</p> <p>DRR and DM will remain a priority at national level</p> <p>Sufficient resource allocation for implementation of the plan</p>	<p>NDMO, MOHME, MWSS, Ministry of Energy, MOJA, Housing Foundation, IRCS, Meteorological Organization, Ministry of Housing, MOI, Sub-National Authorities, MOEd, IRIB, National Youth Organization, IRNA, DOE, Imam Khomeini Foundation, UNCT</p>	<p>Total: \$6,320,130</p>

<p>Output 1.1: National planning, multi-sectoral coordination and implementation capacities strengthened to integrate disaster risk reduction concepts and standards in development and other sectors at national and local levels</p>	<p>1.1.1 Number of multi-sectoral DRR and DM plans developed</p> <p>1.1.2: No. of institutions/organizations at national and local levels that have included DRR and DM standards in their annual plans</p> <p>1.1.3. Working mechanisms and standard operating procedures for DRR and DM are developed (Y/N)</p> <p>Baseline: Target 2: target institutions: % of agencies members of NDMO working groups</p>	<p>Desk review of target organizations reports, plans, minutes of working group meetings</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate Weak coordination across sectors</p> <p>Lack of sufficient resources</p>		
<p>Output 1.2 NDMO and other responsible institutions at national and local levels have improved capacity to enhance and implement the disaster risk reduction strategy and management plans, including integrated disaster risk identification and assessment, mapping of hazards and vulnerabilities</p>	<p>1.2.1: No. of organizations that have strategies for identification and assessment of disaster risk</p> <p>1.2.2. No. of disaster risk assessments conducted according to set standards</p> <p>1.2.3: No. of multi-hazard national disaster risk (hazards and vulnerabilities and capacities) maps</p> <p>1.2.4.: No. of trained managers and relevant technical staff who know how to use participatory planning for DM and DRR and conduct risk assessment</p> <p>1.2.5. Availability of working mechanisms and tools for knowledge management in area of risk identification and assessment</p> <p>Baseline: Target:</p>	<p>Desk review of organizational plans and annual reports;</p> <p>Relevant documents of NDMO/monitoring reports</p> <p>Training evaluation reports</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate Retention of staff that receive training</p> <p>Willingness and openness of targeted organizations to accept new models,</p> <p>National legislation that enables change in management processes, if required.</p>		
<p>Output 1.3 : Models and</p>	<p>1.3.1.: Number of appropriate models and standards for DRR-based physical and non-physical as well as</p>	<p>Ministry of Housing, Housing Foundation, NDMO,</p>	<p>Access to relevant public data as appropriate</p>		

methodologies for retrofitting and enhancement of resilience of infrastructures and communities in all areas, with a focus on urban areas are in place.	<p>structural and non-structural retrofitting of the most vulnerable urban areas taking into consideration the different needs of most at risk groups.</p> <p>1.3.2.: Hazard prevention and risk reduction standards and methodologies related to the human environment identified, taking into consideration the different needs of most at risk groups.</p> <p>Baseline: Target:</p>	<p>municipalities and Ministry of energy plans and relevant reports</p> <p>National Statistics</p>			
Output 1.4: Information, knowledge and best practices shared to develop and expand disaster risk insurance concepts and standards and to promote public awareness and participation at national and local levels	<p>1.4.1. Nationally viable risk-assessment-based insurance concepts and standards developed (Y/N)</p> <p>1.4.2. Percentage of increase in disaster risk-related insurance policies (contracts) in targeted communities</p>	<p>NDMO, Central Insurance Company, Ministry of Economic Affairs, Ministry of Welfare, City Councils, Authorized Credit Institutions</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Government provides incentives to insurance industry in form of insurance subsidies</p> <p>Engagement of of private insurance companies</p>		
Output 1.5: Environment related risks (hazards and vulnerabilities) with prioritizing selected high risk areas are identified and duly integrated in disaster risk reduction and management plans	<p>1.5.1. Root causes of environment related disasters including hazards and vulnerabilities identified.</p> <p>1.5.2.No. of national and local DRR and DM plans that integrate prevention, adaptation and response strategies with regard to environmental disasters</p> <p>Baseline: Target:</p>	<p>NDMO, Department of Environment, Forrest Rangeland and Watershed Organization, Ministry of Agriculture, Meteorological Organization</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p>		

Output 1.6 : Disaster management institutions have enhanced capacities in effective planning and implementation of disaster management programs and initiatives Including specialized training courses	1.6.1. No. of DM institutions that include advanced DM and DRR methodologies and approaches in their planning and programming 1.6.2. Number/ Percentage of developed plans that include different needs of most at risk groups	DM institutions annual plans and reports National Statistics	Access to relevant public data as appropriate compatibility of national and local planning and M&E systems		
Output 1.7 : Methodologies and skills for preparation of contingency plans are developed and effectively used.	1.7.1. No. of relevant DM institutions that have advanced DM contingency plans with a linkage to DRR that are effectively used 1.7.2.No. of staff at management and technical level who know how to develop DM contingency planning 1.7.3.Tehran Disaster Preparedness, Response, Recovery and Reconstruction plan developed (Y/N)	DM institutions plans and reports Training evaluation reports Municipality of Tehran and other relevant institutions' reports and disaster monitoring systems National Statistics			
Output 1.8 : Multi-sectoral and multi-stakeholder coordinated approach is applied in all components of disaster management including prevention, mitigation, preparedness, response and recovery	1.8.1: No. of integrated /joint DRR/DM programmes developed through the relevant Working Groups of NDMO; 1.8.2: National Strategies and Action plans including a multi-sectoral coordination mechanism and consolidated budgetary system are developed and in place	NDMO reports, Minutes of meetings of NDMO and working groups National Statistics	Access to relevant public data as appropriate		
Output 1.9: Enhanced	1.9.1. No. of national and provincial development plans that include specific preparedness and response	Relevant national organizations annual plans and reports	Access to relevant public data as appropriate		

preparedness to combat desertification, drought and agricultural emergencies.	measures such as hazard mapping and monitoring and early warning system for agriculture emergencies and hydrological hazards	National Statistics			
Output 1.10: Capacities and resources for public education on disaster management and risk reduction strengthened	1.10.1 Availability of standardized public education materials and resources 1.10.2. Percentage of provincial preparedness plans that specify and plan public information sharing and awareness raising and education campaigns for different needs of most at risk groups.	National Statistics	Access to relevant public data as appropriate		
Output 1.11: Plans, mechanisms and frameworks for international and regional cooperation and coordination on disaster prevention, preparedness, response and recovery are developed and enhanced.	1.11.1: Number of new and existing regional and international co-operation initiatives on trans-boundary disasters developed; 1.11.2: No. of technical co-operation frameworks at regional and international levels developed	Review of regional frameworks National and international reports National Statistics	Access to relevant public data as appropriate		
Outcome 2: National and local capacities are enhanced to ensure systematic monitoring and multi-hazard early warning of disaster risks	2.1.: No. of DRR and DM relevant agencies that systematically monitor and report disaster risk through use of early warning systems 2.2.: Percentage of selected high risk communities/populations covered by multi hazard early warning systems Baseline: Target:	Relevant agencies' work plans, monitoring and surveillance system reports National Statistics	Access to relevant public data as appropriate		Total: \$210,000

<p>Output 2.1: NDMO and the relevant responsible institutions and communities have improved capacities, better access to and sharing of information and enhanced communication for timely and effective disaster risk reduction, preparedness and response.</p>	<p>2.1.1. No. of national and local institutions and communities that regularly and efficiently update their Risk reduction, preparedness and response plans</p> <p>2.1.2. Availability of early warning systems in identified communities (Y/N)</p> <p>2.1.3. No. of piloted communities that test and document lessons learned of EWS</p>	<p>National Statistics</p>	<p>Access to relevant public data as appropriate The requisite EW hardware and software are identified, procured and in place</p>		
<p>Output 2.2: National capacities on multi-hazard monitoring and early warning systems with particular focus on earthquakes, floods, drought, sandstorms and agricultural emergencies are strengthened</p>	<p>2.2.1: Increase in standardized coverage of disasters by national and institutional monitoring and EW systems</p>	<p>National and international EW institutions</p> <p>Reports generated through EWS monitoring systems</p> <p>Training evaluation report, simulation reports National Statistics</p>	<p>Access to relevant public data as appropriate The requisite EW hardware and software are identified, procured and in place</p>		
<p>Outcome 3: All communities and in particular those most at risk have enhanced abilities to prevent, prepare, respond to, and recover from disasters</p>	<p>3.1. No. of disaster prone and affected communities that effectively prevent, respond to and recover from disasters</p>	<p>Field visit reports to disaster affected areas</p> <p>National and local plans</p> <p>NDMO led focus groups in targeted communities</p> <p>Evaluation reports of disaster response</p>	<p>Access to relevant public data as appropriate</p>		<p>Total: \$300,000</p>

		National Statistics			
Output 3.1: Multi-sectoral strategies, plans, methodologies and guidelines for local level and community-based disaster management developed, enhanced and piloted.	3.1.1: Number of national and local DM and DRR plans which include community-based and multi-sectoral approaches and methodologies	Relevant national and local plans and reports Monitoring data generated through targeted institutions National Statistics	Access to relevant public data as appropriate		
Output 3.2: Capacities of national institutions strengthened to provide information, education and communication resources, and pilot appropriate projects for promotion of community-based disaster risk reduction, adaptation and a culture of safety.	3.2.1. Number of DRR and DM plans and pilots that include participation of women, young people and children and community based organizations 3.2.2: No. of planned community-based pilots that are evaluated as effective	Materials developed Evaluation reports of pilots Plans (organization and community-based) Training evaluation reports National Statistics	Access to relevant public data as appropriate		

Drug Control and Prevention

National Development Priorities and Goals:

1. Reducing the prevalence of drug use in the country
2. Decrease the prevalence of HIV infection among Injecting Drug Users

- Indicator 1: % of Iranian population covered by drug prevention programmes

Baseline for Indicator 1: none

Target for Indicator 1: 40% coverage until the end of the programme (Comprehensive Addiction Prevention Project; 2011- 2016)

- Indicator 2: % of HIV prevalence among Injecting drug users

Baseline for Indicator 2: 15%

Target for Indicator 2: none

Outcomes	Indicators, Baselines, Target	Data Sources (Official; Joint Government/UN Produced)	Risks and Assumptions	Proposed Partners	Indicative Resources
Outcome 1: Effective and comprehensive drug prevention programmes with a particular focus on families, communities, educational centres and the work place and people most at risk are developed and implemented.	1.1. Number of organisations that include drug prevention programmes in their annual plans 1.2. Percentage of drug prevention programmes implemented as outlined in annual plans 1.3. Number of organizations that have allocated resources as planned to drug prevention plans/programmes 1.4. Utilisation rate of services by most at risk groups (by W/M, age and categories of vulnerability) Baseline: Target:	National Development Reports National Statistics The National Comprehensive Primary Addiction Prevention Document Drug prevention organisations' annual work plans and reports Programme evaluation reports Studies and surveys as required Monitoring data generated by relevant services	Access to relevant public data as appropriate National level programming and upscaling of derived models Constraints to scale up the proposed models	UNODC, UNICEF, WHO UNESCO, UNHCR, UNIC	Total: \$5,332,000
Output 1.1: National Capacities for	1.1.1. Number of standards/guidelines/training packages and tools produced:	National Development Reports	Access to relevant public data as appropriate	UNODC, UNICEF, WHO,	

<p>effective comprehensive drug prevention programmes further strengthened</p>	<p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of service/intervention (incl. pilots) b. Age group of target population c. Sex of target population d. Provider (sector/level) <p>1.1.2. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>1.1.3. Number of beneficiaries reached by capacity development initiatives under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> g. Type of capacity development initiatives (incl. pilots) h. Direct or indirect reach i. Age j. Sex k. Institutional affiliation l. Functional role <p>1.1.4. Number of knowledge products generated under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of product b. Subject of study c. Quality rating d. Age group of study population (if relevant) e. Sex of study population (if relevant) 	<p>National Statistics The National Comprehensive Primary Addiction Prevention Document Drug prevention organisations' annual work plans and reports Programme evaluation reports Studies and surveys as required Monitoring data generated by relevant services</p>	<p>Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>UNESCO, UNHCR</p>	
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	f. End-user(s) of product				
Output 1.2: Comprehensive drug awareness raising, education programmes and the promotion of anti-addiction norms through inter alia media campaigns, community-based and participatory approaches	<p><i>1.2.1.: Number of standards/guidelines/training packages and tools produced:</i> <i>The indicator will be disaggregated by:</i></p> <p><i>a. Type of service/intervention (pilots will be included here)</i> <i>b. Age group of target population</i> <i>c. Sex of target population</i> <i>d. Provider (sector/level)</i></p> <p><i>1.2.2.: Number of beneficiaries reached by capacity development initiatives under the programme:</i> <i>The indicator will be disaggregated by:</i></p> <p><i>a. Type of capacity development (incl. pilots)</i> <i>b. Direct or indirect reach</i> <i>c. Age</i> <i>d. Sex</i> <i>e. Institutional affiliation</i> <i>f. Functional role</i></p> <p><i>1.2.3.: Number of theme-specific materials produced in the media as a follow-up to capacity building initiatives</i></p>	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNICEF, UNESCO, UNHCR, UNIC</p>	
Output 1.3 : Comprehensive life skills and life styles programming is designed and implemented through developing educational programmes and packages.	<p><i>1.3.1.: Number of standards/guidelines/training packages and tools produced:</i> <i>The indicator will be disaggregated by:</i></p> <p><i>a. Type of service/intervention (pilots will be included here)</i> <i>b. Age group of target population</i> <i>c. Sex of target population</i> <i>d. Provider (sector/level)</i></p> <p><i>1.3.2.: Number of beneficiaries reached by capacity development initiatives under the programme:</i></p>	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNICEF, UNESCO, UNHCR</p>	

	<p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>1.3.3. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> m. Type of capacity development (incl. pilots) n. Direct or indirect reach o. Age p. Sex q. Institutional affiliation r. Functional role 	<p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>			
<p>Output 1.4: Provide target population with preventive interventions including counseling, psycho-social, protection and support services</p>	<p>1.4.1.: Number of beneficiaries reached by capacity development initiatives under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>1.4.2.: Number of 'services' improved under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement [quality and/or quantity (coverage)] b. Type of service c. Level of service d. Age group of target population 	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNICEF, WHO, UNESCO, UNHCR</p>	

	<p>e. Sex of target population f. Number of pilot schemes introduced/rolled out</p> <p>1.4.3.: Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i></p> <p>s. Type of capacity development (incl. pilots) t. Direct or indirect reach u. Age v. Sex w. Institutional affiliation x. Functional role</p>				
<p>Output 1.5: Programmes and policies are in place to prevent trafficking of/by people most at risk.</p>	<p>1.5.1 Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <p>a. Type of service/intervention (pilots will be included here) b. Sex of target population c. Provider (sector/level)</p> <p>1.5.2 Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <p>a. Type of product b. Subject of study c. Quality rating d. Age group of study population (if relevant) e. Sex of study population (if relevant) f. End-user(s) of product</p> <p>1.5.3 Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <p>a. Type of capacity development (incl. pilots) b. Direct or indirect reach</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNICEF, DCHQ and its affiliated organizations</p>	

	<ul style="list-style-type: none"> c. Age d. Sex e. Institutional affiliation f. Functional role <p>1.5.4 Number of services and “practices” improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement (quality and/or quantity: coverage) b. Type of practice c. Level of practice d. Age group of target population e. Sex of target population <p>1.5.5. Number of pilot schemes introduced/rolled out</p>				
<p>Outcome 2: National capacities for effective and comprehensive treatment and rehabilitation programmes for people affected by drugs are enhanced</p>	<p>2.1.: Number of services that are utilizing the existing and new standards and guidelines in their day to day practice effectively</p> <p>2.2.: Number of organisations that include drug treatment and rehabilitation care programmes for target populations in their annual plans</p> <p>2.3.: Percentage of drug treatment and rehabilitation programmes implemented according to standards</p> <p>2.4. Number of organizations that have allocated adequate resources (financial and human resources) to Drug treatment and rehabilitation plans/programmes -</p> <p>2.5. Percent of change in stigma and discrimination indicators among service providers -</p> <p>2.6. Utilisation rate of services among most at risk groups</p>	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>National level programming and upscaling of derived models Constraints to scale up the proposed models</p>	<p>UNODC, WHO, UNAIDS, UNHCR, UNESCO</p>	<p>Total: \$3,379,700</p>

	Baseline: Target:				
Output 2.1: Provision of support for implementing and updating of treatment, rehabilitation and harm reduction programmes	<p>2.1.1.: Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of service/intervention (pilots will be included here) Age group of target population Sex of target population Provider (sector/level) <p>2.1.2. Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of product Subject of study Quality rating Age group of study population Sex of study population End-user(s) of product <p>2.1.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of capacity development (incl. pilots) Direct or indirect reach Age Sex Institutional affiliation Functional role <p>2.1.4.: Number of 'services' improved under the programme: <i>The indicator will be disaggregated by:</i></p>	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	UNODC, WHO	

	<ul style="list-style-type: none"> a. Type of improvement [quality and/or quantity (coverage)] b. Type of service c. Level of service d. Age group of target population e. Sex of target population f. Number of pilot schemes introduced/rolled out <p>2.1.5. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role 				
<p>Output 2.2: Capacities of service providers, including psychiatrists, physicians and psychologists, to provide people affected by drugs with quality and effective counseling, psycho-social, pharmacological, protection and support services are enhanced</p>	<p>2.2.1. Number of standards/guidelines/training packages and tools produced:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of service/intervention (pilots will be included here) b) Age group of target population c) Sex of target population d) Provider (sector/level) <p>2.2.2. Number of persons reached by capacity development initiatives under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation 	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, WHO, UNHCR</p>	

	<p>f) Functional role</p> <p>2.2.3. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <p>a) Type of capacity development (incl. pilots)</p> <p>b) Direct or indirect reach</p> <p>c) Age</p> <p>d) Sex</p> <p>e) Institutional affiliation</p> <p>f) Functional role</p>				
<p>Output 2.3: Amphetamine Type Stimulants (ATS) treatment programmes are expanded and promoted</p>	<p>2.3.1. Number of 'services' improved under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <p>a. Type of improvement (quality and/or quantity: coverage)</p> <p>b. Type of service</p> <p>c. Level of service</p> <p>d. Age group of target population</p> <p>e. Sex of target population</p> <p>f. Number of pilot schemes introduced/rolled out</p> <p>2.3.2. Number of standards/guidelines/training packages and tools produced:</p> <p><i>The indicator will be disaggregated by:</i></p> <p>a) Type of service/intervention (pilots will be included here)</p> <p>b) Age group of target population</p> <p>c) Sex of target population</p> <p>d) Provider (sector/level)</p> <p>2.3.3. Number of persons reached by capacity development initiatives under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <p>a) Type of capacity development (incl. pilots)</p>	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNAIDS, DCHQ and Its affiliated organizations</p>	

	<ul style="list-style-type: none"> b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role <p>2.3.4. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role 				
<p>Output 2.4: Inclusive approaches for treatment and rehabilitation of people affected by drug use, including drug court and community-based and participatory approaches, are enhanced</p>	<p>2.4.1.: Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>2.4.2.: Number of 'services' improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement (quality and/or quantity : coverage) b. Type of service c. Level of service d. Age group of target population e. Sex of target population f. Number of pilot schemes introduced/rolled out 	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, WHO, UNAIDS, UNHCR, UNESCO, DCHQ and Its affiliated organizations</p>	

	<p>2.4.3. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of service/intervention (pilots will be included here) b) Age group of target population c) Sex of target population d) Provider (sector/level) <p>2.4.4. Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role <p>2.4.5. Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of product b. Subject of study c. Quality rating d. Age group of study population (if relevant) e. Sex of study population (if relevant) f. End-user(s) of product <p>2.4.6. A model for Drug court treatment is localised and tested (Y/N)</p> <p>2.4.7. A model for alternatives to incarceration is localised and piloted (Y/N)</p>				
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<p>Output 2.5: Improved capacity to formulate programmes that mitigate the impact of drug use</p>	<p>2.5.1. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i> Type of capacity development (incl. pilots)</p> <ul style="list-style-type: none"> a. Direct or indirect reach b. Age c. Sex d. Institutional affiliation e. Functional role <p>2.5.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of service/intervention (pilots will be included here) b. Age group of target population c. Sex of target population d. Provider (sector/level) 	<p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of drug treatment related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, WHO, UNAIDS, UNHCR, UNESCO, DCHQ and Its affiliated organizations</p>	
<p>Outcome 3: Effective and comprehensive HIV prevention, treatment, care and control programmes among drug users are supported and implemented</p>	<p>3.1.: Number of services that are utilising the introduced programmes in their day to day practice effectively</p> <p>3.2. Number of organisations that include HIV prevention, care programmes for target populations in their annual plans</p> <p>3.3. Percentage of HIV prevention, treatment, care and control programmes implemented according to standards</p> <p>3.4. Number of organizations that have allocated adequate resources (financial and human resources) to HIV prevention, care plans/programmes for target groups</p> <p>3.5. Level of improvement in service coverage by</p>	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p> <p>Relevant national reports</p>	<p>Access to relevant public data as appropriate</p> <p>National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>	<p>UNAIDS, UNODC, UNICEF, UNFPA WHO, UNESCO, (UNHCR’s contribution might be utilized through cooperating with BAFIA), DCHQ and Its affiliated organizations</p>	<p>Total: \$4,129,000</p>

	<p>service providers (Percentage of change in stigma indicators among service providers)</p> <p>3.6. Utilisation rate of services among most at risk groups</p> <p>Baseline: Target:</p>	<p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>			
<p>Output 3.1: National capacities for Effective and comprehensive HIV prevention, treatment, care and control programmes further strengthened</p>	<p>3.1.1. Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of product Subject of study Quality rating Age group of study population (if relevant) Sex of study population (if relevant) End-user(s) of product <p>3.1.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of service/intervention (pilots will be included here) Age group of target population Sex of target population Provider (sector/level) <p>3.1.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ol style="list-style-type: none"> Type of capacity development (incl. pilots) Direct or indirect reach Age Sex Institutional affiliation 	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNAIDS, UNICEF, UNFPA, WHO, (UNHCR's contribution might be utilized through cooperating with BAFIA)</p>	

	<p>f) Functional role</p> <p>3.1.4. Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i></p> <p>a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex Institutional affiliation e) Functional role</p>				
<p>Output 3.2: Advancing technical capacity of service providers in HIV prevention, treatment and care in community and detention centres</p>	<p>3.2.1. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <p>a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role</p> <p>3.2.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <p>a) Type of service/intervention (pilots will be included here) b) Age group of target population c) Sex of target population d) Provider (sector/level)</p> <p>3.2.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <p>a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age</p>	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNAIDS, UNICEF, UNFPA, WHO, (UNHCR's contribution might be utilized through cooperating with BAFIA)</p>	

	<p>d) Sex e) Institutional affiliation f) Functional role</p> <p>3.2.4. Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i> y. Type of capacity development (incl. pilots) z. Direct or indirect reach aa. Age bb. Sex cc. Institutional affiliation Functional role</p>	National Statistics			
<p>Output 3.3: Drug users living with and affected by HIV have access to and utilize quality and effective (positive) prevention treatment, care and support services in a stigma-free environment</p>	<p>3.3.1. Number of 'services' improved under the programme: <i>The indicator will be disaggregated by:</i> a. Type of improvement (quality and/or quantity: coverage) b. Type of service c. Level of service d. Age group of target population e. Sex of target population f. Number of pilot schemes introduced/rolled out</p> <p>3.3.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i> e. Type of service/intervention (pilots will be included here) f. Age group of target population g. Sex of target population h. Provider (sector/level)</p> <p>3.3.3. Number of persons reached by capacity development initiatives under the programme:</p>	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p>	<p>Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNAIDS, UNICEF, UNFPA, WHO, UNESCO, (UNHCR's contribution might be utilized through cooperating with BAFIA)</p>	

	<p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role <p>3.3.4. Number of trained people whose knowledge is increased</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role <p>3.3.5. <i>Rate of Coverage of target groups by HIV services</i></p>	<p>Monitoring data generated by relevant services</p> <p>National Statistics</p>			
<p>Output 3.4: Utilization of quality and effective prevention services in a stigma-free environment increased</p>	<p>3.4.1. Number of 'services' improved under the programme:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of improvement (quality and/or quantity: coverage) b) Type of service c) Level of service d) Age group of target population e) Sex of target population f) Number of pilot schemes introduced/rolled out <p>3.4.2. Number of standards/guidelines/training packages and tools produced:</p> <p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a) Type of service/intervention (pilots will be 	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNAIDS, UNICEF, UNFPA, WHO, (UNHCR's contribution might be utilized through cooperating with BAFIA)</p>	

	<p>included here)</p> <p>b) Age group of target population c) Sex of target population d) Provider (sector/level)</p> <p>3.4.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i> a) Type of capacity development (incl. pilots) b) Direct or indirect reach c) Age d) Sex e) Institutional affiliation f) Functional role</p> <p>3.4.4. Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i> dd. Type of capacity development (incl. pilots) ee. Direct or indirect reach ff. Age gg. Sex hh. Institutional affiliation Functional role</p> <p>3.4.5. Coverage of target groups by HIV services</p>	<p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>			
<p>Output 3.5: Provision of support for implementing and updating of HIV related harm reduction programmes</p>	<p>3.5.1. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i> a. Type of service/intervention (pilots will be included here) b. Age group of target population c. Sex of target population</p>	<p>Country Annual UNGASS reports</p> <p>National HIV AIDS Strategic Plan Situation and Response Report</p> <p>HIV Surveillance Annual Reports of the Centre for Disease</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the</p>	<p>UNODC, UNAIDS, UNICEF, WHO, (UNHCR's contribution might be utilized through</p>	

	<p>d. Provider (sector/level)</p> <p>3.5.2. Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of product b. Subject of study c. Quality rating d. Age group of study population (if relevant) e. Sex of study population (if relevant) f. End-user(s) of product <p>3.5.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>3.5.4. Number of 'services' improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement [quality and/or quantity (coverage)] b. Type of service c. Level of service d. Age group of target population e. Sex of target population f. Number of pilot schemes introduced/rolled out 	<p>management; MOHME</p> <p>Drug Control Headquarters (DCHQ) Annual Reports</p> <p>Review of Harm Reduction related organisations annual work plans and reports</p> <p>Relevant national reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>introduced new best practices;</p>	<p>cooperating with BAFIA), MOHME</p>	
<p>Outcome 4: Improvement of national capacities to</p>	<p>4.1. Number of relevant centres/check points that are utilising the introduced practices, standards and/or procured equipment in their day to day</p>	<p>National Development Reports</p> <p>National Statistics</p>	<p>Access to relevant public data as appropriate</p>	<p>UNODC, UNESCO</p>	<p>Total: \$6,285,000</p>

<p>cope with different aspects of drug trafficking.</p>	<p>practice effectively</p> <p>4.2. Number of organisations that include introduced supply reduction programmes in their annual plans disaggregated by sector</p> <p>4.3. Percentage of programmes implemented according to standards</p>	<p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p> <p>National Statistics</p>	<p>National level programming and upscaling of derived models</p> <p>Constraints to scale up the proposed models</p>		
<p>Output 4.1: Procurement of equipment and provision of technical assistance to cope with illicit drugs' flow</p>	<p>4.1.1. National institutions enabled, through provision of enhanced quantity and quality of equipment to better monitor and deter illicit drugs' flow (Y/N)</p> <p>4.1.2 Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of service/intervention (pilots will be included here) b. Sex of target population c. Provider (sector/level) <p>4.2.2 Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of product b. Subject of study c. Quality rating 	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations' annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC</p>	

	<ul style="list-style-type: none"> d. Age group of study population (if relevant) e. Sex of study population (if relevant) f. End-user(s) of product <p>4.2.3 Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of capacity development (incl. pilots) b. Direct or indirect reach c. Age d. Sex e. Institutional affiliation f. Functional role <p>4.2.4 Number of supply reduction “practices” improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement [quality and/or quantity (coverage)] b. Type of practice c. Level of practice d. Age group of target population e. Sex of target population <p>4.2.5 Number of pilot schemes introduced/rolled out</p>				
<p>Output 4.2: Strengthening capacities of national relevant bodies including border control police and customs, at airports and other check points</p>	<p>4.2.1 Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> d. Type of service/intervention (pilots will be included here) e. Sex of target population f. Provider (sector/level) <p>4.2.2 Number of quality knowledge products generated under the programme:</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations’ annual work plans and reports</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC</p>	

	<p><i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> g. Type of product h. Subject of study i. Quality rating j. Age group of study population (if relevant) k. Sex of study population (if relevant) l. End-user(s) of product <p>4.2.3 Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> g. Type of capacity development (incl. pilots) h. Direct or indirect reach i. Age j. Sex k. Institutional affiliation l. Functional role <p>4.2.4 Number of supply reduction “practices” improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> f. Type of improvement (quality and/or quantity: coverage) g. Type of practice h. Level of practice i. Age group of target population j. Sex of target population k. Number of pilot schemes introduced/rolled out <p>4.2.5. Number of sites with improved capacity to monitor and deter illicit drugs’ flow</p>	<p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>			
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<p>Output 4.3: Developing modern forensic labs in order to promote scientific approaches in national law enforcement</p>	<p>4.3.1 Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> d. Type of service/intervention (pilots will be included here) e. Sex of target population f. Provider (sector/level) <p>4.3.2 Number of quality knowledge products generated under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> g. Type of product h. Subject of study i. Quality rating j. Age group of study population (if relevant) k. Sex of study population (if relevant) l. End-user(s) of product <p>4.3.3 Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> g. Type of capacity development (incl. pilots) h. Direct or indirect reach i. Age j. Sex k. Institutional affiliation l. Functional role <p>4.3.4 Number of forensic “practices” improved under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> f. Type of improvement (quality and/or quantity:coverage) g. Type of practice h. Level of practice i. Age group of target population 	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations’ annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC</p>	
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	<ul style="list-style-type: none"> j. Sex of target population k. Number of pilot schemes introduced/rolled out 				
<p>Output 4.4: Capacity building and provision of required equipment to promote regional information exchanges among law enforcement agencies of the region and the Triangular Initiative in particular</p>	<p>4.4.1 Number of procured equipment that enables promotion of information exchange among law enforcement agencies of the region</p> <p>4.4.2. Number of check points/ Border liaison offices and other sites that are enabled to engage in exchange of information</p> <p>4.4.2 Number of joint operations targeting drug trafficking networks developed through regional meetings</p> <p>4.4.3. Number of supply reduction “best practices” introduced in the region under the programme: <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of improvement (quality and/or quantity: coverage) b. Type of practice c. Level of practice d. Age group of target population e. Sex of target population f. Number of pilot schemes introduced/rolled out <p>4.4.4 Number of standards/guidelines/training packages and tools produced <i>The indicator will be disaggregated by:</i></p> <ul style="list-style-type: none"> a. Type of service/intervention (pilots will be included here) b. Sex of target population c. Provider (sector/level) 	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations’ annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	UNODC	

<p>Output 4.5: Legislative, capacity building and advocacy assistance for combating drug trafficking and its related agreed areas of transnational organized crimes.</p>	<p>4.5.1. Number of ‘services’ improved under the programme: <i>The indicator will be disaggregated by:</i> g) Type of improvement (quality and/or quantity: coverage) h) Type of service i) Level of service j) Age group of target population k) Sex of target population l) Number of pilot schemes introduced/rolled out</p> <p>4.5.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i> e) Type of service/intervention (pilots will be included here) f) Age group of target population g) Sex of target population h) Provider (sector/level)</p> <p>4.5.3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i> g) Type of capacity development (incl. pilots) h) Direct or indirect reach i) Age j) Sex k) Institutional affiliation l) Functional role</p> <p>4.5.4. Number of trained people whose knowledge is increased <i>The indicator will be disaggregated by:</i> ii. Type of capacity development (incl. pilots) jj. Direct or indirect reach</p>	<p>National Development Reports</p> <p>National Statistics</p> <p>The National Comprehensive Primary Addiction Prevention Document</p> <p>Drug prevention organisations’ annual work plans and reports</p> <p>Programme evaluation reports</p> <p>Studies and surveys as required</p> <p>Monitoring data generated by relevant services</p>	<p>Access to relevant public data as appropriate</p> <p>Support for sustainability of the projects</p> <p>Constraints to test the proposed models</p> <p>Constraints in adapting the introduced new best practices;</p>	<p>UNODC, UNESCO</p>	
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	kk. Age ll. Sex mm. Institutional affiliation Functional role				
Output 4.6: Provide national relevant bodies with best practices, successful experiences and technical knowledge to cope with different aspects of drug trafficking	4.6.1. Number of 'services' improved under the programme: <i>The indicator will be disaggregated by:</i> m) Type of improvement (quality and/or quantity: coverage) n) Type of service o) Level of service p) Age group of target population q) Sex of target population r) Number of pilot schemes introduced/rolled out 4.6.2. Number of standards/guidelines/training packages and tools produced: <i>The indicator will be disaggregated by:</i> i) Type of service/intervention (pilots will be included here) j) Age group of target population k) Sex of target population l) Provider (sector/level) 4.6..3. Number of persons reached by capacity development initiatives under the programme: <i>The indicator will be disaggregated by:</i> m) Type of capacity development (incl. pilots) n) Direct or indirect reach o) Age p) Sex q) Institutional affiliation r) Functional role 4.6.4. Number of trained people whose knowledge is	National Development Reports National Statistics The National Comprehensive Primary Addiction Prevention Document Drug prevention organisations' annual work plans and reports Programme evaluation reports Studies and surveys as required Monitoring data generated by relevant services	Access to relevant public data as appropriate Support for sustainability of the projects Constraints to test the proposed models Constraints in adapting the introduced new best practices;		

	<p>increased</p> <p><i>The indicator will be disaggregated by:</i></p> <p>nn. Type of capacity development (incl. pilots)</p> <p>oo. Direct or indirect reach</p> <p>pp. Age</p> <p>qq. Sex</p> <p>rr. Institutional affiliation</p> <p>Functional role</p>				
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