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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Iraq**

Proposed indicative UNFPA assistance:	\$33.5 million: \$9.0 million from regular resources and \$24.5 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Fourth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

## I. Programme rationale

1. Iraq has made significant gains on its path towards sustainable and inclusive development. The country, classified as an upper-middle-income country, faces a pivotal moment in its development journey, grappling with the aftermath of three decades of crises. Despite a reduction in armed conflicts, the progress achieved remains confronted with numerous challenges. Since the official end of the Islamic State in Iraq and the Levant (ISIL) crisis in late 2017, more than five million people have gradually returned to their areas of origin. However, hundreds of thousands remain internally displaced. Moreover, Iraq hosts nearly 300,000 refugees and asylum seekers, with over 260,000 residing in the Kurdistan Region. While there is a robust annual public budget of over \$150 billion, the economy is heavily dependent on the oil sector, making it vulnerable to fluctuations in oil markets and global demand. The country is also highly susceptible to climate change, grappling with severe water shortages and high temperatures.

2. About 70 per cent of the Iraqi population resides in urban areas (with the Baghdad region at 80 per cent; Basra, Najaf, Karbala, and the Kurdistan Region at 70-75 per cent; Nineveh at 65 per cent; and Anbar at 50 per cent). This highlights an urban-rural divide, as cities offer better services and opportunities. Proactive strategies and robust policies, rooted in foresight, are essential for Iraq's sustainable development amidst these population and climate challenges.

3. Iraq has faced rising poverty rates and deepening socioeconomic disparities in recent years. Prior to 2020, the poverty headcount ratio was estimated at 20.5 per cent. In July 2020, a poverty modelling study predicted that the poverty rate would rise to 31.7 per cent by 2022 due to the impact of COVID-19 pandemic, pushing an additional 2.7 million people into poverty and increasing the total to 9.6 million. Regional disparities are stark: in conflict-affected areas like Anbar and Nineveh, poverty rates exceed 40 per cent. Women are disproportionately affected, with female-headed households experiencing poverty rates up to 30 per cent higher than the national average. People with disabilities face higher poverty rates. These disparities highlight the urgent need for targeted social protection programmes to address inequalities among regions and groups in vulnerable situations in Iraq. Given the urgency of these challenges, there is a critical need to accelerate progress towards achieving the three transformative results. Immediate and decisive action is essential to ensure that the groups in the most vulnerable situations – especially women, adolescents, and youth – are not left behind in Iraq's development.

4. Although Iraq has seen rapid population growth, the fertility rate has seen a significant decline over the past few decades. The rate decreased from 7.4 children per woman in 1970 to 3.3 in 2021. This decline varies significantly with age: women aged 15-24 years have a fertility rate of about 4.2, those aged 25-34 years have a rate of 3.3, and women aged 35-44 years have a rate of 2.0. The data indicates that population growth rates are increasing among younger age groups, suggesting a rapid overall demographic shift in the coming years, partially also exacerbated by early marriage. This trend can be linked to several factors, including the desire of women to demonstrate their fertility and societal pressures to bear children, and limited access to contraceptives for new families. Geographically, urban areas like Baghdad and Basra have rates around 3.2 children per woman, while rural regions such as Anbar and Nineveh exceed 5 children per woman. Income levels also show marked differences, with high-income households averaging 2.8 children, compared to 4.5 in lower-income households. Educational attainment plays a crucial role, as women with higher education levels have rates around 2.5 children, whereas those with primary education or less average about five children.

5. Iraq's fluctuating contraceptive prevalence rate highlights significant disparities in family planning access and effectiveness across the country. The percentage of ever-married women using modern contraceptives has increased to 43 per cent, up from 28.3 per cent in 2011. However, over 30 per cent of family planning users still rely on traditional methods, contributing to a high incidence of unintended pregnancies, estimated at 24 per cent. Consequently, unmet family planning needs range from 14 per cent to 25 per cent, with higher rates among women in the lowest income quintile (25 per cent) and women with disabilities (28 per cent). Satisfaction with modern family planning methods is around 54 per cent nationally but drops to 34 per cent in the Kurdistan Region, with significant variation among governorates. In urban centres like Baghdad, satisfaction rates for modern contraceptive methods are about 60 per cent, while in rural areas

and conflict-affected regions like Anbar, it falls to around 40 per cent. This low satisfaction with existing reproductive health services has led to a decrease in the use of public services and an increased demand for the private sector. As a result, household out-of-pocket health expenditures have almost doubled in recent years, rising from 46 per cent in 2012 to 79 per cent in 2018.

6. Over the last two decades, Iraq has experienced significant fluctuations in maternal health indicators, reflecting both progress and ongoing challenges. The maternal mortality ratio increased from 74 to 158 deaths per 100,000 live births between 2002 and 2006, then declined to 66 per 100,000 live births in 2012, as a result of a more stable security situation, before rising again to 79 per 100,000 live births in 2017 due to the ISIL invasion in Iraq and deteriorating economic conditions. However, the Ministry of Health annual report for 2023 shows that there has been a significant decrease in the previous two years, with an average of 28 per 100,000 live births. Maternal deaths at home doubled (from 13 per cent in 2012 to 29.6 per cent in 2018), highlighting insufficient access to healthcare facilities. Deliveries in public facilities decreased by 10 per cent, while private sector deliveries rose from 14 per cent to 22 per cent between 2017 and 2021, indicating a shift driven by the perception of better-quality care in private facilities despite higher costs. Additionally, Caesarean section deliveries increased nationally, from 33 per cent in 2011 to 35.8 per cent in 2021, indicating a greater medicalization of childbirth, especially in the private sector.

7. Spousal violence remains a critical issue in Iraq. In 2011, at least 46 per cent of married women aged 15-54 years reported experiencing spousal violence. Factors such as deeply ingrained cultural norms, economic dependency and lack of legal protections contribute to these high rates. Women with no formal education reported a 55 per cent incidence of violence, compared to 32 per cent among those with higher education. Younger women aged 20-24 years had a 50 per cent incidence rate, while it was 35 per cent for women aged 45-54 years. Regional disparities are notable: rural areas like Anbar and Nineveh exceed 55 per cent, whereas urban centres like Baghdad and Basra are around 40 per cent. Economic factors also play a role, with 55 per cent of women in the lowest income quintile experiencing violence, compared to 35 per cent in the highest quintile. Women with disabilities face higher rates (58 per cent). Refugees and internally displaced persons (IDPs) are also at increased risk, with rates often surpassing 60 per cent due to heightened vulnerability and instability. Social stigma, fear of retribution and limited access to education and employment further exacerbate vulnerability to domestic violence. In 2021, spousal violence decreased to less than 30 per cent.

8. Iraq has made significant strides in reducing the prevalence of female genital mutilation (FGM). In 2011, 8 per cent of Iraqi women aged 15-49 years were victims of FGM, with a higher prevalence of 43 per cent in the Kurdistan region. By 2018, these rates had dropped to 7.4 per cent at the national level and 37.5 per cent in Kurdistan. The decrease can be attributed to a significant decline within the younger cohorts. Among girls aged 0-14 years, the prevalence of FGM was 21 per cent in 2011 (26 per cent in Kurdistan) and in 2018, among girls aged 5-14 years, the rates significantly decreased for all of Iraq (0.5 per cent) and in Kurdistan (3.2 per cent), indicating the steady progress toward the total elimination of FGM in Iraq.

9. Marriage of underage girls remains a pervasive issue in Iraq, with significant disparities among different demographics and regions. Moreover, this issue is highly contested due to the varying interpretations of religious rulings across different sects regarding the appropriate age for a girl's marriage. In 2018, 28 per cent of women aged 20-24 years were married before the age of 18, with 7 per cent married before the age of 15. These rates are higher among those with only primary education or no education (34 per cent), compared to those with secondary or higher education (7 per cent). Girls from the poorest households faced a marriage rate of 30 per cent, compared to 19 per cent among the richest households. Rates of underage marriage are also higher in rural areas than in urban centres. Refugees, internally displaced persons, and girls with disabilities face increased risks, with marriage rates exceeding 35 per cent among refugees and 25 per cent among girls with disabilities. Tribal customs and parental influence are significant factors, accounting for 69 per cent of cases. Consequently, Iraq has a high adolescent fertility rate, estimated at 72 births per 1,000 girls aged 15-19 years in 2020. This rate is considerably

higher in rural areas, at 85 births per 1,000 girls, compared to 58 births per 1,000 girls in urban areas, highlighting the urgent need for targeted interventions.

10. In recent years, Iraq has made considerable progress in availing population data through the 2018 Multiple Indicator Cluster Survey, the 2019 National Adolescent and Youth Survey, and the 2021 second Iraqi Women's Integrated Survey for Health. Nevertheless, Iraq still faces substantial challenges in its data management and statistical infrastructure. The country's data systems remain fragmented, with different ministries and agencies independently collecting and managing data. This fragmentation leads to inconsistent and non-comparable datasets due to a lack of standardization. The statistical infrastructure is weak, characterized by outdated technology and methodologies, along with a shortage of trained statisticians and data analysts within government agencies. Moreover, issues related to data accessibility and transparency exacerbate the problem, as restrictive data-sharing policies make population data inaccessible to the public, researchers and policymakers. The last nationwide population census was conducted in 1987. Another census was conducted in 1997 but did not include the Kurdistan region of Iraq. A new census is planned for the end of 2024. The absence of up-to-date and accessible data hinders evidence-based policy formulation and the identification of marginalized groups, as well as the monitoring of the progress being made towards national priorities and Sustainable Development Goals (SDGs).

11. A number of project evaluations, lessons learned from the implementation of the current country programme, and findings from the Common Country Analysis (CCA) underscore several urgent areas requiring attention to achieve the three transformative results of UNFPA in Iraq. The health system is burdened by outdated infrastructure, a vertical delivery model and an unevenly distributed workforce. Reproductive health services are limited to a small proportion of primary healthcare centres, heavily reliant on doctors, and plagued by weak commodity and supply systems. Less than a quarter of public health facilities offer family planning services, primarily in urban areas. Women's protection services are similarly limited and poorly coordinated. Data collection is compromised due to reliance on fragmented and outdated systems. The legislative and policy environment suffers from fragmented planning and weak execution. Additionally, social norms and misinformation hinder family planning and protection programmes for women and groups in vulnerable situations, exacerbated by inadequate media engagement and audience segmentation. These issues collectively undermine the utilization of existing services and lead to negative health outcomes, particularly for poor and groups in vulnerable situations, as well as increased household out-of-pocket health expenditures. Accordingly, a number of project evaluations have recommended future programming to place emphasis on evidence generation and assessments to inform programming and support advocacy efforts, on strengthening the quality-of-service provision as well as on capacity building and awareness raising. The final evaluation of the Iraq UNSDCF 2020-2024, among other things, highlighted the need to use new technologies to develop data generation systems and support Iraq in census undertaking. It also suggested strengthening United Nations support to youth to make them agents of change in supporting the delivery of the SDGs.

## **II. Programme priorities and partnerships**

12. The country programme for 2025-2029 aligns with the UNFPA Strategic Plan, 2022-2025 and Iraq's vision of becoming a resilient and prosperous nation by 2030. Derived from the National Development Plan, 2024-2028 and the United Nations Sustainable Development Cooperation Plan (UNSDCF), 2025-2029, the programme was developed through extensive consultations with key stakeholders, including government ministries, civil society, women's and youth groups, United Nations agencies and other development partners. The programme is informed by the International Conference on Population and Development (ICPD) Programme of Action and seeks to advance the 2030 Agenda for Sustainable Development by directly supporting Sustainable Development (SDGs) 3, 5, 10, 16 and 17. The programme supports Iraq's voluntary national ICPD+25 commitments and focuses on scaling up UNFPA normative functions in policy advocacy, reproductive health standards and legal frameworks to protect women's rights and promote equality between men and women.

13. The programme's overall vision aligns with the Decade of Action and focuses on accelerating towards the achievement of the three transformative results: ending unmet need for family planning; ending preventable maternal deaths; and ending violence against women and harmful practices. The programme actively prioritizes those left furthest behind and disadvantaged populations, dismantling barriers to access and participation.

14. The programme contributes to five pillars of Iraq's National Development Plan 2024-2028: (a) improving human capital and building capabilities; (b) promoting spatial development to enhance comparative advantages and achieve rural development; (c) advancing digital transformation and systems automation; (d) fostering positive adaptation to climate change; and (e) ensuring good governance. It also supports four priority pillars of the UNSDCF 2025-2029: (a) inclusive social development; (b) sustainable economic development, livelihoods and employment; (c) environmental and climate change resilience; and (d) good governance, rule of law and human rights.

15. Building on the achievements of past humanitarian interventions, due to increased stability in the country, the proposed development programme recognizes Iraq's capacity as an upper-middle-income country to finance its development agenda. The programme will primarily focus on upstream activities, such as providing state-of-the-art expertise to assist the Government in generating and analysing population data, making this evidence accessible to planners and decision-makers, and supporting the review and formulation of laws and policies that enhance the accessibility of services for women and youth, with an emphasis on adolescent girls. Additionally, the programme will engage in midstream activities to strengthen national systems aimed at improving the quality of reproductive health, women's protection, and services for young people. To a lesser extent, the programme will focus on downstream activities, forging partnerships with religious entities, endowments and civil society, including youth-led organizations and networks, and promote opportunities, informed participation and decision-making of young people. It will also sustain services for IDPs and refugees while ensuring UNFPA readiness to respond to reproductive health and protection needs in humanitarian emergencies, given the country's fragility.

16. The programme will advance Iraq's development by delivering three interlinked outputs, facilitated by five key accelerators: (a) human rights-based and transformative approaches, placing women and girls at the centre of policies and programming, and engaging men to support equality between women and men and eliminate harmful practices; (b) partnerships, South-South and triangular cooperation, and financing, leveraging collaborations with the Government, the private sector, civil society, academia and religious groups, to finance and expand reproductive health and women's protection programmes and combat harmful practices; (c) resilience and adaptation, and complementarity among development, humanitarian and peace-responsive efforts, ensuring a full transition from humanitarian aid to development programming while maintaining readiness for future crises and promoting peace programmes targeting youth; and (d) data and evidence, supporting effective advocacy efforts and evidence-based programming that focuses on equity between women and men and reaching those furthest left behind; (e) innovation and digitalization, focusing on digital data generation and access, and improving reproductive health and women's protection service delivery.

17. To support the programme's vision, UNFPA will leverage strategic partnerships with a broad range of stakeholders at national and subnational levels, mainly with government ministries, parliament, civil society, especially women and youth-led organizations, the private sector, international financial institutions, and by collaborating with United Nations agencies through joint programmes. Emphasizing South-South and triangular cooperation, the programme aims to achieve the envisioned results through collective efforts. UNFPA, in collaboration with relevant United Nations agencies, will address broader determinants impacting reproductive health and equality between men and women, including education, economic empowerment and health system strengthening. This collaborative approach maximizes resources and expertise, ensuring a more holistic and impactful programme.

18. The country programme will be risk-informed, incorporating strategies for emergency preparedness, mitigation, prevention, and response, as well as ensuring accountability to affected

populations by increasing channels for reporting issues, protection risks and access impediments. It will contribute to resilience building and sustainability, facilitating the transition from humanitarian aid to development and supporting recovery from both natural and human-made disasters. Efforts toward disaster risk reduction and addressing climate change will also be integral components of the programme.

19. The programme will also focus on the following SDG transitions: digital connectivity, education, jobs and social protection, and climate change. By prioritizing these areas, it aims to create a sustainable and resilient future for Iraq, ensuring that no one is left behind and everyone is served equally.

**A. Output 1. Enhanced institutional capacities at national and subnational levels for evidence-based analysis, formulation, implementation and monitoring of policies frameworks, aimed at advancing reproductive health and reducing violence and harmful practices against vulnerable women, adolescent girls and young people.**

20. This output contributes to UNSDCF Outcomes 1, 3 and 4, and aligns with three of the UNFPA Strategic Plan outputs on policy and accountability; quality of care and services; and population change and data. It supports the Government in enhancing legislation, policies and plans, backed by a robust population statistical system, ensuring these frameworks are evidence-based and tailored to the population's needs. The interventions strengthen reproductive health and women's protection services and services for young people by modernizing data collection systems, advocating for innovative financing and producing evidence-based policy documents, building on ones developed in the previous programme cycle, including the National Population Policy. The output will support an enabling environment by removing barriers to accessing services, particularly for groups in vulnerable situations, and by engaging legislative and judicial bodies.

21. The programme will: (a) support relevant government, academic and research institutions in generating, analysing and disseminating user-friendly high-quality population data, especially recent census data, analysing relationships between population dynamics and climate change, and in utilizing demographic intelligence for effective planning and decision-making; (b) support the modernization of population data collection and sharing systems and platforms as well as civil and vital registration systems; (c) conduct high-level advocacy for innovative financing and investments from both domestic government and private-sector sources to support integrated service delivery of reproductive health and women's protection services; (d) produce evidence-based position papers and policy briefs on critical population issues, including the demographic dividend, population and climate change, and cultural norms related to harmful practices; (e) engage and support parliament, the judiciary and law enforcement in mapping needs and formulating inclusive laws that address discrimination of and barriers to women's access to services; (f) support relevant government institutions at national and local levels to develop and finance multisectoral and multi-year plans for the implementation of existing policies and strategies aimed at increasing client-centred reproductive health, women protection services and programmes targeting young people; (g) promote monitoring and accountability on global/regional frameworks that advance population and development and reproductive health (e.g. voluntary national reviews, universal periodic reviews, nationally determined contributions); and (h) support the development of a national strategy for the development of statistics for improved data and evidence generation and use.

**B. Output 2. Enhanced technical capacity of the Government and relevant civil society organizations at national and subnational levels to deliver integrated, high-quality reproductive health and women's protection services, specifically targeting disadvantaged geographical locations and the most vulnerable women, adolescents and youth.**

22. This output contributes to UNSDCF Outcome 1 and aligns with two of the UNFPA Strategic Plan outputs on quality of care and services, and humanitarian action. It aims to enhance service delivery by improving the quality of reproductive health care and protection services for women and young people. By focusing on capacity-building for healthcare providers, social workers, and

law enforcement officers and ensuring the even distribution of health workers, this output ensures inclusive, high-quality health and protection services, advancing the well-being of all Iraqis.

23. The programme will (a) support the skills development of health workers, social workers, and law enforcement officers in providing quality reproductive health and women protection services informed by innovation and digital technology; (b) support streamlining of product registration and improving logistics and supply-chain management systems for better forecasting and quantification; (c) assist the Ministry of Health in expanding reproductive health service provision within primary health care system and other existing health services, including use of geo-spatial analysis to identify underserved areas; (d) support the Government to enhance its accountability channels with affected people for social protection systems, and work with civil society organizations to be a direct reference of service provision as part of the referral pathway feedback mechanism; (e) enhance coordination among government institutions and civil society organizations involved in women's protection programmes and promote the adoption and utilization of technology, such as online platforms, for preventing violence against women; (f) develop innovative modalities and support the Ministry of Health, in collaboration with other sectors, to strengthen adolescent and youth-friendly health services, building on experience and lessons learned from other Arab countries; and (g) support the provision of a minimum standard package of reproductive health, mental health, and women's protection services targeting marginalized groups, including refugees, IDPs, people with disabilities, women and youth in conflict and climate-affected regions.

**C. Output 3. Enhanced capacity for social mobilization among key government, religious and civil society institutions to address discriminatory social norms, promote demand for reproductive health services – including family planning – and reduce harmful practices, especially against disadvantaged women, adolescent girls and youth.**

24. This output contributes to UNSDCF Outcomes 1 and 2 and aligns with the UNFPA Strategic Plan outputs on social norms and adolescents and youth. It addresses harmful social norms against women and girls that negatively impact their well-being and development. This includes increasing demand for reproductive health through high-level initiatives targeting leaders, partnerships to combat barriers and harmful practices, and promoting positive behavioural change while providing culturally sensitive, age-appropriate education for young people.

25. The programme will: (a) support high-level initiatives aimed at engaging policy and other decision-makers at both national and governorate levels to raise awareness and garner support against negative social norms and inequalities that hinder women's socioeconomic advancement; (b) collaborate with religious entities, endowments and tribal leaders, civil society, including youth-led organizations, to establish mechanisms to engage them in advocacy for fostering positive behavioural changes and combating harmful practices, including early marriage; (c) collaborate with decentralized authorities, community leaders and civil society, including youth-led organizations, to invest in creating mechanisms that promote healthier behaviours; (d) facilitate the creation and dissemination of innovative multimedia content that highlights success stories and positive examples of efforts to address harmful practices against women while increasing demand for reproductive health services; and (e) support systems and initiatives that promote culturally sensitive and age-appropriate education, focusing on topics such as pre-marital education, life skills, peace-building and positive health behaviours among youth and young people.

### **III. Programme and risk management**

26. UNFPA, in partnership with the Government and coordinated by the Ministry of Planning, will collaborate with United Nations entities, civil society and community-based organizations to implement the programme. A harmonized approach to cash transfers will be applied, following risk and capacity assessments of implementing partners. Key government collaborators include the Ministry of Health, the Ministry of Labour and Social Affairs, the Ministry of Youth, the Ministry of Education, and the Central Statistics Organization, as well as the Department of Iraqi Women Affairs

27. Given the reorientation of this programme from humanitarian to development programming, office functions will be reconfigured to shift the roles of staff from direct service delivery to policy-level engagement and strengthening the resilience of national systems, including risk reduction and preparedness. It will be essential to maintain certain capacities within the remaining humanitarian programme as it scales down, particularly in rapid response and coordination among partners. This will ensure that staff are equipped to handle sudden shocks effectively. Additionally, technical assistance will be sought from UNFPA regional and headquarters offices, along with specialized expertise from United Nations country team (UNCT) agencies such as the World Health Organization Regional Office for the Eastern Mediterranean experts and research and academic institutions in the country and region, to facilitate this transition.

28. The programme will leverage partnerships with traditional and emerging donors, United Nations agencies, academia, think tanks, civil society, the business sector, parliamentarians and South-South collaborations. It will explore diverse funding streams, innovative financing mechanisms and direct government contribution. By transitioning from funding to funding and financing, UNFPA aims to optimize government contributions for advanced technical assistance in policy and legislative formulation, institutional capacity building and behavioural change.

29. Considering Iraq's fragility and political and security risks, UNFPA will regularly assess operational and programmatic risks. The programme faces risks of reduced funding from traditional donors, prompting efforts to expand its funding portfolio. To minimize personnel costs while maintaining calibre, the country office will prioritize hiring national staff and only use international personnel where certain expertise is necessary. UNFPA will apply social and environmental standards to mitigate these risks and ensure sustainability and inclusivity.

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

#### **IV. Monitoring and evaluation**

31. UNFPA is committed to ensuring accountability, fostering adaptive learning and promoting effective knowledge management throughout the programme cycle. This includes results-based management, real-time monitoring and continuous course correction. The programme will collaborate with government ministries, national partners, civil society, the private sector and other stakeholders to accelerate progress towards sustainable development, using coordination mechanisms to monitor progress and enhance effectiveness.

32. UNFPA and its partners will develop a comprehensive monitoring and evaluation (M&E) plan aligned with UNFPA policies, results-based management principles and UNSDCF guidance. This plan will leverage digital technologies for data collection and analysis, promoting continuous learning and enabling agile implementation. Regular quality assurance and capacity-building initiatives will be implemented to foster a results-oriented culture.

33. Active participation in the UNSDCF M&E group will ensure UNFPA contributions to annual reports and the final evaluation of the cooperation framework. UNFPA will support UNCT efforts to monitor the 'leave no one behind' principle through the use of disaggregated data, aligning M&E processes with Iraq's national development priorities. UNFPA will also work with national stakeholders and the UNCT for programme and UNSDCF monitoring, including linkages with UNInfo.

34. The M&E plan will include field monitoring visits, annual and midterm reviews, periodic financial performance reviews, thematic and programmatic evaluations, yearly progress reports, risk assessments and knowledge management initiatives. Thematic evaluations for major interventions and a final independent country programme evaluation will assess the programme's achieved results, identify lessons learned, document good practices and inform future programming. The accompanying costed evaluation plan summarizes planned evaluative activities during the programme cycle.



35. UNFPA will enhance Iraq's national M&E capacities by supporting the strengthening of population data management systems to facilitate reliable data collection and sharing. UNFPA will also support Iraq in tracking progress toward national SDGs, assisting with voluntary national reports and universal periodic reviews, where relevant, and will support, when possible, the implementation of human rights recommendations emanating from these reports, particularly those related to the ICPD agenda and the UNFPA mandate.

### RESULTS AND RESOURCES FRAMEWORK FOR IRAQ (2025-2029)

<b>NATIONAL PRIORITY:</b> Digital transformation and systems automation. Positive adaptation to climate change. Good governance.				
<b>UNSDCF OUTCOME(S):</b> 4. By 2029, people in Iraq, particularly women, girls, youth, and groups in vulnerable situations, benefit from transparent, accountable, inclusive, and effective governance in institutions that enhance peace, the rule of law and human rights; 3. By 2029, people in Iraq, particularly women, girls, youth and groups in vulnerable situations, live in a clean, healthy, safe and resilient environment, and have increased resilience to climate change impacts and disaster risks.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated; 3. By 2025, the reduction in violence against women and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of the population living below the international poverty line, by sex, age, employment status and geographic location (urban/rural) <i>Baseline: 20% (2023); Target: 13% (2029)</i></li> <li>National Statistical Performance Indicator score <i>Baseline: 56.3/100 (2022); Target: 65/100 (2029)</i></li> <li>Legal frameworks that promote, enforce and monitor equality between sexes (percentage of achievement, 0 to 100): (a) Overarching legal frameworks and public life; (b) Violence against women; (c) Employment and economic benefits; (d) Marriage and family <i>Baseline: (a) 45.5%; (b) 55.6%; (c) 70%; (d) 36.4%</i> <i>Target: (a) 55%; (b) 60%; (c) 75%; (d) 45%</i></li> </ul>	<p><u>Output 1.</u> Enhanced institutional capacities at national and subnational levels for evidence-based analysis, formulation, implementation and monitoring of policies frameworks, aimed at advancing reproductive health and reducing violence and harmful practices against vulnerable women, adolescent girls and young people.</p>	<ul style="list-style-type: none"> <li>Number of actionable recommendations for policy and programmatic changes resulting from enhanced capacity of national and subnational institutions, with UNFPA support, to conduct in-depth thematic studies and analyses on the 2024 census results and other data sets <i>Baseline: 0 (2024); Target: 8 (2029)</i></li> <li>Percentage of trained stakeholders, including parliamentarians, who demonstrate increased capacity and take action to develop and advocate for laws and policies that promote women’s rights, enhance access to services, and address the impacts of climate change on women and girls, as a result of the programme’s training <i>Baseline: 0% (2024); Target: 80% (2029)</i></li> <li>Percentage of policy briefs on reproductive health and reducing harmful practices that result in follow-up actions, such as policy discussions, draft legislation or reforms at national and subnational levels <i>Baseline: 10% (2024); Target: 50% (2029)</i></li> </ul>	<p>Ministries of Planning; Youth and Health (Federal and Kurdistan Region); Central Statistical Office; Kurdistan Region Statistical Office; Higher Population Council; UN-Women; higher education and scientific research.</p>	<p>\$10.5 million (\$2.5 million from regular resources and \$8.0 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Improving human capital and building capabilities. Spatial development that enhances comparative advantage and achieves rural development.				
<b>UNSDCF OUTCOME(S):</b> 1. By 2029, people in Iraq, particularly women, girls, children, youth and groups in vulnerable situations, benefit from improved access to high-quality, inclusive, accessible and equitable social services and a functional, responsive and rights-based social protection system.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated; 3. By 2025, the reduction in violence against women and harmful practices has accelerated.				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 53.7% (2018); Target: 60% (2029)</i></li> <li>Coverage of essential health services (UHC Service Coverage Index score) <i>Baseline: 59% (2021); Target: 75% (2029)</i></li> <li>Neonatal mortality rate (deaths per 1,000 live births) <i>Baseline: 14.1 (2022); Target: &lt;12 (2029)</i></li> </ul>	<p><u>Output 2.</u> Enhanced technical capacity of the Government and relevant civil society organizations at national and subnational levels to deliver integrated, high-quality reproductive health and women's protection services, specifically targeting disadvantaged geographical locations and the most vulnerable women, adolescents and youth.</p>	<ul style="list-style-type: none"> <li>Percentage of public primary health facilities providing family planning services <i>Baseline: 37% (2024); Target: 60% (2029)</i></li> <li>Percentage of social protection centres that have integrated mental health and psychosocial support services into women's protection programmes, with UNFPA support <i>Baseline: 0% (2024); Target: 80% (2029)</i></li> <li>Percentage of adolescents and youth reporting satisfaction with reproductive health services and information received through innovative modalities, such as education programmes, mobile health applications, counselling helplines and youth health-friendly services at primary health care centres <i>Baseline: 0% (2024); Target: 80% (2029)</i></li> <li>Percentage of the target population receiving comprehensive reproductive health and mental health services, including women's protection services, in conflict and climate-affected regions (disaggregated, including persons with disabilities) (non-cumulative) <i>Baseline: 40% (2024); Target: 50% (2029)</i></li> </ul>	<p>Ministry of Health; Directorates of Health Services; Ministries of Culture; Human Rights; Labour and Social Affairs; Education, Justice; Interior; Parliament; Kurdistan Regional Government; non-governmental organizations; the media; World Health Organization; UNICEF; UN-Women, United Nations.</p>	<p>\$12.0 million (\$2.5 million from regular resources and \$9.5 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Improving human capital and building capabilities. Spatial development that enhances comparative advantage and achieves rural development.</p>				
<p><b>UNSDCF OUTCOME(S):</b> 1: By 2029, people in Iraq, particularly women, girls, children, youth and groups in vulnerable situations, benefit from improved access to high-quality, inclusive, accessible and equitable social services and a functional, responsive, and rights-based social protection system; 2: By 2029, people in Iraq, particularly women, girls, youth and groups in vulnerable situations, benefit from more resilient livelihoods and decent work opportunities resulting from a more diversified, inclusive, sustainable, green and equitable economic development</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated; 3. By 2025, the reduction in violence against women and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Proportion of women (aged 20-24 years) who were married or in a union before age 15 and before age 18 <i>Baseline: 25.5 (2021); Target: 21 (2029)</i></li> </ul>	<p><u>Output 3.</u> Enhanced capacity for social mobilization among key government, religious and civil society institutions to address discriminatory social norms, promote demand for reproductive health services, including family planning, and reduce harmful practices, especially against disadvantaged women, adolescent girls and youth.</p>	<ul style="list-style-type: none"> <li>Percentage of governorates with public commitment from leaders to address harmful practices, including early marriage, as a result of high-level advocacy events conducted specifically targeting policy and decision-makers <i>Baseline: 0% (2024); Target: 50% (2029)</i></li> <li>Percentage of governorates supported by UNFPA that have at least one media outlet actively promoting messages on positive social norms for reproductive health and women's protection throughout the year <i>Baseline: 0% (2024); Target: 80% (2029)</i></li> <li>Percentage of governorates with behaviour change education initiatives supported by UNFPA that specifically target young people. <i>Baseline: 0% (2024); Target: 60% (2029)</i></li> </ul>	<p>Ministries of Labour and Social Affairs; Youth and Sports; Health; Education; Higher Education and Scientific Research; Human Rights; Justice; Interior; Parliament; Kurdistan Regional Government; Directorates of Health' Labour and Social Affairs; Services; non-governmental</p>	<p>\$9.5 million (\$2.5 million from regular resources and \$7.0 million from other resources)</p> <p>Programme coordination and assistance: \$1.3 million</p>

			organizations; the media; World Health Organization; UNICEF; UN-Women; International Labour Organization.	from regular resources
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