Country Programme Action Plan

Between

the Government of the Islamic Republic of Iran

and

the United Nations Development Programme (UNDP)

2012-2016

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Framework

The Government of the Islamic Republic of Iran and the United Nations Development Programme-Tehran are in mutual agreement to the content of this document and their responsibilities in the implementation of the Country Programme.

FURTHERING their mutual agreement and cooperation for the realization of the development priorities of the Fifth National Development Plan, Millennium Development Goals and the United Nations Conventions and Summits to which the Government of the Islamic Republic of Iran and UNDP are committed,

BUILDING upon the experience gained and progress made during the implementation of the previous Country Programme (2005 to 2011),

ENTERING into a new period of cooperation (2012 to 2016),

DECLARE that these responsibilities will be fulfilled in a spirit of close cooperation and have agreed as follows:

Part I. Basis of Relationship

- 1.1 WHEREAS the Government of the Islamic Republic of Iran (hereinafter referred to as "the Government") and the United Nations Development Programme (hereinafter referred to as UNDP) have entered into the Agreement concerning Assistance from the Special Fund, which was signed by both parties on 6 October 1959, as well as agreed on 26 July 2010 to the provisions of the Legal Annex (Standard Annex to project document in place of the Standard Basic Assistance Agreement), attached to and forming part of this CPAP, UNDP's cooperation with the Government shall be made available to the Government and shall be furnished and received in accordance with the relevant and applicable resolutions and decisions of the competent UNDP organs, subject to the availability of the necessary funds to the UNDP.
- 1.2 In particular, Decision 2005/1 of 28 January 2005 of UNDP's Executive Board approved the new Financial Regulations and Rules, and along with them the new definitions of "execution" and "implementation," enabling UNDP to fully implement the new Common Country Programming Procedures resulting from the UNDG simplification and harmonization initiative. In light of this decision, this CPAP, together with an AWP (when applicable), shall form the basis upon which the project documents shall be prepared and signed.
- 1.3 Within the National Implementation of UNDP projects in the Islamic Republic of Iran, the Government is responsible for the management and delivery of programme activities to achieve project outputs. In this case, national laws, regulations, rules and procedures apply to project implementation to the extent that they are aligned with the principles of the Financial Regulations and Rules of UNDP.

Part II. Situation Analysis

2.1 The Islamic Republic of Iran is a middle-income country with a population of 75 million and gross domestic product (GDP) of nearly \$350 billion per annum. Annual GDP per capita growth has averaged 3.5 per cent per annum. In 2010, it ranked 70th on the Human Development Index (HDI) out of 169 countries, with an HDI of 0.70. Over the years, Iran has successfully delivered basic services such as health, education and electricity to its people and is an early achiever or on track to

achieve most of the Millennium Development Goals (MDGs) by 2015.¹ Progress has been most notable under MDGs 1, 2, 4 and 5. Good progress has been made under MDG 7, particularly with respect to improved sources of water and phasing out of ozone-depleting substances. The \$2 a day purchasing power parity (PPP) poverty rate fell from 4.8 per cent in 2000 to 1.7 per cent in 2005, while the percentage of the population below the minimum level of dietary energy consumption fell from 13.2 per cent to 7 per cent in the same period. Iran's accomplishments in social and human development can also be seen in a significantly improved HDI, which rose gradually from 0.67 in 2005 to 0.70 in 2010, owing mainly to the health and education indicators. Significantly, the 5th National Development Plan specifically refers to the improvement of the HDI as one of Iran's national development priorities for the next five years. Sound social policies and significant resource allocations to social sectors over a long period of time, which has averaged nearly 40 per cent of the government annual budget, and the increased overall human capital development, which further enabled improved social development and social services provision, account for Iran's notable success.

- 2. 2 Iran has also made significant progress in women's education and health since 1990 and further efforts are being made to address female unemployment and the low number of women in high decision-making bodies, such as the Parliament. Key achievements include an increase in the percentage of literate women compared to men aged 15 to 24 years from 95.2 per cent in 1997 to 98.6 per cent in 2005; the percentage of girls compared to boys in primary, secondary and tertiary education increased from 85.6 per cent in 1997 to 93.9 per cent in 2005; and the current number of women in university is more than half of all students. This progress is reflected in the Gender Development Index (GDI) for Iran, which rose from 0.713 in 2004 to 0.770 in 2009.
- 2.3 Since 1979, the country's population has more than doubled and over half (50.2 per cent) is below the age of 25, representing a major opportunity for Iran's development. In March 2010, the estimated unemployment rate was 11.9 per cent (16.8 per cent for women), which fell from 15 per cent in 2004. The official unemployment rates for young people stood at 22.7 per cent for men and 32.4 per cent women in 2008. At the end of 2010, Iran began to implement drastic cuts to state subsidies on fuels, utilities and basic foodstuffs, to reduce economic distortions and waste. A system of compensatory monthly cash transfers reached an estimated 80 per cent of the population and was put in place to cushion the impact of the resulting price increases in addition to the already ongoing social welfare measures.
- 2.4 The Government is continuing its efforts to combat HIV/AIDS, tuberculosis and malaria. With regard to HIV/AIDs, the focus is on harm-reduction strategies, which has resulted in the expansion of HIV prevention services among injecting drug users and prison inmates. Government efforts to control tuberculosis and malaria focus on poor people in areas with a high prevalence. Socioeconomic and health indicators, including education, unemployment, and child mortality rates in some provinces are lower than the national average. In the case of malaria, the number of laboratory-confirmed autochthonous malaria cases decreased from 11,923 in 2006 to 2,166 in 2010. The incidence rate of tuberculosis in 2007 decreased by 41.6 per cent compared to its level in 1990. The mortality rate of tuberculosis in 2007 decreased by 46.1 per cent compared to 1990. Iran has a concentrated HIV/AIDS epidemic among injecting drug users, and the prevalence rate among the

¹ The sources for all the statistical information in paragraphs 2-4 which concern MDG indicators and national accounts information are: (a) National MDG Report 2006, tables; (b) Central Bank of Iran national accounts information (http://www.cbi.ir/simplelist/5799.aspx); (c) Statistical Yearbook of Iran, 2009, Summary Report of the Labour Force Survey, 2009;, as well as the MDG statistics section (www.amar.org.ir); and (d) GHDR 2010.

general population is less than 0.1 per cent, 14.3 per cent among injecting drug users, 1.27 per cent and 0.75 per cent among male and female inmates, respectively.²

- 2.5 Iran's diversity in climatic conditions and its rich marine and terrestrial biodiversity and ecosystems are rooted in its unique geography. Pressure has been put on environmental resources and biodiversity due to persistent droughts, heavy stress on and pollution of scarce water resources, air pollution in urban and industrial areas, as well as degradation of rangelands, wild life and soil erosion. The potential impacts include: loss of arable land; depletion of groundwater, which is the main source of water for irrigation in the farming sector; desertification and deforestation; impacts on health and livelihoods, in particular, of the rural and urban poor.
- 2.6 Given its location in one of the most seismically active regions of the world, Iran is the sixth most disaster-prone country in the world. Iran has developed an internationally recognized and effective disaster preparedness and response capacity at the national and local levels, but disaster prevention and risk reduction are areas that will continue to require longer-term and extensive efforts.

Part III. Past cooperation and lessons learned

- 3.1 The country programme for 2005-2011 went through several joint Government-UNDP outcomeand project-based evaluations and assessments, which concluded that the UNDP contribution in the
 areas of environment, support to the implementation of the Global Fight against AIDS, Tuberculosis
 and Malaria (GFATM), and disaster risk management have been relevant to Iran's priorities and that
 efforts were made to ensure institutional sustainability of the results. As noted below, a number of
 the results from UNDP contributions have been identified for replication or scaling-up by the
 Government.
- 3.2 Poverty reduction initiatives under the past cycle included the adoption of MDG indicators and targets in the Government's planning documents and the piloting of community participation and microcredit best practices for further scaling-up. A key result was the adoption of the HDI as a national indicator and integrated natural resource management practices at the sector level.
- 3.3 The evaluations have also highlighted UNDP contributions to national institutions, developing a participatory rangeland rehabilitation model, a microcredit system with alternative jobs for the rural poor, targeting men and women. As a result of a successful pilot, early in 2011, the Cabinet of Ministers approved the allocation of sizeable national funding to replicate the model. Drawing upon the Government-UNDP joint initiatives, the 5th National Development Plan has adopted the environmental assessment of strategic-level policies and plans as well as a country-wide "ecosystem-based approach" to the management of wetland ecosystems and biodiversity. The 2008 terminal evaluation of the first phase of the Conservation of the Asiatic Cheetah project confirmed that Iran has been successful in saving from extinction this iconic species and provided a platform for the upgrading of protected areas in 7 out of a total of 10 cheetah habitats.
- 3.4 The 2008 Montreal Protocol evaluation also highlighted Iran's contribution to the global efforts to safeguard the ozone layer. Iran is an early achiever of the phase-out milestones set by the Montreal Protocol. National strategies under the Climate Change and Stockholm Conventions have been developed with UNDP cooperation. The early findings of the 2011 project evaluation on disaster risk management, undertaken jointly by the Government and UNDP, confirmed the role of the project in raising awareness among policymakers, resulting in leveraging additional Government

² Report on the twentieth special session of the General Assembly, 2010; and WHO World Reports on Malaria and Tuberculosis, 2010.

funding. Two pilots implemented in the cities of Kerman and Gorgan on safe schools, neighborhoods and hospitals, are now consolidating results for nationwide replication. In close collaboration with the Strategic, Planning and Control Organization of the Government, disaster risk management was integrated nationwide. The programme also developed decision-making support tools -- a National Information Portal and a National Disaster Database.

- 3.5 As principal recipient, UNDP played a critical role in supporting Government access to the GFATM grants for HIV/AIDS, tuberculosis and malaria, as well as working with national partners so that, in line with advancing national priorities, it ensured that systems are in place to respond to performance-based management and quality monitoring and evaluation. Since 2005, UNDP has contributed to delivering over \$45 million and has accelerated the national response to HIV/AIDS. It has stabilized the prevalence rate among the injecting drug users, which is still the main source of transmission of HIV/AIDS in the country and slowed down the HIV/AIDS rate among prisoners. The malaria and tuberculosis programmes target provinces with the highest burden of these diseases. The contributions of the malaria programme have helped to introduce revised policy in the country to complete malaria eradication by early 2017. The tuberculosis programme has increased the treatment success rate from 82 per cent to 87 per cent after two years of programme implementation.
- 3.6 A number of lessons have been drawn from the past cycle, including the need for integrated/intersectoral programme initiatives and effective joint monitoring and evaluation frameworks based on jointly agreed baselines and indicators and incorporating exit strategies in programme design to ensure sustainability. Reviews of the previous country programme have also underlined that the country programme is more likely to reach its targets when (a) there is full ownership by the Government; (b) the United Nations is flexible in its planning and programming to respond to emerging national needs and priorities, and (c) UNDP acts as a convener/facilitator for transfer of knowledge, mutual learning and sharing of expertise through South-South cooperation as well as regional cooperation.

Part IV. Proposed Programme

- 4.1 The Country Programme 2012-2016 was prepared with the Government of the Islamic Republic of Iran and derives from the 5th Five-Year National Development Plan, the agreed Outcome areas of the United Nations Development Assistance Framework (UNDAF) 2012-2016, and key priorities of the UNDP Strategic Plan. In developing the new Country Programme, the Government and UNDP also have incorporated the lessons learned, as outlined above. For example, while maintaining a results orientation, care will be taken to ensure additional priority attention to national ownership.
- 4.2 The Country Programme 2012-2016 will focus on four main areas: (a) Poverty Reduction; (b) Health, in terms of support to GFATM implementation; (c) Environment; and (d) Natural Disaster Risk Management. In so doing, it will contribute to four of the five UNDAF priority areas, also similarly designated.
- 4.3 The middle-income status of the Islamic Republic of Iran provides a particularly important opportunity for UNDP to build on its comparative advantages, evolving more toward a role of upstream knowledge brokering and serving as a bridge with other developing countries. UNDP will therefore build on its global network of knowledge and best practices, through its network of Country Offices, to cooperate with the country in applying South-South modalities and through the application of Science and Technology. In addition, UNDP will work together with the Government to identify successful projects or initiatives for further replication/scaling up.

4.4 The UNDP Country Office is organized along the lines of the Country Programme and will continue to develop in-house expertise, in the areas identified in the Country Programme. Resources of the UNDP Regional Centres and UNDP Headquarters will be tapped for technical support and continued knowledge development in the context of the Country Programme.

Poverty Reduction

UNDAF/Country Programme Outcome 1: 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

Output 1: Capacities of relevant organizations to incorporate human development criteria (including basic development needs, local participation and capability development systems) into macroeconomic planning is further improved.

UNDAF/Country Programme Outcome 2: Improved national and sub-national capacities contribute to people living under the capability poverty line and 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

Output 2.1: Capacity of relevant organizations 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.

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 the most-at-risk groups/persons, is further enhanced.

4.5 Taking into account the Islamic Republic of Iran's middle-income status, with the Government at the macro level buttressing integral linkages with meso- and micro-aspects of poverty components and ensuring select capacity strengthening, it also will emphasize targeted policy advocacy and dialogue, as well as high-quality knowledge products that can disseminate good practices in identified areas where significant policy change is contemplated. Because the achievement of MDGs 3, 6 and 7 will have a direct impact on poverty, part of the focus will be on most-at-risk groups, including women, youth and people living with HIV/AIDS, tuberculosis and malaria. Poverty reduction initiatives will be linked with environment projects to reach out to the rural and urban poor, supporting their income generation with sustainable livelihoods.

4.6 The main objective will be to support an institutionalized and localized inclusive growth model that can ensure inclusive growth outcomes in favour of achievement of the MDGs, sustainable human development and results-based management. This model will integrate macroeconomic planning with social protection systems, employment generation and natural resources management, and will encompass national and sub-national levels. By including necessary piloting and collection of quality data for more evidence-based decision making, the process is expected to underpin integrated planning and budgeting to be considered for the 6th Five-Year National Development Plan that can incorporate HDI characteristics of planning.

- 4.7 Thus, the Government and UNDP will contribute to initiatives that will: (a) support the development of macro-planning models, monitoring and evaluation systems and coordination mechanisms to ensure high-quality, job-rich inclusive growth patterns; and (b) improve national and sub-national institutional capacity for formulating socioeconomic policies and social protection models. Specifically, it will help by proposing basic procedures and methods that are able to integrate planning systems across sectors and at all levels, and to establish their coordination procedures and standard operating mechanism, including necessary software. It also will the Government in its efforts to increase employment for local youth and women by introducing best practices on SMEs and microcredit, while promoting public-private partnerships. In addition, it will support the development of comprehensive knowledge products on inclusive growth, including indicators, best practices and a special report on inclusive growth and human development.
- 4.8 An inclusive growth strategy requires effective institutional and human capital development strategies to succeed. Particular attention will be given to supporting the Government in improving the macro-development planning, budgeting and management systems' allocation of resources and investments, which will be crucial to achieve the MDGs and sustain inclusive growth. Focus will be given to sectors in which the poor are especially employed; areas where the poor live and work; skills that the poor already have; and new employment possibilities for the poor and vulnerable.
- 4.9 The programme will support Government's efforts to enhance institutional capacity for such an inclusive growth focus within the national planning and management system (SPAC and DHMRD), as well the Ministry of Interior, the Ministry of Economic Affairs and Finance, the newly established Ministry of Cooperatives, Labour and Social Welfare, and the Ministry of Jihad Agriculture.
- 4.10 In particular, in designated pilot areas UNDP will work with the Government to support increased national budgetary allocations toward inclusive growth indicators and programme instruments within the 6th Five-Year National Development Plan, with the aim of national upscaling. An Outcome Board will be established to ensure coordination and quality assurance of the programme; the intent will be to transform the latter into a national entity that supports and monitors inclusive growth overall.

Health, in terms of support to GFATM implementation

UNDAF/Country Programme 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.

Output 3. UNDP, as principal recipient, to deliver the programmes under GFATM grants for HIV/AIDS, malaria and tuberculosis in partnership with Government to facilitate the achieving of the National Strategic Plan (NSP).

- 4.11 In close partnership with the country coordination mechanism and as a principal recipient, UNDP will contribute to the reduction of HIV/AIDS, tuberculosis and malaria through its support to the Government to implement grants from the GFATM and achieve the national AIDS, malaria and tuberculosis objectives.
- 4.12 In the area of HIV and AIDS, the approach will continue to be to address the multiple facets and underlying causes of HIV. UNDP will support Government efforts to scale up HIV/AIDS prevention and treatment programmes toward universal access. It will support improved access of women and men, including injecting drug users and prisoners, to comprehensive knowledge about HIV

transmission and safe practices. Capacity building for various institutions to deliver effective HIV services will be prioritized.

4.13 Tuberculosis prevention and intensified malaria control in high-burden areas will be deepened through supporting the Government to achieve relevant MDG and other international development targets. Programme management will be more holistic, resulting in more effective, efficient implementation of supply chain management, monitoring and evaluation, and reporting. Among other initiatives, the tuberculosis programme will pursue high-quality DOTS expansion, strengthen programme management capacities through strengthening M&E structures at local level, and address multi-drug-resistant TB and linkages between TB and HIV, while focusing on vulnerable and hard-to-reach populations in the eastern and southern provinces. Districts targeted by the malaria programme will be supported to develop strengthened health systems as well as inter-sectoral and community partnerships.

Environment

UNDAF/Country Programme Outcome4: National, sub-national and local capacities enhanced to ensure 1) integrated management, conservation and sustainable use of 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 pollution; 4) formulation and implementation of climate change mitigation and adaptation plans and projects

Output 4.1: Institutional capacities for integration of sustainable development in national policies supported

Output 4.2: Institutional capacities for sound chemicals management under the Montreal Protocol and Stockholm Convention supported

Output 4.3: National capacities for mitigation and adaptation to Climate Change supported

4.14 There is a need to link the increased capacities for natural resource management to their potential for generating socioeconomic benefits, poverty alleviation and sustainable development. Mainstreaming environmental concerns, including mainstreaming biodiversity conservation and integrated management of natural resources, into rural economic development continues to be highly relevant and urgently needed and will be reflected in the Country Programme results. This will support the Government's efforts to better align sectoral agendas — in agriculture, forests, rangelands, water, tourism, energy and infrastructure — into ecologically sensitive and sustainable development.

4.15 In particular, scaling up of a successful and cost-effective model to rehabilitation of desertified rangelands, which have demonstrated significant potential to sequester carbon in plants and soil in these areas for overall global benefit, will be implemented in arid environments. This model for community-based approaches to natural resources management has introduced social mobilization mechanisms such as Village Development Groups to empower local communities, particularly women, in undertaking rehabilitation work on their own and generating sustainable microenterprises. Past cooperation based on the Global Environment Facility's Small Grants Programme, at national, provincial and local levels, will also allow for sharing its experiences to a joint project on institutional strengthening and coherence for integrated natural resource management (MENARID).

- 4.16 Protected area sustainability will be improved through the piloting of a collaborative climate-resilient management model and development of sustainable financing schemes. Strengthened conservation of sensitive ecosystems such as the Caspian forests will be complemented by targeting of fragile low-forest-cover areas in the west of the country. Capacities also will be strengthened so that the most detrimental sectors to the environment adopt newly designed SEA and EIA frameworks that are mindful of the opportunity cost of environmental degradation and supported by key constituencies involved in sector policy formulation and implementation. Legislative and regulatory reforms will hold policy makers accountable for their sector decisions, thus making environmental sustainability an objective of the development process and integrating environmental sustainability into policy and sector reform.
- 4.17 With regard to climate change and energy, climate change mitigation and adaptation strategies will be enhanced at national and sub-national levels to promote a path aligned with a low carbon climate resilient development path. Capacity building will focus on support for the preparation of the country's Third National Communication to the United Nations Framework Convention on Climate Change (UNFCCC), as well as formulating nationally appropriate mitigation actions (NAMAs) and National Adaptation Plan (NAP). Other strategic objectives will address the role of technology and innovation policies with regard to mitigation and adaptation. Mitigation initiatives will focus on energy efficiency and renewable energy, as well as land use, land use change and forestry (LULUCF).
- 4.18 Iran is a party to the Montreal Protocol and must comply with its targets. At the 19th Meeting of the Parties to the Montreal Protocol in September 2007, an accelerated phase-out schedule for Hydroflorochlorocarbons (HCFCs) was adopted. The first control is the freeze on production and consumption of HCFCs from 1 January 2013. The other control steps are reduction of 10% by 2015, reduction of 35% by 2020, reduction of 67.5% by 2025, reduction of 100% by 2030 and complete phase out by 2040. The Department of Environment will be supported to implement stage I of the HCFC Phase-out Management Plan of Iran, addressing 2013 and 2015 targets. Implementation of the project will support the Government of Islamic Republic of Iran in reducing their HCFC consumption from 398.8 ODP tons in 2010 to 380.5 ODP tons in 2013 and 342.5 ODP tons in 2015.

Natural Disaster Risk Management

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UNDAF/Country Programme Outcome 5: 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

- Output 5.1: Institutional capacities for multi-sectoral DRR/DRM plans advanced
- Output 5.2: Institutional capacities for DRM contingency plans and risk assessment standards in urban areas supported
- **Output 5.3:** National capacities for community-based disaster risk management in urban earthquake and flood management supported

4.19 In Disaster Risk Reduction and Management (DRR/DRM), the intent will be to build on the achievements of the current programme, taking into accounts the strengths of the country's DRM system and capabilities to support the integration of DRR/DRM into national development planning. Strategic support will be rendered largely through technical assistance, with increased emphasis on

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working with strong partners with established reputations in their own technical areas. UNDP will facilitate regional and international cooperation for the exchange of knowledge and expertise.

- 4.20 Attention particularly will be given to support national efforts in strengthening nascent institutions such as the National Disaster Management Organization (NDMO), as well as recent legislation. UNDP will support development of nationally endorsed guidelines for integration of DRR/DRM concepts and standards into development policies and programmes. Likewise, it will continue to support strengthened community-based disaster management, particularly in urban areas and with regard to earthquakes and floods. Support for improved contingency planning will focus on most-at-risk communities and include development or improvement of DRR methodologies and tools. All represent key priority areas from the point of view of the national risk profile.
- 4.21 Iran has developed an internationally recognized and effective disaster preparedness and response capacity at the national and local levels, but disaster prevention and risk reduction are areas that will continue to require longer-term and extensive efforts. These capacities and knowledge also can be better used in multi-sectoral and multi-stakeholder planning in development sectors such as health, education, urban planning and environment. At the same time, comprehensive concepts and standards of risk reduction which include social dimensions as well as physical aspects of disaster prevention can be further improved. Policy- and strategy-level legislation, frameworks and tools at national level may effectively contribute to the better integration of DRR norms and standards into development planning, in turn reducing vulnerabilities to and risks of natural hazards.
- 4.22 As one of the megacities of the world, Tehran is highly vulnerable to natural hazards, particularly earthquake. Despite the valuable efforts made by the Tehran Disaster Mitigation and Management Organization (TDMMO) to upgrade preventive and responsive capacities of the city with regard to disasters, Tehran is still a disaster-prone due to its population density, old buildings and infrastructure, and potential scale of damages. To ensure the sustainable impact of risk reduction planning and implementation, institutional capacities of the disaster risk management system can be enhanced at national and local levels alike.
- 4.23 Crucially, communities and families play a key role in disaster risk management everywhere, and the Islamic Republic of Iran is no exception. Iranian institutions such as the Iranian Red Crescent Society (IRCS) have benefited significantly from community-based and local participation. Valuable experiences of community based disaster management in the country can be used to develop standardized models and guidelines.

Part V. Partnership Strategy

- 5.1 The Government is the prime partner of UNDP. Based on the agreement between UNDP and the Government partners, other partners such as civil society organizations and the private sector may also cooperate in implementation of the programme. UNDP will work jointly with other United Nations agencies and development partners to provide cooperation through the proposed programme.
- 5.2 The Government and UNDP will explore other cooperation modalities, where appropriate, such as technical cooperation among developing countries within the South-South framework. As outlined in the UNDAF, 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 UNDP.

- 5.3 Given Iran's middle-income country status and the fact that most of the UNDP contribution will be through knowledge transfer, using its global networks of knowledge in order to leverage limited core funds, emphasis will be placed on consolidating existing partnerships and proactively seeking new opportunities. UNDP core resources will serve as a catalyst, and the Government will step in with national resources to ensure successful implementation of the country programme. UNDP will work closely with the Coordinating Agency, SPAC and other relevant partners to ensure that Government cost-sharing contributions are made available and delivered within the agreed time frame.
- 5.4 UNDP will enhance its efforts in engaging partnerships and valuable support from global funding mechanisms such as the Global Environment Facility (GEF), Global Fund for AIDS, Tuberculosis and Malaria (GFATM), Montreal Protocol and others to help address national needs and financial resource gaps to meet the objectives of the joint Country Programme.
- 5.5 The Agencies of the United Nations System in the Islamic Republic of Iran have expressed their joint commitment toward the goals of the UNDAF 2012-2016. UNDP and participating United Nations Agencies will enhance joint planning and programming and pursue opportunities for joint programmes or projects.
- 5.6 Guided by the above, each programme component will be implemented in partnership with specific entities, as noted in the details of the RRF.

Part VI. Programme Management

- 6.1 The Country Programme will be nationally executed. Ministry of Foreign Affairs is the Government Coordinating Agency in relation to cooperation with UNDP and overall coordination. UNDP will use national implementation as the main modality for programme management. The Country Programme Steering Committee will nominate the Government Co-operating Agency directly responsible for the Government's participation in each UNDP assisted project. In accordance with its agreement with the Government, UNDP will continue to use direct implementation for GFATM grants. Based on the agreement between UNDP and Government partners, other partners such as civil society organizations and the private sector also may cooperate in implementation of the programme. UNDP will work jointly with other United Nations Agencies and development partners to provide cooperation through the proposed programme. In the event of natural disasters, and if requested by the Government, UNDP may use its fast-track procedures.
- 6.2 In programme design and implementation, UNDP works closely with national partners. The country programme builds on the United Nations reform principles, especially simplification and harmonization, by operating in line with the harmonized common country programming instruments such as the UNDAF results matrix, monitoring and evaluation, and programme resources frameworks in the CPAP and project documents. To the extent possible, UNDP and partners will use the minimum documents necessary, namely, the signed CPAP and signed AWPs, to implement programmatic initiatives. However, as necessary and appropriate, project documents would be prepared using, inter alia, the relevant text from the CPAP as well as AWPs. UNDP will sign the project documents with government partners in accordance with corporate practices and local requirements. The scope of inter-Agency cooperation will be strengthened through joint programmes/joint programming and/or geographical convergence.
- 6.3 All cash transfers to an Implementing Partner are based on the AWPs agreed between the Implementing Partner and UNDP.
- 6.4 In consideration of article 3.1, cash transfers for activities detailed in AWPs can be made by UNDP using the following modalities:

- 1. Cash transferred directly to the Implementing Partner:
 - a. After activities have been completed (reimbursement) i.e. through requests for direct payment, as the main modality;
 - b. Prior to the start of activities (direct cash transfer in the form of advance to be defined on a case-by-case basis and used for Government cost sharing only)
- Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
- 3. Direct payments to vendors or third parties for obligations incurred by United Nations Agencies in support of activities agreed with Implementing Partners.
- 6.5 In consideration of article 3.1, direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNDP shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.
- 6.6 Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNDP, or refunded.
- 6.7 Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits, as decided by the Country Programme Steering Committee.
- 6.8 Resource mobilization efforts will be intensified to support the Results and Resources Framework and ensure sustainability of the programme. Mobilization of other resources in the form of possible cost sharing, as well as trust funds, or Government cash counterpart contributions will be undertaken to secure funding for the programme.
- 6.9 UNDP and the Government will implement the Country Programme within the context of the UNDAF and the UNDAF High Level Steering Committee to ensure coordination with United Nations Country Team activities. For the purpose of overseeing the Country Programme implementation and monitoring and evaluation of the progress of results, a Country Programme Steering Committee has been established, co-chaired by the Ministry of Foreign Affairs and the UNDP Resident Representative.³ The Steering Committee, which is the highest decision-making body for the Country Programme, will meet twice a year to review progress in the implementation, continued relevance and impact of the development partnership. More specifically, the role of the Country Programme Steering Committee will be to:
 - Ensure alignment of Country Programme with national priorities;
 - Identify national capacities for implementation of programme (Government Cooperating Agencies and Implementing Partners);

³ The Country Programme Steering Committee comprises Government focal points from SPAC, the Ministry of Cooperatives, Labour and Social Welfare, the Ministry of Health, NDMO, and the Department of Environment.

- Systematic annual reviews of the full CPAP within the context of the work of UNDAF Theme Groups;
- Provide input to UNDAF Annual Review through UNDAF Theme Groups;
- Lead the Mid-term Review of the Country Programme;
- Endorse changes in the direction of the Country Programme as well as to the allocation of resources when/if required;
- Oversee compliance with CPAP Evaluation Plan.

The Country Programme Steering Committee will receive the outcome evaluation reports and make decisions for improvement of the programme. The Steering Committee also has oversight on the implementation of outcome evaluation recommendations.

6.10 Comprised of the Cooperating Agencies, the **Outcome Boards** will be accountable to the Country Programme Steering Committee. The Outcome Boards are responsible for quality assurance of their specific Country Programme Outcome. They will monitor the realization of the expected CPAP outcomes, sustainability of results and development impact. Outcome Board will review and approve reports by Cooperating Agencies on their joint Government/ UNDP projects; and prepare semi-annual reporting to Country Programme Steering Committee on the progress of CPAP implementation.

The Outcome Boards will support the Country Programme Steering Committee to conduct the Midterm Review of the Country Programme by reporting on progress of achieving outcomes based on their annual reviews.

They will ensure knowledge management and communication of results among Cooperating Agencies as well as ensure Country Programme Steering Committee decisions are executed and the lessons learned are fed back into programming.

6.11 Chaired by a National Project Director, **Project Technical Committees** will be responsible for providing overall guidance and direction to joint Government/UNDP projects. Project Technical Committees will be accountable to Outcomes Boards through their Cooperating Agencies. Project Technical Committees will:

- Monitor the realization of the expected project outcomes and outputs, implementation of exit strategies;
- Report semi annually to the relevant Cooperating Agency on the progress and results achieved;
- Appraise Annual Reports by Project Managers of joint Government/UNDP projects and make recommendations for next annual workplan;
- Provide guidance and decide on possible management actions to address specific risks and issues beyond the Project Managers' tolerance;
- Ensures recommendations of project audit and evaluations are addressed and lessons learnt are fed back into project planning;

6.12 To enhance synergies, joint Support Service Units (SSUs) can be established to provide support services to a cluster of projects under a common Cooperating Agency. In this case, project-specific committees will maintain their oversight authorities as per existing procedures. National Project Directors also will maintain their current responsibilities and authority for approving AWPs and other functions. National Project Managers, supported by SSUs, will thus focus more on programmatic aspects of the projects. Joint costs of SSUs will be apportioned among benefiting projects.

SSU can provide operational support services such as:

- · Finances and Accounting,
- Human Resources,
- · Procurement, Asset and Inventory
- Travel, Administration & Logistics

Additionally if requested, SSU can also provide support services to the Cooperating Agency such as:

- · Contributing to development of strategies,
- · Joint Monitoring & Evaluation,
- Knowledge Management,
- Joint Communications & Advocacy Strategy.

This is expected to provide advantages including operational synergy, cost savings, standardized procurement, sustainable knowledge/capacities and institutional memory. Configuration of an SSU will be consulted and agreed with each Cooperating Agency.

6.13 In a middle-income country such as the Islamic Republic of Iran, Government cost sharing in particular will strengthen the commitment and ownership of national partners to the joint Government/UNDP programmes and the sustainability of results. A Task Force will be established comprised of representatives from the Ministry of Foreign Affairs, SPAC, Ministry of Economic Affairs and Finance as well as UNDP to (i) explore the regulations and pertinent legalities; (ii) study the possibilities/opportunities and constraints; (iii) undertake a study tour to countries which have Government cost-sharing in order to benefit from their experience and arrangements that will be useful in developing a model for Iran; (iv) develop a "localized" cost-sharing model that considers the legalities involved in Iran; and (v) present to the Country Programme Steering Committee a proposal of a possible localized cost-sharing model. Relevant line ministries will also be engaged in the consultation process.

6.14 Human resource needs are a pivotal consideration and play a significant role in success or otherwise of the projects in securing their stated outcomes. The Government and UNDP will work together to promote and advocate for competitive human resources processes and to increase opportunities for secondment of national experts for technical positions in the projects, as a way to ensure the sustainability of project results.

6.15 Specific programme component implementation arrangements, strategies and mechanisms are as follows:

Poverty Reduction

6.16 Sustainability and success of the integrated programme on poverty reduction and inclusive growth will be ensured through the establishment of an integrated Outcome Board. The Outcome Board will be accountable to the Country Programme Steering Committee for the results envisaged in the Poverty Outcome. The Outcome Board will meet at least twice a year; its Terms of Reference may include: (1) Review and evaluate progress, and examine and approve AWPs, make recommendations for feedback and modification, and identify strategic areas of concern; (2) Devise strategic policies derived from the programme and propose them to the relevant national authorities for the purpose of implementation of the inclusive growth strategy at national policy level; (3) Review results in pilots and ensure the documentation of lessons learned and the incorporation of programme success outcomes and techniques in national planning frameworks and development programmes; and (4) Discuss/prepare proposals to decision makers on the national inclusive growth policy model derived from the programme, including any necessary ToRs, Articles of Association and Standard Operating Procedures.

6.17 Poverty Outcome Board members will include: Core Board members: President's High Council for Economic Affairs (HCEA); President's Deputy for Strategic Planning and Control (SPAC); Ministry of Foreign Affairs (MFA); Ministry of Interior (MoI); Ministry of Cooperatives, Labour and Social Welfare (MCLW); UNDP; Other national participants: President's Subsidy Targeting Organisation (STO); President's National Centre for Productivity (NCP); President's Deputy for Management and Human Resources Development (DMHRD); President's National Centre for Globalization (NCG); Ministry of Economic Affairs and Finance (MEAF); Ministry of Jihad Agriculture (MoJA); Ministry of Industry/Trade (MIT); Statistical Centre of Iran (SCI).; Other United Nations participants: UNICEF; UNCTAD; UNIDO; FAO; UNESCO; UNFPA; ILO.

6.18 Responsibility for achieving annual targets will include: **Primary national partners**:HCEA (relevant technical subcommittee); SPAC (institute for management and planning studies, and the macroeconomics bureau); MCLW (deputy for social welfare); MoI (international relations bureau; provincial development committee; and the municipality organizations); **Other national partners**; DMHRD (head of organizations office); MEAF (deputy for economic affairs); MoJA (forest, rangeland and watershed organization); MIT (trade and development); NCG(head of organization office); NCP (head of organization office); SCI (deputy for development). **United Nations:** UNDP (Iran Country Office; APRC; the Inclusive Growth Centre in Brasilia); UNICEF (Iran country office); UNCTAD (macroeconomics bureau; trade and development section); FAO (Iran Country Office); UNIDO (Iran Country Office); UNFPA (Iran Country Office); ILO (partnerships development; and social welfare).

6.19 The "green economy" component of the programme will include the ongoing MENARID, carbon sequestration and land and water projects, as well as the pipeline environment economic valuation and any envisaged municipal waste management initiatives.

Health, in terms of support to GFATM implementation

6.20 UNDP, as the Principal Recipient (PR) and in close cooperation with Country Coordinating Mechanism (CCM), will continue supporting the Government to combat HIV/AIDS, tuberculosis and malaria using GFATM grants. All this will be conducted in line with National Strategy Plans to achieve the national objectives. The CCM in its function of the Health Outcome Board will be accountable to the Country Programme Steering Committee for the results of the outcome.

6.21 Direct implementation (DIM) will be the main modality for UNDP to manage the GFATM grants. A pre-defined work plan and performance framework will be used as a basis for implementing

activities where specific results to be achieved and specific resources to be used are described in detail. Sub-Recipients (SRs) will work with Sub-sub-recipients (SSRs) and sub-contracted NGOs in implementing activities according to the work plan. The work plan will be reviewed annually and modified if necessary. The SRs are required to provide the PR with quarterly reports on pre-defined indicators as well as a narrative report on the progress of activities as per the signed PR-SR agreements. The project will be monitored with a project-specific M&E plan. Regular meetings will be held with the SRs on project activities and achievements on result indicators.

6.22 As part of the work plan, required human resources will be hired in different capacities. They will receive substantial trainings in different areas during implementation and can be used as potential resources for the country.

Environment

6.23 Management arrangements will be articulated individually for each programme and project and will normally entail elaboration of main Implementing Partners and such oversight mechanisms as technical committees which will be accountable to the Environment Outcome Board and in turn to the Country Programme Steering Committee. For implementation of field-level projects, additional mechanisms are envisaged at provincial level in line with national objectives with regard to decentralization. Detailed AWPs will be drafted at the beginning of each year, based on the broader results-based prescription of multi-year work plans. AWPs will be monitored on a quarterly or half-yearly basis by the assigned project technical committees. A final end-of-year review will be conducted by the project committee and an annual report prepared to ascertain progress in achieving project outcomes and to delineate lessons learned. The role of AWPs will be pivotal in the adoption of results-based management, effective monitoring and evaluation and, therefore, adaptive management.

6.24 NIM shall be the predominant implementation modality for each project. This entails identification and engagement of the most appropriate national partner at the outset of project development. Given the upstream nature of most GEF-funded interventions, along with the centralized decision-making processes of the Government, the prime partner will usually be among the ranks of mainstream Government Ministries and organizations, with the executive powers to set sectoral policies and the requisite capacities for programme/project implementation.

6.25 Resources will be primarily mobilized through the GEF, based on a final decision on the appropriate GEF implementing/executing agency to be engaged in delivering the project. The country's GEF resource envelope is articulated for an entire GEF replenishment period vis-à-vis climate change, biodiversity and land degradation focal areas. GEF finances the incremental costs of generating global environmental benefits. As such, it requires leveraging of additional resources to fund the baseline activities of the project. The resource mobilization strategy therefore also involves identification and negotiation of baseline activities and their source of funding at the project development stage. The UNDP CO will commit TRAC/core resources in the co-funding of GEF initiatives and will work with the Government to mobilize other resources.

Natural Disaster Risk Management

6.26 This programme component will be implemented under the overall coordination of the National Disaster Management Organization (NDMO) and with the participation of five implementing agencies that will comprise an Outcome Board which will monitor and regularly evaluate implementation progress and be accountable to the Country Programme Steering

Committee for results. Under NDMO a consolidated Programme Management Unit (PMU) will be created and will provide support to NDMO and four implementing agencies to implement different aspects of the umbrella programme. Umbrella programme components will be planned annually through the Outcome Board and will be evaluated at the end of each year. Other United Nations Agencies will be consulted in planning and implementation as well as coordination of programmes.

6.27 The strategy for resource mobilization includes a participatory approach to use various types of capacities from national and international sources. UNDP will cover the costs of basic parts of the progarmmes, but more resources will be required to implement the full programmes. The strategy also includes the participation and contribution of national partners, in the form of financial and non-financial support, for the entire process of planning and implementation.

6.28 Human resources are critical for the success of the programme. In addition to programme management staff, experts from both national and international resources will be needed.

Part VII. Monitoring and Evaluation

- 7.1 Monitoring and evaluation of the CPAP will be undertaken in line with the UNDAF Results Matrix and UNDAF Monitoring and Evaluation Plan. An M&E Framework/Plan more specifically focused on monitoring and overseeing the results that are being supported directly by UNDP will be prepared and implemented within the UNDAF/national M&E processes. The Government and UNDP will be responsible for setting up the necessary M&E mechanisms (including those needed to monitor Outcomes) and tools. They also will be responsible for conducting reviews to ensure continuous monitoring and evaluation of the CPAP, with a view to ensuring efficient utilization of programme resources as well as accountability, transparency and integrity. The Implementing Partners will provide periodic reports on the progress, achievements and results of their projects, outlining the challenges faced in project implementation and resource utilization, as articulated in the AWP. The reporting will be in accordance with the procedures and harmonized with United Nations Agencies to the extent possible. The Outcome based reports will be submitted to the Country Programme Steering Committee on a semi-annual basis.
- 7.2 The Country Programme Steering Committee will play an overall decision making role with regard to the monitoring and evaluation (M&E) system. The M&E system of the Steering Committee will include: (a) monitoring progress on the Country Pogramme/Country Programme Action Plan indicators; (b) review semi-annual reports against targets by joint Government/UNDP Outcome Boards; (d) lead the mid-term review of the Country Programme; and (e) oversee joint Government/UNDP projects and Outcome-based evaluations and external audits. Early in the programme cycle, the Government and UNDP will carry out studies to establish/confirm baseline data for Country Programme/Country Programme action plan indicators.
- 7.3 Results-based management will be systematically integrated across all UNDP-supported programmes and projects. Expected results and indicators to measure progress on the results will be clearly established during the planning phase of programmes/projects. Participatory approaches for monitoring and evaluation will be applied with implementing partners to enhance national ownership, accountability, and effective delivery. The CPAP M&E Framework will serve as the key monitoring tool for the CPAP. Output indicators will be tracked on a quarterly basis while outcome indicators will be updated annually where possible.

7.4 Implementing Partners agree to cooperate with UNDP for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for

the administration of cash provided by UNDP. To that effect, Implementing Partners agree to the following:

- Periodic on-site reviews and spot checks of their financial records by UNDP or its representatives,
- 2. Programmatic monitoring of activities following UNDP's standards and guidance for site visits and field monitoring,
- Special or scheduled audits. UNDP, in collaboration with other United Nations Agencies (where so desired, and in consultation with the coordinating Ministry) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNDP, and those whose financial management capacity needs strengthening.
- 7.5 To facilitate assurance activities, Implementing Partners and UNDP may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The audits will be commissioned by UNDP and undertaken by private audit services. Assessments and audits of non-Government Implementing Partners will be conducted in accordance with the policies and procedures of UNDP.
- 7.6 CPSC will commission an Outcome Evaluation for each of the programme areas between 2012 and 2016. Evaluations and reviews will be conducted jointly with government to provide feedback and guidance on management of the process, results and outcomes. They will also ensure that UNDP efforts remain focused on national priorities, that achievements and lessons learned are recognized, that difficulties are addressed and that best practices are acknowledged. M&E activities will link to the extent possible to the UNDAF and thematic group reviews. A mid-term review of the CPAP will be conducted to assess progress toward agreed results. In addition to the mandatory GEF Project Mid-term and Final Evaluations in the environment programme, a Mid-term Project Evaluation in the poverty programme, and a Final Project Evaluation in the Disaster Risk Management programme, also will be conducted jointly with the Implementing Partners. The CPAP M&E Plan builds upon the development of projects and their M&E plans throughout the programme and project cycles; therefore, the CPAP M&E Plan will be reviewed and updated annually to assess its continued validity. The M&E Plans will be reviewed and endorsed by the Country Programme Steering Committee.
- 7.7 Following the successful experience of CP Working Groups during the current Country Programme formulation phase, the CPSC will establish four Outcome Boards, responsible for guidance and quality assurance in each programme area as part of the UNDAF Theme Groups, which are accountable to the UNDAF High Level Steering Committee. Early in the programme cycle, the Government and UNDP will carry out studies to establish/confirm baseline data for Country Programme/CPAP indicators drawn from official data sources and aligned with the Fifth National Development Plan.
- 7.8 As part of the UNDAF Theme Groups, UNDP will also provide input to the Joint UNDAF Annual Review based on the reports of the CPSC Outcome Boards and recommendations of the CPSC. In coordination with the UNDAF M&E Group, UNDP Outcome Evaluations will be conducted to feed into the UNDAF Final Evaluation planned for the penultimate year of the UNDAF cycle. This evaluation is planned to assess the extent to which programmes and projects have achieved results outlined in the UNDAF; it will inform the design of the next UNDAF and its ensuing Country Programmes and projects by individual Agencies.

7.9. Responsibility for programmatic monitoring and evaluation at the output level also is an integral part of project management. Wherever possible, projects will use functioning M&E systems within the implementing partner institutions. Project documents will consider the requirements to fulfill capacity gaps for improved monitoring and evaluation. In addition to M&E capacity development activities at the output level, UNDP will contribute to the coordinated effort of the United Nations Country Team in this regard at the Outcome level.

Part VIII. Commitments of UNDP

- 8.1. UNDP will ensure that the indicative amount of 3,358 million USD from UNDP's regular resources is committed as base funding for the current CPAP, depending on global availability of funds.
- 8.2 In addition to the GEF and GFATM resources, in some parts already mobilized, UNDP, together with the Government, will also intensify its resource mobilization efforts for the Country Programme. The complementary resources are projected in at least 78,108 million USD from other resources, subject to support by bilateral, multilateral and national partners.
- 8.3 Should resource mobilization efforts not yield the expected results, the Country Programme Steering Committee shall review and re-prioritize activities and focus of intervention during the CPAP annual review.
- 8.4 The CPAP's Regular and Other resource funds are exclusive of funding received in response to emergency appeals.
- 8.5 UNDP will ensure coherence between the UNDAF Results Matrix, the CPD and the CPAP/AWP, including M&E reporting. Through annual reviews and periodic progress reporting, responsibilities between UNDP, the Government and the Implementing Partners will be emphasized.
- 8.6 At the Government's request, UNDP will provide the following support services for activities in the CPAP:
 - Identification and assistance with recruitment of project and programme personnel; procurement of goods and services in accordance with the UNDP regulations, rules, policies and procedures;
 - 2. Identification and facilitation of training activities, including fellowships and study tours;
 - Access to UNDP-management global information systems, the network of UNDP country
 offices and specialized information systems, including rosters of consultants and providers of
 development services;
 - 4. Access to the support provided by the network of UN specialized agencies, funds and programmes.
- 8.7 In case of direct cash transfer or reimbursement, UNDP shall notify the Implementing Partner of the amount approved by UNDP and shall disburse funds to the Implementing Partner in accordance with agreed schedule.
- 8.8 In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNDP in support of

activities agreed with Implementing Partners, UNDP shall proceed with the payment within agreed schedule.

- 8.9 UNDP shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third-party vendor.
- 8.10 Where more than one United Nations Agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those United Nations Agencies.

Part IX. Commitments of the Government

- 9.1 The Government will honor its commitments in accordance with the provisions of the Legal Annex (Standard Annex to project document in place of the Standard Basic Assistance Agreement) of 26 July 2010.). The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations Agencies to UNDP's property, funds, and assets and to its officials and consultants. In addition, the Government will accord to UNDP and its officials, and to other persons performing services on behalf of UNDP, the privileges, immunities and facilities as set out in the Legal Annex as well as into the Agreement concerning Assistance from the Special Fund, signed by both parties on 6 October 1959.
- 9.2 As a contribution to the programme, Government contributionin cash and in kind will be pursued. This will include the appointment of dedicated human resources for the implementation of nationally implemented projects. Jointly the Government and UNDP will make the necessary efforts to raise funds required to meet the financial needs of the Country Programme.
- 9.3 The Government will also provide all necessary support to UNDP in its efforts to raise international funds required to meet the financial needs of the Country Programme.
- 9.4 The Government will facilitate periodic monitoring visits by UNDP staff and/or designated officials for the purpose of monitoring, meeting beneficiaries, assessing the progress and evaluating the impact of the use of programme resources. The Government will make available to UNDP in a timely manner any information about policy and legislative changes occurring during the implementation of the CPAP that might have an impact on cooperation.
- 9.5 A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the AWP, will be used by Implementing Partners to request the release of advance funds for the cases of government cost sharing, or to secure the agreement that UNDP will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.
- 9.6 Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.
- 9.7 Cash received by the Government and, as appropriate, national NGO Implementing Partners shall be used in accordance with established national regulations/policies/procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on full utilization of all received cash are submitted to UNDP

within six months after receipt of funds. Where any of the national regulations/policies/procedures is not consistent with international standards, UNDP regulations/policies/procedures will apply.

9.8 If and when approved by the Country Programme Steering Committee, in the case of possible engagement of international NGO and IGO as Implementing Partners, cash received shall be used in accordance with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNDP within six months after receipt of funds.

9.9 To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNDP will provide UNDP or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNDP;
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

9.10 The findings of each audit will be reported to the Implementing Partner and UNDP. Each Implementing Partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide timely statements of acceptance or rejection of any audit recommendation to auditors and UNDP so that auditors can include those statements in their audit report and submit it to UNDP.
- Undertake timely actions to address accepted audit recommendations.
- Report on actions to implement accepted recommendations to UNDP on a quarterly basis or as locally agreed.

Part X. Other Provisions

10.1 Where a Government agency is the Implementing Partner of a particular project under this CPAP, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP's property in the Implementing Partner's custody, rests with the Implementing Partner. To this end, each Implementing Partner shall:

- a) Put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
- b) Assume all risks and liabilities related to the Implementing Partner's security, and the full implementation of the security plan.

10.2 UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner's obligations under this CPAP, and its constituent AWPs.

10. 3 This CPAP enters into force on the date signed by both Parties, and in case the CPAP is signed on different dates, then it shall enter into force on the date of the later signature. The CPAP shall continue in force until 31 December 2016.

10.4 This CPAP supersedes any previously signed CPAP between the Government of the Islamic Republic of Iran and UNDP and may be modified by mutual consent of both parties.

10.5 Nothing in this CPAP shall in any way be construed to waive the protection of UNDP accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day 29, April 2012 in Tehran, Islamic Republic of Iran.

For the Government of the I.R. Iran

For the United Nations Development Programme,

I.R. Iran

Name: H.E. Mahmood Barimani

Name: Ms. Consuelo Vidal

Title: Director General, International

Title: UNDP Resident Representative

Economic Affairs and Specialized Agencies

Ministry of Foreign Affairs

Annex 1: Provisions for contributions by the Government

Apart from the government cost sharing which is still under consideration as indicated in the CPSC meeting of 30 Jan 2012 (reflected in 6.13), concerning the other modes of government contributions the following clauses apply.

i. The schedule of payments and UNDP bank account details.

RIALS ACCOUNT

Bank: Tejarat

Branch: Goleastan-e Pasdaran

Branch Code: 2280

Account Holder Name: UNDP Representative in Iran

Account Number (IRR): 228117250

Sheba: IR 20 0180 0000 0000 0228 1172 50

- ii. The value of the payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Should there be a change in the United Nations operational rate of exchange prior to the full utilization by the UNDP of the payment, the value of the balance of funds still held at that time will be adjusted accordingly. If, in such a case, a loss in the value of the balance of funds is recorded, UNDP shall inform the Government with a view to determining whether any further financing could be provided by the Government. Should such further financing not be available, the assistance to be provided to the CPAP may be reduced, suspended or terminated by UNDP.
- iii. The above schedule of payments takes into account the requirement that the payments shall be made in advance of the implementation of planned activities. It may be amended to be consistent with the progress of CPAP delivery.
- iv. UNDP shall receive and administer the payment in accordance with the regulations, rules and directives of UNDP.
- v. All financial accounts and statements shall be expressed in United States dollars.
- vi. If unforeseen increases in expenditures or commitments are expected or realized (whether owing to inflationary factors, fluctuation in exchange rates or unforeseen contingencies), UNDP shall submit to the Government on a timely basis a supplementary estimate showing the further financing that will be necessary. The Government shall use its best endeavors to obtain the additional funds required.
- vii. If the payments referred above are not received in accordance with the payment schedule, or if the additional financing required in accordance with Paragraph [vi] above is not forthcoming from the Government or other sources, the assistance to be provided to the CPAP under this Agreement may be reduced, suspended or terminated by UNDP.
- viii. Any interest income attributable to the contribution shall be credited to the UNDP account and shall be utilized in accordance with established UNDP procedures.
- ix. In accordance with the decisions and directives of UNDP's Executive Board reflected in its Policy on Cost Recovery from Other Resources, the contribution shall be subject to cost recovery for indirect costs incurred by UNDP Headquarters and Country Office structures in

providing General Management Support (GMS) services. To cover these GMS costs, the contribution shall be charged a fee equal to 3 per cent. Furthermore, as long as they are unequivocally linked to the specific project(s), all direct costs of implementation, including the costs of the executing entity or Implementing Partner, will be identified in the project budget against a relevant budget line and borne by the project accordingly.

- x. Ownership of equipment, supplies and other properties financed from the contribution shall vest in UNDP. Matters relating to the transfer of ownership by UNDP shall be determined in accordance with the relevant policies and procedures of UNDP.
- xi. The contribution shall be subject exclusively to the internal and external auditing procedures provided for in the financial regulations, rules and directives of UNDP

Annex 2 Results and Resources Framework

POVERTY

UNDAF/Country Programme 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, social and economic welfare and the prevention of poverty 100

Related Strategic Plan I	Related Strategic Plan Focus Areas: Poverty reduction and MDG achievement							
Outcome-level	Country Programme outputs	Implementation modality(ies) and	Indicativ	e Resourc	ces by Ou	Indicative Resources by Outcome (per year, US\$)	r year, US	(\$
indicators, baselines and targets for		implementing partner(s)	2012	2013	2014	2015	2016	Total
UNDP contribution to UNDAF/CPD								
Outcomes								
UNDAF/CPD	Output 1: Capacities of relevant organizations to incorporate human development criteria (including basic	President's Deputy for Strategic	Regular	Resources	s Total fo	Regular Resources Total for Outcome 1 – (\$,000)	1-(\$,00	6
Outcome 1	development needs, local participation and capability development systems) into macroeconomic planning is	Planning and Control (SPAC);	,					,
Indicator:	further improved.	President's Subsidy Targeting						
No. of national and	Output 1 Indicator: A fully integrated model for achievine inclusive growth canability development and	Organisation (STO); President's						
sub-national	employment generation encompassing demographic factors (disaggregated by sex, age and at-risk populations)	National Centre for Productivity and	200	200	200	400	100	1400
development plans	and socio-economic environmentally sustainable development.	Competition (NCP); President's						
which incorporate	Baseline: Existing growth-oriented economic models	Deputy for Management and						
inclusive growth		Human Resources Development						
principles	Target: Model introduced before 2016	(DMHRD); Presidents Technology						
		Development Organisation;						
Baseline 2011: Has to	Annual Targets 2012: Establishing programme	Presidents Women's Affair Bureau;						
be assessed in the	 Programme Document for Poverty Reduction and Inclusive Growth approved (elements to be added 							
baseline study – but	in the areas of revision, activitly, and it is inline of Coutry Programme, supportive role, time bound)	Ministry of Foreign Affairs (MFA);						
indicator could be	(pilots)	Ministry of Interior (MoI); Ministry						
the linkage between	 Poverty Reduction and Inclusive Growth Outcome Board established/functional (multi- 	of Cooperatives, Labor and Social	Other Re	sources T	otal for (Other Resources Total for Outcome 1 – (\$,000)	(\$,000)	

18

4 Inclusive Growth (IG) model components and elaboration on indicators

Primary Inclusive Growth (IG) model, framework and institutional processes for integrated macro-meso level planning and coordination developed and capacity of government, sub-national institutions strengthened. Also using mathematical programming software for adjusted CGE type models that factor in social and environment dimensions/accounts and utilize "non-equilibrium" concepts/techniques - and which can e (e

incorporate disaggregated, evidence-based HDI type indicators envisaged to be the main working instrument of Outcome 1;
b) Green Economy (economic-social-environment) component of IG model and framework deviational funities in the property of the propert

national accounts adjustments) and capacity of government, sub-national institutions and non-slate actors strengthened and also piloting undertaken - including for watershed, regional and district levels" Green Economy (economic-social-environment) component of IG model and framework developed (using integrated, evidence-based. macro-planning and environment resources linkages and Sustainable International Trade component of IG model and framework developed and capacity of national and sub national Institutions strengthened (on basis of human development concepts and through T

Integrated Domestic Trade, Income and Employment Generation and SMEs component of 1G model and framework developed and capacity of national and sub national institutions strengthened (closely linked with engagements with non-state and private sector actors that lead to sustainable product diversification and international trade); capacity development approaches to enable youth-focused employment generation- and to be piloted in Outcome 2 below); ô

Social Protection) component of 1G model and framework developed and capacity of national and sub national institutions strengthened (including for national accounts adjustments to social dimensions, and also for social protection programmes for female households and child poverty targeting); (e)

Construction of the Construction	sectoral/rross functional networking of Orgs. mandated and supervised by the SC); Staff for the	Welfare (MLCW); Ministry of	It is predicted Government Resources will match	overnment	Resources	will matc	£
Jr.A.C, IMIIIISCI Y IEVEL	Actach list month of the Correspond allocated feed and forward and feed and	Economic Affairs and Finance	Regular Resources (e.g. Land & Water Project)	ces (e.g. Lan	d & Water	Project)	
planning (e.g. at	Agreement on Baseline data and information/baseline surveys where required	(MEAF); Ministry of Jihad Agriculture					
MCLW), the district	Agreement on posture case and agreement of the control of the cont	(MoJA) – including FRWO;	The exact amount and modality will be discussed on	int and mod	dality will b	e discusse	uo pa
and/or regional level	(comparative/benchmarking) / where necessary new methods proposed taking into account	Ministry of Housing and Transport	a case by case basis at the time of project	asis at the t	time of pro	ject	
development	geographical/social groups/criteria	(MHT);	ınlat				
planning systems.	 Proposed Baseline and % planned increases in budget allocations in designated pilots 	Ministry of Industry/Trade (MIT);	200 200	200	400	100	1400
and the expectation	 Training of Govt. Officials (including TOT) conducted (number to be determined) 	Statistical Centre of Iran (SCI);					
tett it thomometric that	• M&E	Imam Khomeini Relief Committee;					
at the moment is that	2013. Initiation allos	Welfare Organisation (part of					
vely such micegiated	COLOR STATE OF THE PROPERTY OF	MCIW					
plans have been	Filipts implementation started	Ministry of Hoalth					
developed – and	 Trainings continued 	Willistly Of Health					
certainly no district	 Monitoring of % planned increases in budget allocations in designated pilots 	Department of Environment					
and/or region have	 2nd National Human Development Report (NHDR) initiated 						
adopted such	 Consideration and discussion on establishing Inclusive Growth entity 						
principles and	2014: Production of main programme outputs						
written them	 Designated government institutions documenting pilot results for new Inclusive Growth 						
appropriately into	methodologies						
their plans	Pilots implementation continued						
	 Monitoring of % planned increases in budget allocations in designated pilots continued 						
Target 2016: at least	Initiate capacity building on Inclusive Growth entity						
one fully integrated	2 nd National HDR produced and launched						
also devoloped that	National commander fractions (Knowledge charing undertaken to advocate new Inclusive Growth						
pian developed that	National Seminary processing of the Part o						
links macro-meso-	Marines and which						
micro (SPAC, MCLW	2015: Consolidation of programme results						
and three), the	 Initial formulation of the Inclusive Growth entity 						
district and/or	 The new Inclusive Growth methodologies adopted by Outcome Board and final version proposed to 						
regional from the	Cabinet for consideration and possible ratification						
designated pilot sites	Pilots implementation continued						
) and has such	Up-scaling processes initiated						
principles	 Monitoring of % planned increases in budget allocations in designated pilots continued 			1115.7			
incorporated into	3'd National HDR initiated						
them.	2016: Closure						
	Adopted methodologies institutionalized and upscaled						
	National Inclusive Growth entity finalized and proposed						
	3'd NHDR produced						
	 National seminars/presentations/Knowledge sharing undertaken to advocate new Inclusive Growth 						
	methods/capacities and NHDR		-				
	 Programme closure 						
UNDAF/Country progr	UNDAF/Country programme Outcome 2: Improved national and sub-national capacities contribute to people living under the capability poverty line and most at risk of capability poverty having enhanced access to and participating in	overty line and most at risk of capability	poverty having e	enhanced ac	ccess to an	d particip	ating in
education, nealth and	education, health and social protection programmes, which contribute to national number capital development.						

Implementation modality(ies) and Indicative Resources by Outcome (per year, US\$)

Related Strategic Plan focus areas: Poverty reduction and MDG achievement
Outcome-level Country programme outputs

indicators, baselines and targets for UNDP contribution to UNDAF/CPD outcomes		implementing partner(s)	2012 20	2013 20	2014	2015	2016	Total
UNDAF/CPD	Output 2.1: Capacity of relevant organizations for publicly supported employment- and entrepreneurship-	President's Deputy for Strategic	Regular resources Total for Outcome2 – (\$,000)	ources To	tal for C	utcome	-(\$,000	
Outcome 2	generation policies and programming ⁵ for increased access of those most at risk and/or living under the	Planning and Control (SPAC);						
Indicators:	capability poverty line, to the required basic services, skills and resources is further improved.	President's Subsidy Targeting						
% of people at risk of		Organisation (STO); President's						
capability poverty	Output Indicator 2.1: Number of beneficiaries reached by capacity development initiatives under the	National Centre for Productivity						
utilizing new	programme	and Competition (NCP); President's						
integrated human		Deputy for Management and		100	100	100		300
(capital)	Baseline: To be established based on the data from pilot sites and based on capacity assessment	Human Resources Development						
development		(DMHRD); Presidents Technology						
programmes in	Target: X percent to be reached above the baseline (number to be determined after baseline is established)	Development Organisation;						
target communities		Presidents Women's Affair Bureau;						
	Output 2.2: Capacity of relevant organizations to coordinate and integrate social capability development	CONTRACTOR OF THE PROPERTY OF						
Baseline 2011: Given	planning into certor and inter-certor programmes for improved across to quality public advertion applied	Ministry of Foreign Affairs (MFA);	_					
average capability	public health, social protection and optimal food programmes and services including for the most at-risk	Ministry of Interior (MoI); Ministry						
poverty in Iran (to be	grouns/hersons, is further enhanced	of Cooperatives, Labor and Social						
determined) , the		Welfare (MCLW); Ministry of	Other Resources Total for Outcome2 – (\$,000)	urces Tota	al for Ou	tcome 2	(\$,000)	
expectation is that	Output Indicator 2.2. A localized (facted and niloted according to national contact) and integrated cocial	Economic Affairs and Finance						
the designated pilot	capability development planning model and system among ministries is in place.	(MEAF), including Central Bank;	It is predicted Government Resources will match	ed Govern	nment R	esources	will mat	5
sites have similar (or		Ministry of Jihad Agriculture	Regular Resources (e.g. Land & Water Project).	onrces (e	g. Land	& Water	Project)	
nigner) capability	Baseline: Not a fully integrated system in place	(MoJA) – including FRWO;						
poverty levels		Ministry of Housing and Transport	The exact amount and modality will be discussed on	mount an	d moda	lity will b	e discuss	ed on
	Taraet: By 2016, a fully integrated system in place	(MHT);	a case by case basis at the time of project	se basis a	at the tir	ne of pro	ect	
Target 2016: Reduce		Ministry of Industry/Trade (MIT):	formulation.	2				

5 Elaboration on indicators include:

e

Sustainable Urban Development(SUD) model for local economic development, inclusive growth and service delivery developed - and capacity of both national and district/municipal level institutions strengthened (for supporting urban planning and management for employment and income generation, informal settlements development, targeting of vulnerable populations and improved women & youth responsiveness);

strengthened on the basis of capacity assessments and by encouraging public-private- community partnership based approaches. this component will be the main piloting instrument at district level; Sector component of the SUD model developed to raise standards for achieving higher levels of endogenous development and inclusive growth in the large cooperative's system - and capacity of both national and Employment Generation for Youth/Women component of SUD model (through integrated trade, skills, CSR and SME approaches) developed - and capacity of both national and district/municipal level institutions q

district/municipal level institutions strengthened. Û

6 Elaboration on indicators include:

Social Capability Development model for improved, evidence-based inter-sector planning and coordination developed and (on the basis of capacity assessments) capacity of national and sub national institutions strengthened., in order to raise the HDI (and subsequently inclusive growth by supporting national, provincial and district level planning coordination and implementation for achieving 5th plan requirements on HDI; e

Capability Poverty monitoring and Impact system established and capacity of (sub) national institutions strengthened (the Multi-Dimensional Poverty Index and poverty reduction model developed and pilotedincluding at district level). 9

		Contract Contract of lane (CCI).	100	100	100	300	-
capability poverty		Statistical cellule of fight (501),	2				è
levels in designated	Annual Targets 2012: Establishing programme	imam knomem kellel collillittee,					
pilot sites (to be	 Linkages for Outputs 1 & 2 components established 	Welfare Organisation (part of					
determined)	 Studies on capability development and other initiatives (including best-practices) initiated (including 	MCLW)					
	public-private-community partnership methods)	Ministry of Health					
No. of targeted	 Baseline surveys undertaken (MCLW, CBI, SCI and SPAC and)/knowledge repository established 	Ministry of Education					
departments	 Introducing appropriate models for poverty reduction 		950				
applying a localized	 Inter-sector planning for integrated (pre-employment requirements / preparations; adequacy and 						7 5 1
(tested and piloted	decency; sustainability; basic skills) income and employment generation, poverty reduction, service					2002	
according to national	delivery and sustainable urban development introduced						
context)	 Increased inter-sectoral coordination to propose increase of % of government budget allocated in 						
integrated/inter-	designated district level existing and new pilot sites						Gell kur
sector national and	 Multi-dimensional Poverty Index (MDPI) introduced and tested (including using other relevant 						
sub-national	indicators and categories such as empowerment assessment scale and international classification of						
capability poverty	functioning)						
based planning and	 Number of capacity development initiatives/activities undertaken (number to be determined) 						
coordination	 Preparation for reports (including M&E) 						
mechanism	2013: Initiating pilots						
	 Implementation of pilots for ongoing and new programmes initiated (as endorsed by Steering 						
Baseline 2011: Has	Committee)						
to be assessed in the	 Introduce programme evaluation indicators (as endorsed by the Steering Committee) 						
baseline study – but	 Planned initiatives in designated district level pilot sites for: 						
indicator could be	increase of youth and women's employment;	_					
the), the district	increase in service delivery for targeted groups;						
and/or regional level	monitoring of planned increase of government budget allocated.						
medium term	 Number of capacity development initiatives/activities undertaken (number to be determined) 						
development plans	 1st Report (on activities, national best practices, proposed new ideas, etc) initiated 						2411
that incorporate	2014: Production of main programme outputs						
both inclusive	 The results of pilots documented 						
growth and	 Inter-sector planning principles model adopted 						
capability poverty	 1st Report (on activities, national best practices, proposed new ideas, etc) produced 						
reduction principles,	 Planned initiatives continued in designated district level pilot sites for: 						
and the expectation	increase of youth and women's employment;						
at the moment is	increase in service delivery for targeted groups;						
that very few district	 monitoring of planned increase of government budget allocated. 						
have adopted such	 Number of capacity development initiatives/activities undertaken (continued) - (number to be 						
principles and	determined)				300		
written them	2015: Consolidation					2.50	
appropriately into	 monitoring and evaluation (as per proposed indicators) 						
their plans	 The new methodologies (from pilots, experiences and outcomes etc) for employment generation and 						
	poverty reduction finalized and adopted						
Target 2016: at least	 taking into account the adopted methodologies, institutions may start programming for upscaling 						
three the district	 Policy and legislative framework designed and implemented 						
and/or regional from	 Planned initiatives continued in designated district level pilot sites for: 						

And keport (on activities, national best practices, proposed new ideas, etc) initiated. Number of capacity development initiatives/activities continued (number to be determined) sure National /sub national seminars (on lessons learned, activities, national best practices, proposed new ideas, etc) undertaken Adopted methodologies (planning and public-private-community partnerships and etc) have been upscaled and replicated 2 nd Report (on lessons learned, activities, national best practices, proposed new ideas, etc) produced Programme closure	ractices, proposed new ideas, etc) initiated. res/activities continued (number to be determined) ins learned, activities, national best practices, proposed iblic-private-community partnerships and etc) have bee national best practices, proposed new ideas, etc) prodi	ractices, proposed new ideas, etc) initiated. res/activities continued (number to be determined) ins learned, activities, national best practices, proposibilic-private-community partnerships and etc) have to national best practices, proposed new ideas, etc) etc) etc) etc) etc) etc) etc) etc)	ractices, proposed new ideas, etc. initiated. res/activities continued (number to be determined) res learned, activities, national best practices, propos blic-private-community partnerships and etc) have b national best practices, proposed new ideas, etc) pro
National /sub national seminars (on lessons learned, activities, national best practices, proposed new ideas, etc) undertaken Adopted methodologies (planning and public-private-community partnerships and etc) have been upscaled and replicated 2 nd Report (on lessons learned, activities, national best practices, proposed new ideas, etc) produced Programme closure	nal seminars (on lessons learned, activities, national best practices, proposed en gies (planning and public-private-community partnerships and etc) have been ted in the propessed new ideas, etc) prodins learned, activities, national best practices, proposed new ideas, etc) proding	nal seminars (on lessons learned, activities, national best practices, proposen en gies (planning and public-private-community partnerships and etc) have k tred ns learned, activities, national best practices, proposed new ideas, etc) etc.	nal seminars (on lessons learned, activities, national best practices, proposen gies (planning and public-private-community partnerships and etc) have b sted ins learned, activities, national best practices, proposed new ideas, etc) pro
igies (planning and public-priv sted ns learned, activities, national	ethodologies (planning and public-private-community partnerships and etc) have nd replicated (on lessons learned, activities, national best practices, proposed new ideas, etc) precioure	ethodologies (planning and public-private-community partnerships and etc) have indepricated (on lessons learned, activities, national best practices, proposed new ideas, etc) precioes closure	ethodologies (planning and public-private-community partnerships and etc) have not replicated (on lessons learned, activities, national best practices, proposed new ideas, etc) preclosure
2° Report (on lessons learned, activities, national best practices, proposed new ideas, et Programme closure	ns learned, activities, national	ns learned, activities, national	ns learned, activities, national

ribotes areas: Poverty Reduction B, MOB achievement Coutty programme outpuis Sale Indicators: Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATW grants for sale implementation and received by control of the MSP. Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATW grants for the MSP. Into MSP can be control of the MSP. Annual Transferior output 3. Indicators: Output 3. Indicators: Output 3. Indicators: HVM/AIDS. Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATW grants for the MSP. Annual Transferior output 3. Indicators (1) The recipients of the Msecured for the MSP. Annual Transferior output 3. Indicators (1) The recipients (1) Msecured for the MSP. Annual Transferior output 3. Indicators (2) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (2) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (2) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (3) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (3) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (3) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (3) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (4) Tuber calculation for the MSP. Annual Transferior output 3. Indicators (4) Transferior output 3. Indicators (4) Transferior output 3. Indicators (4) Transferior output 4. Indicators (4) Transferior output 5. Indicators (4) Transferior o	UNDAF/Country programme Outcome 3: Capa	UNDAF/Country programme Outcome 3: Capacities of the health system and other relevant institutions for the promoted and implementation of points and programme Outcome 3: Capacities of the health system and other relevant institutions for the promoted and implementation of points and programme Outcome 3: Capacities of the health system and other relevant institutions for the promoted and programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome 3: Capacities of the health system and other relevant institutions for the programme Outcome O							
Country programme outputs Output 3. UNDP, as Principal Recipient, to deliver the programmes under GEATM grants for modalitylea; and implementing partner(s) the NSP. Output 3. UNDP, as Principal Recipient, to deliver the programmes under GEATM grants for modalitylea; and tuberculosis in partnership with Government to facilitate the achieving of Mechanism (CCM) the NSP. Output 3. Indicator: (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting drug users reported to use stelling injecting equipment success rate; (3) Percentage of injecting drug users reported to use stelling injecting equipment success rate; (3) Percentage of injecting drug treatment space to use stelling injecting equipment success rate; (3) Percentage of injecting drug treatment space on national guidelines in traget growinces (Cumulative; excluding prison in mates) Sas Good posople reached by spraying houses with IRS Sas Good prosones are enoiled in target provinces (Cumulative) and inmates) Sas Good posople reached by spraying program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled for Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled by spraying program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled in Multi program in release centers (Cumulative) and inmates) Sas Good posople enoiled by spraying houses with IRS Sas Good posople enoiled to target households (Cumulative) and inmates) Sas Good posople enoiled to ta	Related Strategic Plan focus areas: Poverty Red	duction & MDG achievement		:			1	11	19:
Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATM grants for HV/ANDS, malaria and tuberculosis in partnership with Government to facilitate the achieving of HV/ANDS. malaria and tuberculosis in partnership with Government to facilitate the achieving of Mechanism (CCM) HV/ANDS. malaria and tuberculosis in partnership with Government to facilitate the achieving of Mechanism (CCM) in its PR capacity, UNDP will work with Size and pregnant women sleeping under insecticide-treated nest; (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nest; (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nest; (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nest; (1) Percentage of children under 5 and pregnant women steeping to grow or work with 500-trecipients while treated and programs and of each grant cycle of goard targets achieved by end of each grant cycle of GO (100%) of faboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities acknowled by spraying houses with IRS of 2859 people reached by spraying houses with IRS of 2859 people reached by spraying houses with IRS of 2850 people reached by spraying houses with IRS of 2850 people reached by spraying house with the spraying program in release centers (Cumulative) and implementation results as 5500 people with HVI infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd inherent based on national guidelines in target district health facilities and maintained (Cumulative) of 5500 people reached by spraying program in release centers (Cumulative) house with IRS of 5000 prosoners enrolled in MMT program in release centers (Cumulative) house with IRS of 5000 programment based on national guidelines in a treatment based on national guidelines in a treatment based on national guidelines in a treatment based on national guideline	Outcome-level indicators, baselines and	Country programme outputs	Implementation	Indicative	Resource	s by Ourc	ome (per	year, U.	2
Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATM grants for HV/AIDS, malaria and tuberculosis in partnership with Government to facilitate the achieving of Hurbiton Output 3. UNDP, as Principal Recipient, to deliver the programmes under GFATM grants for Country Coordination HV/AIDS, malaria and tuberculosis in partnership with Government to facilitate the achieving of Mechanism (CCM) in its PR capacity, UNDP will count users reported nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting Gurguets achieved by end of each grant cycle accepting prompt effective anti-malaria acress reported to use sterile injecting equipment acreatment based on mational guidelines in target district health facilities (11,40% end-2010; (2) 82% in 2006; (3) 74% in 2008 Annual Trangets achieved by end of each grant cycle of 100% of grant targets achieved by end of each grant cycle of 60 (100%) of faboratory confirmed malaria cases receiving prompt effective anti-malaria rearment based on mational guidelines in target district health facilities (11,40% end-2010; (2) 82% in 2006; (3) 74% in 2008 • 550,000 LLINs distributed to target households (Cumulative) in the Programme and will be respondent excellent on treatment in target provinces (Cumulative) in manates) in manates) • 550,000 school students trained on life skills-based HIV education (Cumulative) in manates) in manates) • 50,000 school students trained and maintained (Cumulative) in educipor program in release crediting program in release crediting program in elease crediting program in elease (Cumulative) in educipor program in elease (Cumulative) in educipor programme and maintained (Cumulative) in educipor programme and maintained (Cumulative) in educipor programme and maintained (Cumulative) in educipor programmed (Cumulative) in eached by spraying houses with HIV infection currently receiving anti-retrieved in actional guidelines in target district health facilities of programmed in acceptable of the programmed in accepta	targets for UNDP contribution to		modality(ies) and implementing partner(s)	2012	2013	2014	2015	2016	lotal
In its PR capacity, UNDP will couput 3 indicator; (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nets; (2) Tuberculosis in partnership with Government to facilitate the achieving of insecting of children under 5 and pregnant women sleeping under insecticide-treated nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting of the state	UNDAF/CPD ourcomes	Course index GEATM grants for	Country Coordination	Regular	esources -	Total for	Outcom	e3 - (\$,0	(00
Output 3 Indicator: (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nex; (2) Tuberculosis treatment success rate; (3) Percentage of injecting fine under 5 and pregnant women sleeping under insecticide-treated nex; (2) Tuberculosis treatment success rate; (3) Percentage of injecting fine under the control of the control of feucation, Prisons Baseline: (1) 40% end-2010; (2) 82% in 2006; (3) 74% in 2008 Torque; 100% of grant targets schle injecting equipment to a control of grant target static grant target static grant target static grant target static grant target schle injecting and prison in target schle injecting and prison in mates) Manual Torgets 2012: Annual Torgets 201	UNDAF/CPD Outcome 3 Indicators:	Output 3. ONDP, as Principal necipient, to deliver the programmes direct of active to be decived of HIV/AIDS malaria and tuberculosis in partnership with Government to facilitate the achieving of	Mechanism (CCM)	10	10	10	10	10	20
Output 3 Indicator: (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting drug drug cars reported to use sterile injecting equipment assess rate; (3) Percentage of injecting drug cars reported to use sterile injecting equipment assessing cars assessing to grant cargets achieved by end of each grant cycle Torget: 100% of grant targets achieved by end of each grant cycle Torget: 100% of grant targets achieved by end of each grant cycle Torget: 100% of grant targets achieved by end of each grant cycle Torget: 100% of grant targets achieved by end of each grant cycle Torget: 100% of grant targets achieved by end of each grant target and treatment based on national guidelines in target talstrict health facilities S55,000 LLINs distributed to target households (Cumulative) S55,000 LLINs distributed to target households (Cumulative) S55,000 prisoners enrolled in MMT program in release centers (Cumulative) TASB0 IDUS reached with needled/syringe program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT program in release centers (Cumulative) S50,000 prisoners enrolled in MMT	actively cooperate to reduce the burden of	the NSP.							
Output 3 Indicator: (1) Percentage of children under 5 and pregnant women sleeping under insecticide-treated treets, (2) Unberculosis treatment access rate; (3) Percentage of injecting drug users reported to use stelle injecting equipment access rate; (3) Percentage of injecting drug users reported to use stelle injecting equipment access rate; (3) Percentage of injecting of Education, Prisons Baseline: (1) 40% end-2010; (2) 82% in 2008 Torget: 100% of grant targets achieved by end of each grant cycle • 660 (100%) of jaboratory confirmed malaria cases receiving prompt effective anti-malaria reatment based on national guidelines in target district health facilities • 543,000 people receiving DOT visits during intensive treatment phase (Cumulative) reasons notified in target provinces (Cumulative) reasons notified in MMT program in redease centers (Cumulative) reasons only) • 350 people with HIV infection currently receiving anti-erroviral therapy (ARVs) in Iran (2nd and prison instruction results as signified malaria cases receiving prompt effective anti-malaria reasons on all positive Clubs implemented and maintained (Cumulative) • 500,000 culls distributed to target households (Cumulative) reasons on a solid provinces (confirmed malaria cases receiving prompt effective anti-malaria reasons on allowate and maintained (Cumulative) reasons on the programment based on national guidelines in target district health facilities • 700,000 LLINs distributed to target households (Cumulative) reasons of the programment based on national guidelines in target households (Cumulative) reasons receiving prompt effective anti-malaria reasons receiving reasons receiving prompt effective anti-malaria reasons receiving receiving and reasons receiving receiving receiving receiving	N/CD diseases through:		In its PR capacity, UNDP will	Other Re	sources - T	otal for 0	utcome	00(\$)-	((
insecticide-treated nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting dusers reported to use stage gauginement and guess reported to use stage gauginement and success rate; (3) Percentage of injecting (Ministry of Health, Ministry of Education, Prisons and prisons are discussed to use a stage gauginement and rargets 2012: • 660 (100%) of grant targets achieved by end of each grant cycle • 660 (100%) of grant targets achieved by end of each grant cycle • 660 (100%) of grant targets achieved by end of each grant cycle • 650 (100%) of shoratory confirmed malaria cases receiving prompt effective anti-malaria • 595,000 LLINs distributed to target households (Cumulative) • 243,000 people reached by spraying houses with IRS • 2865 people receiving DOT visits during intensive treatment phase (Cumulative; excluding prison inmates) • 2553 new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that very sample for	Strategy/policy setting;	Output 3 Indicator: (1) Percentage of children under 5 and pregnant women sleeping under	work with Sub-recipients	Note Go	rernment r	esources	are base	d on the	agreed
drug users reported to use sterlle injecting equipment forger: (1) 40% end-2010; (2) 82% in 2006; (3) 74% in 2008 Target: 1,100% of grant targets achieved by end of each grant cycle forgenization, WHO) and Target: 1,100% of grant targets achieved by end of each grant cycle forget: 1,100% of grant targets achieved by end of each grant cycle forget: 1,100% of grant targets achieved by end of each grant cycle forget: 1,100% of grant targets achieved by end of each grant cycle forget: 1,100% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of grant targets achieved by end of each grant cycle forget: 1,00% of laboratory confirmed malaria cases receiving prompt effective anti-malaria forget: 1,00% of laboratory confirmed malaria cases receiving prompt effective anti-malaria forget: 1,00% of laboratory confirmed malaria cases receiving prompt effective anti-malaria forget: 1,00% of laboratory confirmed malaria cases receiving prompt effective anti-malaria forget: 1,00% of laboratory confirmed malaria cases receiving prompt effective anti-malaria freatment based on national guidelines in larget district health facilities freatment based on national guidelines in target district health facilities freatment based on national guidelines in target district health facilities freatment based on national guidelines in target achieved by each of the program freatment based on national guidelines in target serving prompt effective anti-malaria freatment based on national guidelines in target achieve program freatment based on national guidelines in target achieve program freatment based on national guidelines in target achieve program freatment based on nati	Programme/plan implementation;	insecticide-treated nets; (2) Tuberculosis treatment success rate; (3) Percentage of injecting	(Ministry of Health, Ministry	ratio bet	ween donc	or and reci	ipient co	untry re	ources
Baseline: (1) 40% end-2010; (2) 82% in 2006; (3) 74% in 2008 Target: 100% of grant targets achieved by end of each grant cycle Target: 100% of grant targets achieved by end of each grant cycle Target: 100% of grant targets achieved by end of each grant cycle 6 60 (100%) of barboratory confirmed malaria cases receiving prompt effective anti-malaria 8 595,000 Lllns distributed to target houses with IRS 8 2850 people reached by spraying houses with IRS 9 2553 new smear positive cases notified in target provinces (Cumulative): excluding prison inmates) 9 2553 new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 9 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 9 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 9 5,000 prisoners enrolled maintained (Cumulative) 9 250 m&E Focal Points trained and maintained (Cumulative) 9 250 m&E Focal Points trained and maintained (Cumulative) 9 250 m&E Focal Points trained and maintained (Cumulative) 10 250 m&E Focal Points trained and maintained (Cumulative) 11 Programme. 12 minumates) 12 minumates) 13 positive Clubs implemented and maintained (Cumulative) 14 programme. 15 minumates) 16 minumates) 17 minumates) 18 positive clubs implemented and maintained (Cumulative) 19 2003: 10 minumates minumat	and	drug users reported to use sterile injecting equipment	of Education, Prisons	Gov.					
Annual Targets 2012: Annual Targets 2012: Annual Targets 2012: 6 60 (100%) of jaboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 9 55,000 LLINs distributed to target households (Cumulative) 10 55,000 LLINs distributed to target households (Cumulative) 11 9 50,000 LLINs distributed to target households (Cumulative) 12 55 new smear positive cases notified in target provinces (Cumulative) responsible for grant proceeds and immates) 12 55 new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the skills-based HIV education (Cumulative) 12 500 M&C fiboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 12 500 M&C fiboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 12 500 M&C f	 Provision of resources (human and 	Baseline: (1) 40% end-2010; (2) 82% in 2006; (3) 74% in 2008	Organization, WHO) and	19,500	15,000	10,500	10,500 9,000	1,500	25,500
 Annual Targets 2012: 660 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 595,000 LLINs distributed to target households (Cumulative) 285,000 people reached by spraying houses with IRS 285,000 people reached by spraying houses with IRS in mates) 285,000 people reached by spraying houses with IRS in mates) 285,000 people reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 390 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2013) 200 prisoners enrolled in MMT program in release centers (Cumulative) 350 poople with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2014) 300 prisoners enrolled in antional guidelines in target district health facilities 500 Option people reached by spraying houses with IRS 500 Option people reached by spraying houses with IRS 500 Option people reached by spraying houses with IRS 500 Dobo propore perceiving prompt effective anti-malaria 500 Dobo propore perceiving prompt effective propore prop	financial)	Target: 100% of grant targets achieved by end of each grant cycle	Sub-sub-recipients (Weifare						
**Ministry of Education, Blood treatment based on national guidelines in target district health facilities e 66(100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities e 66(100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target provinces (cumulative) and implementation results as signature on sities are segistered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered that were successfully treated among the smear positive TB cases registered that were successfully treated among the smear positive TB cases registered that were successfully treated among the smear positive TB cases registered that were successfully treated among the smear positive TB cases registered that were successfully treated among the smear that the sme			Org., Iran Broadcasting Org.,	<u>9</u> .					
 660 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 595,000 LLINS distributed to target households (Cumulative) 543,000 people reached by spraying houses with IRS 269 people receiving DOT visits during intensive treatment phase (Cumulative; excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 89% of new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 2013: 504 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINS distributed by spraying houses with IRS 700,000 people reached by spraying houses with IRS 	Strategy/policy setting	Annual Targets 2012:	Ministry of Education, Blood	13,000	10,000	2,000	9,000	1,000	37,000
 treatment based on national guidelines in target district health facilities 595,000 LLINs distributed to target households (Cumulative) 543,000 people reached by spraying houses with IRS 2869 people receiving DOT visits during intensive treatment phase (Cumulative; excluding prison inmates) 2553 new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 2013: 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 500,000 people reached by spraying houses with IRS 500,000 people reached by spraying houses with IRS 	Baseline 2012:	 660 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria 	Transfusion Org. and		99	W			
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 543,000 people reached by spraying houses with IRS 2869 people receiving DOT visits during intensive treatment phase (Cumulative; excluding prison inmates) 2553 new smear positive cases notified in target provinces (Cumulative; excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 2013: 544 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINA distributed to target households (Cumulative) 500,000 people reached by spraying houses with IRS 500,000 people reached by spraying houses with IRS 	elimination 2010-2025 approved	 595,000 LLINs distributed to target households (Cumulative) 	Education) to implement						
 2869 people receiving DOT visits during intensive treatment phase (Cumulative; excluding prison inmates) 2553 new smear positive cases notified in target provinces (Cumulative; excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 2013: 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 506,000 people reached by spraying houses with IRS 500,000 people reached by spraying houses with IRS 	HIV/AIDS 3'd NSP 2010-2015 approved	 543,000 people reached by spraying houses with IRS 	the Programme and will be						
 prison inmates) 2553 new smear positive cases notified in target provinces (Cumulative; excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 506,000 people reached by spraying houses with IRS 500,000 people reached by spraying houses with IRS 	- TB NSP 2008-2012 approved	 2869 people receiving DOT visits during intensive treatment phase (Cumulative; excluding 	responsible for grant						
 2553 new smear positive cases notified in target provinces (Cumulative; excluding prison inmates) 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 590 100,000 LLINs distributed to target households (Cumulative) 506,000 people reached by spraying houses with IRS 500,000 people reached by spraying houses with IRS 	Target 2016: TB, Malaria and HIV/AIDS NSPs	prison inmates)	proceeds and						
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 89% of new smear positive TB cases registered that were successfully treated among the new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 590.00 LLINS distributed to target households (Cumulative) 700,000 LLINS distributed to target households (Cumulative) 506,000 people reached by spraying houses with IRS 506,000 people reached by spraying houses with IRS 	Development Plan	inmates)	stipulated in Grant						
new smear positive TB cases registered on treatment in target provinces (excluding prison inmates) • 960,000 school students trained on life skills-based HIV education (Cumulative) • 7,180 IDUs reached with needle/syringe program • 5,000 prisoners enrolled in MMT program in release centers (Cumulative) • 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) • 13 Positive Clubs implemented and maintained (Cumulative) • 250 M&E Focal Points trained (Cumulative) • 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities • 700,000 LLINs distributed to target households (Cumulative) • 506,000 people reached by spraying houses with IRS		 89% of new smear positive TB cases registered that were successfully treated among the 	Agreements. The UNDP						
 inmates) 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 2013: 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 506,000 people reached by spraying houses with IRS 506,000 people reached further intensities treatment phase (Cimulative) 	Programme/plan implementation:	new smear positive TB cases registered on treatment in target provinces (excluding prison	Direct Implementation						
 960,000 school students trained on life skills-based HIV education (Cumulative) 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 541 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 560,000 people reached by spraying houses with IRS 	% of lab-confirmed uncomplicated malaria	inmates)	Modality (DIM) will be used						
 7,180 IDUs reached with needle/syringe program 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd line drugs only) 13 Positive Clubs implemented and maintained (Cumulative) 250 M&E Focal Points trained (Cumulative) 2013: 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria treatment based on national guidelines in target district health facilities 700,000 LLINs distributed to target households (Cumulative) 506,000 people reached by spraying houses 500,000 people reached by spraying houses in transment phase (Cumulative) 	cases receiving appropriate treatment based	 960,000 school students trained on life skills-based HIV education (Cumulative) 	to implement the GFATM						
isk areas sleeping 2013	on national malaria treatment guidelines	 7,180 IDUs reached with needle/syringe program 	Programme.						
isk areas sleeping 2013	within 48 hours	 5,000 prisoners enrolled in MMT program in release centers (Cumulative) 							
isk areas sleeping 2013 carget areas reached by	Baseline 2010: 61.2%	 350 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd 							
isk areas sleeping 2013 2013 target areas reached by target	Target 2016: 90%	line drugs only)							
2013. 2013. 2013. 2013. 2013. 2013.		 13 Positive Clubs implemented and maintained (Cumulative) 							
2013.	% of people in high-risk areas sleeping	 250 M&E Focal Points trained (Cumulative) 							
e carget areas reached by	under all LLIN	2013:							
target areas reached by	Toront 2016: 50%	 594 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-malaria 							
target areas reached by	larget 2013: > 80%	treatment based on national guidelines in target district health facilities							
	% of households in target areas reached by	 700,000 LLINs distributed to target households (Cumulative) 							
	IRS	 506,000 people reached by spraying houses with IRS 							
•	Baseline 2010: 35 6%	 2908 people receiving DOT visits during intensive treatment phase (Cumulative; excluding 							

Target 2016: >85%	nican inmatech	
Case notification rate for Tuberculosis (all	PSQ2 new email metitive races notified in tarest provinces (Cumulative: excluding micro) 75Q2 new email metitive races	
forms)	immates)	
Baseline 2007: 13.17%	 90 % of new smear positive TB cases registered that were successfully treated among the 	
Target 2014: 14.8%	new smear positive TB cases registered on treatment in target provinces (excluding prison	
	inmates)	
l reatment success rate for tuberculosis	 1,160,000 school students trained on life skills-based HIV education (Cumulative) 	
Baseline 2006: 82%	 7,785 IDUs reached with needle/syringe program 	
Target 2014: 85%	 6,000 prisoners enrolled in MMT program in release centers (Cumulative) 	
	 390 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd 	
Resources:	line drugs only)	
by 2016, approx > 37 million in form of Gr	15 Positive Clubs implemented and maintained (Cumulative)	
grants will be mobilized and disbursed to	375 M&E Focal Points trained (Cumulative)	
Support Hational institutions in	2014:	
implementation of HIV/AIDS, 1B and Malaria	 <1890 (100%) of laboratory confirmed malaria cases receiving prompt effective anti- 	
projects.	malaria treatment based on national guidelines in target district health facilities	
	870,000 LLINs distributed to target households (Cumulative)	
HIV/AIDS strategic objectives achieved:	• 775,200 people reached by spraying houses with RS	
% of young women and men aged 15-	• 1.360,000 school students trained on life skills, based HIV aducation (Cumulativa)	***************************************
24 who both correctly identify ways of	2.100 / On the control of the c	
preventing sexual transmission of HIV	o to the carlow with recently yilling program	
and who reject major misconceptions	/JOSO prisoners enrolled in Mily I program in release centers (cumulative)	
about HIV transmission	 430 people with HIV infection currently receiving anti-retroviral therapy (ARVs) in Iran (2nd 	
Baseline 2008: 16.3%	line drugs only)	
Target 2016: >50%	 17 Positive Clubs implemented and maintained (Cumulative) 	
	500 M&E Focal Points trained (Cumulative)	
- % of IDUs who reported using sterile	2015:	
injecting equipment the last time they	 <1370 (100%) of laboratory confirmed malaria cases receiving prompt effective anti- 	
injected	malaria treatment based on national guidelines in target district health facilities	
Baseline 2008: 74%	 1,190,000 LLINs distributed to target households (Cumulative) 	
Target 2016: 85%	 624,160 people reached by spraying houses with IRS 	
	 1,510,000 school students trained on life skills-based HIV education (Cumulative) 	
- % of IDUs who report the use of a	8,435 IDUs reached with needle/syringe program	
condom at last sexual intercourse	8,500 prisoners enrolled in MMT program in release centers (Cumulative)	
Baseline 2008: 33%	• 470 people with HIV infection currently receiving anti-retroviral therapy (Abyky) in Iran (2004)	
Target 2016: 42%	line drugs only	
	19 Positive Clubs inniemented and maintained (Cumulativa)	
 % of prisoners who both correctly 	A.S. M. R. Foreit Drinke Franch of Commission (Culturative) A.S. M. R. Foreit Drinke Franch of Commission (Culturative)	
identify ways of preventing sexual	ozoniwa rocal rollius trained (cumulative) 27016:	
transmission of HIV and who reject	1113 1000011 6311	
major misconceptions about HIV	• <11b3 (100%) of laboratory confirmed malaria cases receiving prompt effective anti-	
transmission	initiated the teaching to bester on material and an additional surget district health facilities	
Baseline 2008: 25%	1,530,000 LLINS distributed to target households (Cumulative)	
Taraet 2016: 50%	 503,328 people reached by spraying houses with IRS 	

ENVIRONMENT

UNDAF/Country Programme Outcome 4: National, sub-national and local capacities enhanced to ensure 1) integrated management, conservation and sustainable use of 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 pollution; 4) formulation and implementation of climate change mitigation and adaptation plans and projects

Related Strategic Plan Focus Areas: Environment and sustainable development

					-	Т	_				-			
(\$sn	Total	(6	1050				_	Note Government resources are based on the agreed ratio between donor and recipient country resources.	The exact amount and modality will be discussed on a case by case hasts at the time of project formulation.		GEF, MP	38,608		
er year,	2016	e 4 (\$00	9				4 (\$000	sed on the	be discu			806′9		
come (p	2015	Outcom	175				utcome	s are bas	ality will			000′6		
es by Out	2014	Total for	285				otal for O	resource	and mod			000′6		
Resource	2013	esonices	295				Other Resources Total for Outcome 4 (\$000)	ernment ween don	t amount			9,700		
Indicative Resources by Outcome (per year, US\$)	2012	Regular Resources Total for Outcome 4 (\$000)	230				Other Re	Note Gov ratio bet	The exact			4000		
Implementation modality(ies) and		The projects under		services.	Partners considered for output 4.1:	Department of	Environment	Forest Rangelands and Watershed	Management Organization (FRWO)	Ministry of Interior	2			
Country Programme Outputs		Output 4: Institutional capacities for integration of sustainable development in national policies	Output Indicator 4.1. Number of localized (tailored to national context) frameworks and mechanisms that integrate sustainable environmental management Baseline: The 5th NDP provides the legal basis for integration of principles of sustainable	development Target: By 2016, national frameworks for sustainable management of wetlands, mountain ecosystems, drylands and Caspian forests, and biodiversity conservation are in place and piloted.	Conservation of Biodiversity in the Central Zagros Landscape Conservation Zone through mainstreaming Biodiversity at National, Sectoral and Communities levels 2012:	A common vision and strategy for the development of each Mountain Ecological Management	Landscapes (McML) and the bloadversity Enterprise Center (pcc.) as a technical-economic took for improvement of socio-economic situation within MEMLs established;	 2013: Participatory planning mechanisms at the local level in Zagros MEMLS established, to support development of participatory resource management plans for approval by provincial planning 	bodies; 2014: A national programme for roncentation and sustainable use of Zaeros biodiversity established	and functional; implementation and monitoring of participatory resource management plans	in MEMLS.	Small Grants Programme 2012:	Up-scaling of the Small Grants Programme (SGP) undertaken through integration of SGP methodology and approaches on community development to relevant UNDP projects in	neutrocology and approaches on community occupants. Considering project magnetic and partners; Sign LOUs with Habitat and Marine Bureaus of DOE to provide opportunities of working with the communities and nomads (SGP):
Outcome-level indicators, baselines and targets	for UNDP contribution to UNDAF/ LFD Outcomes	UNDAF/CPD Outcome 4 Indicators:	% of protected areas in targeted provinces under sustainable and participatory management programmes	Baseline 2012: 0% - Iran lacks institutional and individual capacities as well as the legislative and governance frameworks to plan and collaboration manages exceptionally funded PA	consociatively manage a posterior of system. Target 2016: 2 PA pilots demonstrating sustainable PA operations based on innovative	and participatory models of PA management as	well as draft legislative and policy frameworks to support the new governance regime at the PA	system level. No. of national programmes, policies and plans	that integrate environment economics principles and allocate resources accordingly	systems requiring EIA and has mandated through	the 5th 5YDP the application of SEA based on national, regional and thematic divisions (Article	184), pending the draft and finalization of the	relevant regulatory framework. Through UNDP	and increased awareness of the importance of

SEA. Environmental economics however is not	2013:
integrated in EIA and SEA frameworks and there	 Advocate traditional knowledge and community conserved management approaches as part
are no regulations requiring the same.	of Collaborative Management of protected areas (SGP); Share knowledge products and methodologies generated by SGP including on household energy efficiency; Supporting FRWO
Target 2016: The most detrimental sectors to the environment adopt the newly designed SEA frameworks generating recommendations that are mindful of the opportunity cost of environmental	in advocating and upscaling community-based approaches and models to address unsustainable practices and land degradation in forests, and rangelands (eg. SGP collaboration with the MENARID project); Provide training on community-based monitoring for community initiatives (SGP);
degradation and supported by key constituencies involved in sector policy formulation and	2014: - Enhance Community Conserved Areas and local livelihoods/green jobs in and around PAs

4,000

20,000|20,000

20,000

20,000

14,000

900

Enhance Community Conserved Areas and local livelihoods/green jobs in and around PAs (SGP).

Catalysing the sustainability of Iran's system of wetland protected areas (WPAs), thereby enhancing its effectiveness as a tool for conserving globally significant biodiversity 2012:

their sector decisions, thus making environmental

sustainability an objective of the development

implementation. The legislative and regulatory

system will hold policy makers accountable for

sustainability, and climate change considerations

into policy and sector reform.

process and integrating environmental,

Complete integration of the Wetlands project within relevant DoE Bureaus to ensure sustainability of project results.

National Implementation Plans under the

Montreal Protocol are implemented and

MENARID 2012:

Base line MENARID surveys completed and M&E system for land use change, land and water and ecosystem degradation assessment established; initiating knowledge products and pilots for testing the Payments for Environmental Services (PES) concept, cost-benefit analysis, new technologies, etc; organize national, provincial, township and local levels coordination meetings and workshops.

2013:

an accelerated HCFC phase-down scheme to assist

Committee of the MLF in April 2011, thus setting

approved at the 63rd meeting of the Executive

multi-year performance based agreement was

Baseline 2012: Iran's HPMP- stage I, containing a

Iran in meeting its 2013 and 2015 targets. Iran has

10% of the base-line levels (i.e 355.7 ODP tonnes

committed to reduce its HCFC consumption by

average of A7 consumption figures for 2009 and Target 2016: Implementation of the agreement

2010) in 2015.

Environmental Services (PES) and participatory development methods collated; MENARID linkages to human development and sub-national and national development plans assessed; Lessons learned process for MENARID pilots initiated; Initial learning from Payments for advocating and upscaling community-based approaches and models to address unsustainable practices and land degradation in forests and rangelands;

2014:

Lessons learned and participatory development methods for MENARID finalised;

2015:

- Policy level documents for programming and institutional mechanisms and processes prepared to be adopted by MoJA (FRWO) and the Cabinet.
 - 2016:

Restrictions on import/installation of HCFC based

from 398.8 ODP tons in 2010 reduced to 380.5

will result in a reduction of HCFC consumption ODP tons in 2013 and 342.5 ODP tons in 2015; air-conditioning equipment and foam products Zero ODP and Low-GWP alternatives introduced

to the eligible HCFC consuming enterprises in

foam manufacturing, system houses, residential

A/C manufacturing and service sectors.

Ratification of MENARID approaches and programmes by Cabinet.

Strengthened local and national level capacity to improve the ecological condition and sustain ecosystem services of arid and semi-arid dryland forests through community based participatory sustainable rehabilitation and management of forests 2013:

No. of national, sub-national, local and sectoral

INRM practices in forest rehabilitation identified; participatory Integrated Land Use Plans for

⁷ PCB= polychlorinated biphenyls, HCFC = Hydrochloroflurocarbon

developed and pilots to test community forestry concepts identified;	 FRWO capacities to apply/oversee multiple use landscape level forest management strengthened and 2-3 community forestry plans formulated and implemented; 2015: 	 Replication plan for 5 other Caspian pilot landscapes initiated; 2016: Reforms proposed for national policies and regulations for management of Caspian forest landscapes. 	To integrate Iran's obligations under the Convention on Biological Diversity (CBD) into its national development and sectoral planning frameworks through a renewed and participative 'biodiversity planning' and strategizing process, in a manner that is in line with the global guidance contained in the CBD's Strategic Plan for 2011-2020	2013: New aspects of the Convention on Biological Diversity (CBD) strategic plan (2011-2020) fully integrated in Iran's NBSAP, including development, monitoring and reporting of national biodiversity targets; Updated and fully endorsed National Biodiversity Strategy & Action Plan (NBSAP) submitted and implemented.	2014: Updated NBSAP aligned with the guidance of the Convention on Biological Diversity (CBD) Strategic Plan developed and integrated into its national development and sectoral planning frameworks through a renewed and participative 'biodiversity planning' and strategizing process; Clearing House Mechanism (CHM) site updated and the Fifth National Biodiversity Report submitted;	Carbon Sequestration in the Desertified Rangelands of Hossein Abad 2012: - Preparatory Assistance to be formulated and implemented to design an upscaled Carbon Sequestration intervention in at least three provinces;	 At least 1500 ha of degraded rangelands rehabilitated, renewable energies introduced and additional Village Development Groups (VDG) established; 2014: Rate of loan recovery improved and additional micro-enterprises in each of the newly covered villages in Hossein Abad established; Project results integrated into the 6th 5YDP. 	To improve sustainability of PAs in Iran through building collaborative climate resilient PA management and sustainable financing schemes
uncertainties in PCB inventory, in relation to	industrial size transformers and capacitors as well as open application; lack of appropriate legal coverage for PCBs and technical guidance for specific stages in PCB management; lack of	awareness of PCBs and their risks; lack of industrial protocols for PCB management including identification, safety issues as well as emergency response; non-inclusion of PCB issues in the industrial control by provernment	environmental and safety inspectors; non-availability of safe PCB disposal methods for all waste stream and; routines to sample and analyze PCBs at provincial level.	Target 2016: Criteria and required equipment for interim storage developed and identified respectively; Environmentally sound management, monitoring and reporting systems developed; maintenance units with potential contact to PCB identified; PCB disposal operations defined (local treatment	and exportation), resulting in environmentally sound disposal of at least 1,000 tons of PCB (equipment and liquids). Third National Communication and Residential Energy Efficiency Frameworks in place Baseline 2011: Responsibility for the formulation	and implementation of residential energy policy is split among a number of Government departments and their agencies resulting in a fragmented policy and implementation context. Target 2016: A cross-sectorial energy efficiency	strategy and action plan (CSSAP) will be developed and introduced to address gaps and overlaps between the policies of the various departments, align resources and initiatives and generally maximize the impact of government policy for	transforming the building and heating systems markets for energy efficiency gains. The CSSAP will delineate the most cost-effective and relevant policies and means of implementation in the

participatory PA management models strengthened; climate resilient co-management and business plans with the participation of local communities and relevant private sector stakeholders in 2-3 pilot PAs developed; 2015: Ecological monitoring of the PA pilots in place, yielding data on the health of ecosystems;	
Output 4.2: Institutional capacities for sound chemicals management under the Montreal Protocol and Stockholm Convention supported Output Indicator 4.2: Frameworks for improved PCB and HCFC management in place and implementation started ⁸ (Yes/No) Baseline: Inadequate frameworks conducive to national development priorities. Target: Frameworks introduced by 2016	The projects under this outcome will be implemented under NIM modality with UNDP support services.
National policies/guidelines/strategies and mechanisms in place to enable implementation of HCFC reduction and achieving HCFC compliance targets 2012: Policies, guidelines and regulations on Hydrochloroflurocarbon (HCFC) consumption controls developed; quota system for importation of HCFC consumption finalized and implemented; conversion projects in air-conditioner manufacturing and systems to HCFC free alternatives implemented; Conversion projects in rigid and integral skin foam and domestic refrigeration manufacturing implemented; Conversion projects in air-conditioner manufacturing and system houses to HCFC free alternatives implemented.	Implementing Partners considered for output 4.2: Department of Environment Ministry of Interior
4PMP Implementation Report for 2012 and Implementation Plan for 2013 submitted and approved; conversion projects in air-conditioner manufacturing and systems to HCFC free alternatives completed and monitored in line with reducing HCFC consumption from 398.8 Ozone Depleting Potential (ODP) tons in 2010 to 380.5 ODP tons in 2013; Supporting completion and monitoring of Conversion projects in rigid and integral skin foam and refrigeration manufacturing sectors completed and monitored;	Ministry of Energy Ministry of Agriculture Jihad
 2014: Restrictions on import/installation of HCFC based air-conditioning equipment and foam products imposed; 2015: 10% reduction in HCFC phase-out consumption compared to baseline achieved (i.e. HCFC consumption from 398.8 ODP tons in 2010 reduced to 342.5 ODP tons in 2015). 	
Strategy for addressing PCB and agricultural POPs management and disposal developed and	

 8 PCB= polychlorinated biphenyls, HCFC = Hydrochloroflurocarbon

implemented					
- Inception of GEF CEO approved Polychlorinated biphenyls (PCB) disposal project; gaps in laws,					
2014:					
 Criteria for interim storage developed; required equipment for interim storage identified; 					
management, monitoring and reporting systems for operations with PCB developed;					
maintenance units with potential contact to PCB identified; environmentally sound					
management system for Iran developed.					
2015:					
- PCB disposal operations defined (local treatment and exportation), resulting in					
environmentally sound disposal of at least 1,000 tons of PCB (equipment and liquids):					
monitoring framework for agricultural BOBs investigation and angle and an action and action action and action action and action action and action ac				_	
developed.					
Output 4.3: National capacities for mitigation and adaptation to Climate Change supported	The projects under				
ording to	this outcome will be				
_	implemented under				
	NIM modelity with				
Baseline: Second National Communication in place.	town burners of N				
	Ologo support				
Target: By 2016, Third National Communication and Residential Energy Efficiency Frameworks in	services.				
place					
	Implementing				
and legislative	Partners considered				
framework and wide-scale private sector involvement in wind energy development	for output 4.3 are:				
2013:					
sarriers identified and baseline wind policy, legislative and regulatory frameworks reviewed;	Donatteen of				
_	Department of				
 Strategy for promotion of wind energy in Iran developed and existing financial mechanisms 	Environment				
		_			
eviewed;	Ministry of Energy				
2015;	1870				
	Ministry of				
_	Petroleum				
echnology transferred;					
2016;					
- Financial facilities to promote wind energy established and conducive policy and regulatory			10.5		
frameworks put in place.	-11/-1 2				
Dollary Deformer and Manual Astronomy				288	
rousy nejorns and Market Hansjormation of Energy Efficient Buildings Sector in the I.R. Iran 2012:					
- Building Energy Efficiency (EE) policy in Iran reviewed and a privately owned EE pilot in Tehran		2071.2			
complete with relevant partners, co-funding and implementation arrangements identified;				2/1111	
2013:					

And the state of t
- Cost-effective energy saving options in 330 privately owned buildings designed allu
implemented;
2014:
Constitute of manufacturers of heating systems developed: a stakeholder awareness raising
campaign including a nublic awareness campaign linking heating system retrofitting to lower
control hill implantable
CITIEST THE INFORMATION OF THE PROPERTY OF THE
2010: Dilots evaluated and results disseminated: guidelines and training materials for retrofitting
In the second se
ineating systems compressed.
2010:
- Proposal of strainfalle financing mentalisms and capacity development to select dams
and mancial institutions in assessing building ET developed.
Prenaration of Iran's Third National Communication (TNC) and submission to the Conference of
Article 12
2003
2012.
- Status of climate Canage governance and got status of Climate
INVERTIGITY, INITIEGATION AND ADMINISTRATION ACTIVITIES INITITIES IN PROTECTION OF THE WORLD AND ADMINISTRATION OF THE WORLD A
2013:
System to prepare Green House Gases (GHG) emission inventory on a continuous basis at
national and provincial levels designed and confirmissioned;
2014:
- Vulnerability assessment report drafted and cost-benefit of the proposed adaptation measures
analysed;
2015:
- Nationally Appropriate Mitigation Action (NAMA) as well as vulnerability assessment and
National Adaptation Plan of Action (NAPA) finalised for government approval; Third National
Communication (TNC) submitted to UNFCCC.
Climate change adaptation to emerging threats
2012:
- Project to address sand storm hotspots in Iran (and neighbouring countries) for funding
through the Adaptation Fund formulated and submitted to the AF Board;
2013:
- Project to address the vulnerability of coastal zones in Iran for funding through the Adaptation
Fund formulated and submitted to the AF Board;

DISASTER RISK REDUCTION AND MANAGEMENT

	DISASTER RISK REDUCTION AND MANAGEMENT						
UNDAF/Country Programme Outcome	UNDAF/Country Programme Outcome 5: Disaster risk reduction and management concepts and standards integrated into national development policies/programmes and institutional, operational and coordination capacities for	nt policies/programmes and institu	ional, operation	onal and coor	dination ca	pacities for	
effective disaster risk reduction and response strengthened	sponse strengthened						
Related Strategic Plan Focus Areas: Crisis prevention and recovery	sis prevention and recovery						
Outcome-level indicators, baselines			Indicative	Indicative Resources by Outcome (per year, US\$)	y Outcome	(per year,	(\$SD
and targets for UNDP contribution to UNDAF/CPD outcomes	Country programme outputs	implementation modality(les) and implementing partner(s)	2012 2013	3 2014	2015	2016	Total
UNDAF/CPD Outcome 5 Indicators: % of targeted social, economic, and	Output 5.1 Institutional capacities for multi-sectoral DRR/DM plans advanced. Output Indicator 5.1: Number of multi-sectoral DRR and DRM plans developed.	The projects under this outcome will be implemented under NIM	Regular Resources Total for Outcome 5 (\$000)	urces Total fo	or Outcome	2 (\$000)	
cultural institutions that have	Baseline: 5th National Development Plan does not have a specific chapter on DRR/DM. But it refers	modality with UNDP support	250 250	55		6	555
anocateu auequate resources including human and financial resources - equipment, technology	to a number disaster risk reduction and response components in some other chapters. Taraet: By 2016, two sectoral plans that incomprate DRR/DM concents	Services. In crises situations UNDP Fast TRACK Procedures					
Baseline 2011: 20% (only few	Annual Taroote	· Andrew					
agencies including NDMO, BHRC,	2012:			- 14			
IIEES, NDRII allocate resources for	188	This Outcome will have a single					
DM in their annual plan and budget)	gaps, strengths, weak points, hazards and vulnerabilities, sector analysis) 2013	umbrella programme with 5					
Target 2016: 70% -		multi-year components. The National Disaster Management	Other Resources Total for Outcome 5 (\$000)	rces Total for	Outcome	(\$000)	
Agencies/members of the DM WG	rural and urban development, environment,) 2014:	Organisation (NDMO) is the				(nond)	
monitor and evaluate DRR and DM	- Identifying and setting indicators and standards for DRR/DM based development planning	Cooperating Agency for the	The exact am	The exact amount and modality will be discussed on a	dality will	oe discuss	ed on a
and international standards	 Comparative study with good practices and examples at international level 2015: 	Programme and the	case by case	case by case basis at the time of project formulation.	ime of proj	ect formul	ation.
No of institutions that actively	 Preparing the draft national guidelines for integration of DRR/DM standards in development sectors planning — pilot the draft in Ministry of Education and Ministry of 	of the 5 components are:				0	Gov
participate and contribute to	Health	Output5.1: SPAC as the lead	450 600	1,850	1,360	440	4,700
multi-sector cooperation and coordination of risk reduction		implementing agency with the					
December 2011, 25	development plans are prepared, introduced and used by key development sectors (Education, health, rural and urban development and environment) and the outcome of S	participation of relevant institutions, in particular the					
participate actively but more on	year experience is considered in the process for preparation of Iran's 6 National	agency members of the NDMO					
preparedness response not risk	Development Flan Inclusion of DRR concepts and standards in the next National Development Plan by	Working Groups members such as Ministry of Health,	5				

rat reed reed reed reads	he relevant sectoral DRR standards as well as general chapter of DRN and leavant sectoral DRR standards in capacities for DM contingency plans and risk assessment standards in rehran Disaster Preparedness, Response, Recovery and Reconstruction plan ig in Tehran requires better resilience for earthquake risk and the oversight of national building codes needs strengthening. In Tehran is formulated and in a formulated and standardized with regard to delines for urban disaster risk reduction are developed. In the situation (identify needs, gaps,).	etc. Output 5.2 will be implemented by three main partners agencies namely BHRC for the risk assessment component and the TDMMO for the urban disaster contingency plan and NDMO for institutional capacity building on DRM. Other agencies and institutions will be involved when and where required during the programme implementation.
)		utput 5.2 will be implemented y three main partners agencies amely BHRC for the risk ssessment component and the DMMO for the urban disaster ontingency plan and NDMO for stitutional capacity building on stitutions will be involved han and where required during ne programme implementation.
) s e e s 50		utput 5.2 will be implemented y three main partners agencies amely BHRC for the risk ssessment component and the DMMO for the urban disaster ontingency plan and NDMO for stitutional capacity building on Istitutions will be involved hen and where required during ne programme implementation.
O, & a a a c c x 7 a 20		utput 5.2 will be implemented by three main partners agencies amely BHRC for the risk ssessment component and the DMMO for the urban disaster ontingency plan and NDMO for istitutional capacity building on Istitutions will be involved hen and where required during he programme implementation.
o, stage of the st		y three main partners agencies amely BHRC for the risk ssessment component and the DMMO for the urban disaster ontingency plan and NDMO for stitutional capacity building on stitutions will be involved hen and where required during he programme implementation.
O, % a B G C X T Z		amely BHRC for the risk ssessment component and the DMMO for the urban disaster ontingency plan and NDMO for sstitutional capacity building on RM. Other agencies and rstitutions will be involved when and where required during he programme implementation.
O'S a a c x z		DMMO for the urban disaster ontingency plan and NDMO for stitutional capacity building on stitutional capacity building on stitutions will be involved then and where required during he programme implementation.
o's a a cx. 5		DMMO for the urban disaster ontingency plan and NDMO for stitutional capacity building on stitutional capacity building on stitutions will be involved when and where required during he programme implementation.
(NDMO, if Roads tc) I disaster tional DM and mework tries of ut this saster saster areas of areas of	And the second s	nstitutional capacity building on stitutional capacity building on RM. Other agencies and stitutions will be involved then and where required during he programme implementation.
1: 20 agencies (NDMO, HRC, Ministry of Roads evelopment, etc) ged in national disaster programmes 40 agencies 40 agencies 40 agencies 1: There are currently a nitiatives on DM and initiatives such ooperation framework m among countries of cluding Iran. But this is limited to disaster s and response and expanded to all areas of reduction and countries of ceduction and countries of the regional countries of ceduction and countries of ceduction and centre of the regional countries of ceduction and centre of the regional countries countries of ceduction and centre of the regional countries of countries of ceduction and centre of ceduction and centre of the regional countries of centre of the regional ce		stitutional grant described in the structional capacity building on stitutions will be involved when and where required during the programme implementation.
	iran is formulated and ndardized with regard to eloped.	RM. Other agencies and stitutions will be involved hen and where required during he programme implementation.
	9	stitutions will be involved then and where required during the programme implementation.
	ð	hen and where required during
	zed with regard to	ne programme implementation.
disaster A. 2012: 2013: 2014: 2015: 2016:	d guidelines for urban disaster risk reduction are developed. ik reduction and management nding the situation (identify needs, gaps,).	
A. 2012: 2013: 2014: 2016: 8	ik reduction and management nding the situation (identify needs, gaps,).	
2012: 2013: 2014: 2016: 8	nding the situation (identify needs, gaps,).	
2013:	nding the situation (identify needs, gaps,).	
2013:	I am a feature of house of the control of the said over the dispetor rich of	
2013:	identify elements and factors of ridgald, volinerability and exposure to dispatch has at national level. To set the methodology for the planning and implementation of the	-
2014:	me.	
2014:	and the land of th	
2014:	xisting stalldards allo regulations.	B
2014: 2015: 2016: 8	Preparing the actions required for seismic risk assessment	
of 2015:		
of 2015:	Implementation of seismic and flood risk assessment analysis in urban areas	
of 2015:	Recommendations for urban disaster risk reduction and management	
eas of 2016:		
7016:	Preparing draft " Guidelines for Urban Disaster Kisk Assessment	
86	puidelines for urban disaster risk assessment is prepared and approved by	
86	relevant authorities and submitted by the government to respective institutions for	
69	ntation.	
	Tehran earthquake DRR contingency plan	
initiatives that are priority on 2012:		
disaster risk reduction and - Preliminary studies currer	Preliminary studies current situation sand setting priorities and methodologies	
management for Iran through	The required leading and coordination committees including Tehran Earthquake Mitigation Tana (TEMAT) من مرتبط النام عبيم في المرتبط ا	
exchange of knowledge and - Review existing software f	ream (TENT) are established and unictional Review existing software for Tehran earthquake disaster mitigation and management	

expertise.	2013:		
5/	- Tehran earthquake multi-sectoral and multi-stakeholder damage assessment software is		
No of disaster prone and affected	developed and finalized		
communities that effectively	- Situation reports of various organizations are received		
	- The general earthquake vulnerability report is prepared		
prevent, respond to and recover	- Tehran seismic hazard renort prepared		
from disasters	2014:		
	. Tahran caismir multi-centoral uninerability report is prepared		
Baseline 2011: A number of	2015;		
provincial and local level community	_		
based disaster risk reduction and			
management initiatives have been	2016:		
implemented such as the capacity	 Tehran earthquake plan for disaster risk reduction and management is approved by 		
building programmes in Gorgan and	relevant authorities and submitted for implementation is operationalized.		
Kerman supported by UNDP from	and/ and of order of order of the order		
2005 to 2010. But these initiatives	2		
need to expand to all highly disaster	- National Disaster Management Strategy of Iran is developed -Disaster managers		
prone areas and integrated in	knowledge and skills at national and provincial levels are improved on 1) assessment 2)		
national and longer term disaster	planning 3) monitoring 4) reporting,		
risk reduction and management	2013:		
planning based on clear and	Disaster management training standardized		
standardized frameworks.	 Training of disaster managers (continued) 		
	and the second s		
Target 2016 : All highly disaster	 Illufututis allu stanuards for disaster management planning, budgeting and public participation devoluted. 		
prone communities have received	2015-2016:		
the Guidelines for CB/DRM and use	- Evaluating and upgrading national disaster management strategy		
and the state of t	Output 5.3 National capacities for community-based disaster risk management is urban		
ור ווו רוופון מופפורפון ווופוןפפרוובוור פוום	parthoniaka and flood management cumosted		
risk reduction planning.	Output Indianage E.S. Commenter appropriate		
	Output illuctator 5.3: Comprehensive DRK and DM training packages developed and community-		
	based disaster risk management, guidelines piloted.		
	Boseline: Disaster preparedness and response training manuals are available	Lor Outside 5 to 10/6 and 10/6	
	ביילי	Tol Output 3.5 the INCS Will be	
	Target: Comprehensive and standardized training manuals and guidelines for community based DRR/DM developed by 2016	the national implementing agency.	
	2012:		
	 Study current situation and setting priorities and methodologies 		
	2013:		
	CB/DRR and DM training need assessment carried out		

		ication		
- Curricula for CB/DRR and DM developed	 L4 CB/DRR training packages are piloted and evaluated 	15 Guidelines for CB/DRR and DM developed and submitted to NDMO for national applicatic	. Community based DRR/DM tools are integrated in NDMO and IRCS planning and	implementation and used in selected provincial and local contexts.
	2014	2015	2016	

Annex 3 M&E Framework

Role of various stakeholders

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 United Nations Country Team (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.

UNDP and the Government will implement the UNDP Country Programme (CP) within the context of the UNDAF and the UNDAF High Level Steering Committee decisions to ensure coordination with UNCT activities. For the purpose of overseeing the country programme formulation, implementation and monitoring and evaluation of the progress of results, a Country Programme Steering Committee (CPSC) has been established, co-chaired by the Ministry of Foreign Affairs and the UNDP Resident Representative and comprised of focal points from the Strategic Planning and Control Office (SPAC), the Ministry of Cooperatives, Labour and Social Welfare (MCLW), the Ministry of Health (MoH), the National Disaster Management Organization (NDMO) and the Department of Environment (DOE) of the Government. The CPSC, which is the highest decision-making body for the CP, will meet twice a year to review progress in the implementation, continued relevance and impact of the development partnership. Following the successful experience of CP Working Groups during the current country programme formulation phase, the CPSC will establish four Outcome Boards, responsible for guidance and quality assurance in each of the programme areas which could be part of the UNDAF Theme Groups. Early in the programme cycle, the Government and UNDP will carry out studies to establish/confirm baseline data for country programme/country programme action plan indicators drawn from official data sources and aligned with the 5th Five Year National Development Plan.

As part of the UNDAF Theme Groups, UNDP will provide input to the Joint UNDAF Annual Review based on the reports of the CPSC Outcome Boards and recommendations of the CPSC. In coordination with the UNDAF M&E Group, the UNDP Outcome Evaluations will be conducted to feed into the Final UNDAF evaluation planned for the penultimate year of the UNDAF cycle. This evaluation is planned to assess the extent to which programmes and projects have achieved results outlined in the UNDAF and it will inform the design of the next UNDAF and its ensuing country programmes and projects by individual Agencies.

Strengthening national and sub-national monitoring and evaluation capacities

The responsibility of programmatic monitoring and evaluation at the output level is an integral part of project management embedded in the job description of the programme and project staff. Wherever possible the projects will use functioning M&E systems within the implementing partner institutions. Therefore, the project documents will consider the requirements to fulfill capacity gaps for improved monitoring and evaluation. In addition to the M&E capacity development activities at the output level, UNDP will contribute to the coordinated effort of UNCT in this regard at the outcome level.

CPAP Monitoring and Evaluation Plan

The CPSC will commission an Outcome Evaluation for each of the programme areas between 2012 to 2015. A midterm review of the CPAP will be conducted to assess progress made towards achieving agreed results. Additional to the mandatory GEF Project Midterm and Final Evaluations in the environment programme, a Midterm Project Evaluation in the poverty programme and a Final Project Evaluation in the disaster risk management programme will also be conducted jointly with the implementing partners. The CPAP M&E plan will remain a rolling document to be updated iteratively as projects and their M&E plans are developed throughout the programme and project cycles. Therefore, the CPAP M&E Plan will be reviewed and updated annually to consider its continued validity.

CPAP Management arrangements and its Monitoring and Evaluation system

The management arrangement of the CPAP has 3 levels,

- 1. the Country Programme Steering Committee (CPSC) as the highest decision making body for the CP with a focus on policy and impact level;
- 2. the CPSC Outcome Boards as a subset to the CPSC are delegated the role of quality assurance and ensuring the decisions of the CPSC is carried out at the outcome level;
- 3. the Technical Committees are responsible for guidance to project management in carrying out the decisions of the Outcome Board.

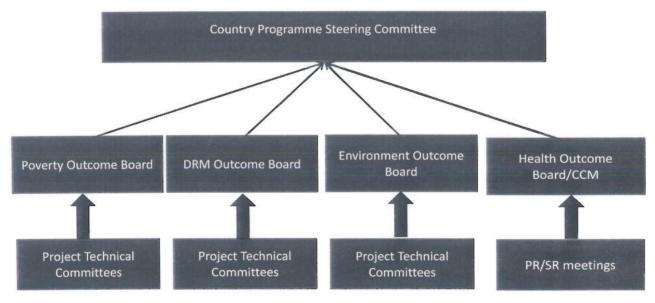


Fig.1 – 2012-2016 CPAP Management Arrangement

The overall and specific M&E responsibilities of these three levels of oversight is as follows:

Country Programme Steering Committee (CPSC)

The responsibilities of the Steering Committee starts from the programme formulation, oversight of the programme implementation and ends with the evaluation of the programme and use of the findings in the design of the next programme cycle. The CPSC meets twice a year.

Responsibilities during defining and initiation stages of the Country Programme

- 1. Provide leadership and guidance on the development of the Country Programme Document (CPD)
- 2. Ensure alignment of Country Programme with national priorities and linkages to the UNDAF;
- 3. Appraisal of the CPD prior to submission UNDP HQ and Executive Board.
- 4. Identify national capacities for implementation of programme (Government Cooperating Agencies and Implementing Partners);
- 5. Provide leadership and guidance for the development of the CPAP, including the establishment of indicators, baselines and targets.
- 6. Appraisal of the CPAP and recommendation for the Government's and UNDP's approval and signature of the CPAP.

Responsibilities during the running stage of the Country Programme

- 7. Steering Committee has oversight of CPAP implementation.
- 8. The Steering Committee is supported by the Outcome Boards in ensuring the alignment of project outputs in support of the outcomes.
- 9. Conduct systematic annual reviews of the full CPAP within the context of the work of UNDAF Theme Groups.
- 10. Provide input to UNDAF Annual Review through UNDAF Theme Groups.
- 11. Lead the Mid-term Review of the Country Programme.
- Endorse changes in the direction of the programme as well as to the allocation of resources when/if required.
- 13. Oversight of compliance with CPAP Evaluation Plan.
- 14. Receive the outcome evaluation reports and make decisions for improvement of the current programme.
- 15. Oversight on the implementation of outcome evaluation recommendations.

Responsibilities during the closing stage of the Country Programme

- 16. Ensure the use of the evaluation findings, lessons learnt, conclusions and where agreed recommendations to improve the quality and strategic direction of the next country programme
- 17. Preparation for the next programme cycle; ensure the required gaps to achieve the long-term outcomes (impact) of the current programme are recommended and addressed for the next programme.

Country Programme Steering Committee (CPSC) Outcome Boards

Comprised of the Cooperating Agencies, the Outcome Boards are accountable to the Country Programme Steering Committee. The Outcome Boards are formed on the basis of the CP Working Groups. The Outcome Boards are responsible for quality assurance of their specific Country Programme Outcome and meets a minimum twice a year.

- 1. Support the CPSC in to ensure coordination and integration of the CPAP projects and manage their interdependencies.
- 2. Identify and determine the membership of the Project Technical Committees.
- 3. Monitor the realization of the expected CPAP outcome, sustainability of results and development impact.
- 4. In the cases where the CPAP *plus* AWP is used as the project document (e.g. possibility exists for poverty and DRM programme areas), the Outcome Boards will review and approve the AWPs.
- 5. In the cases where a full project document is prepared (in response to donor or Outcome Board and/or Implementing Partner requirement), the members of the Outcome Board will participate in the Local Project Appraisal Committee (LPAC) to make recommendations for approval or additional next steps that should be taken in the formulation process.
- 6. Review and approve reports by Cooperating Agencies on their joint Government/ UNDP projects (including the Final Project Report).
- 7. Semi-annual reporting to Country Programme Steering Committee on the progress of CPAP implementation.
- 8. Assist the CPSC in providing input to UNDAF Annual Review through UNDAF Theme Groups.
- 9. Assist CPSC conduct the Mid-term Review of the Country Programme by reporting on progress of achieving outcomes based on their annual reviews.
- 10. Provide inputs to the outcome evaluation of the related outcomes
- 11. Ensure knowledge management and communication of results among Cooperating Agencies.
- 12. Ensure Country Programme Steering Committee decisions are executed and the lessons learned are fed back into programming.

Project Technical Committees

Chaired by the National Project Director, the Project Technical Committees are responsible for providing overall guidance and direction to joint Government/UNDP projects, ensuring it remains within any specified constraints. The Project Technical Committees meet twice a year (minimum) and are accountable to Outcome Boards through their Cooperating Agencies.

- 1. Agree on Project Manager's responsibilities and tolerance level
- 2. Ensure the required resources are committed.
- 3. Review and appraise the AWP prior to submission to Outcome Board's approval in the cases where the CPAP plus AWP is used as the project document.
- 4. In cases where a full project document has been developed and appraised by the LPAC, the Project Technical Committee approves project annual workplans, and when required they assess and decide on project changes for better alignment to CPAP.
- 5. Monitor the realization of the expected project outcomes and outputs, implementation of exit strategies.

- 6. Appraise Annual Reports by Project Managers of joint Government/UNDP projects and make recommendations for next annual workplan.
- 7. Appraise the Final Project Report by Project Managers for submission to Outcome Board through its Cooperating Agency.
- 8. Provide guidance and decide on possible management actions to address specific risks and issues beyond the Project Managers' tolerance.
- 9. Ensure recommendations of project audit and evaluations are addressed and lessons learnt are fed back into project planning.
- 10. Report semi annually to the relevant Cooperating Agency on the progress and results achieved.

To ensure the M&E system is functional at the output level, during the project formulation the Implementing Partner and UNDP will:

- a) Clarify the precise results elements to be monitored: outputs, indicators, baselines, and targets;
- Set up arrangements to collect monitoring evidence that the pre-identified outputs are being produced as intended and efficiently, and that the activities are being implemented according to the targets in the annual work plan;
- c) Ensure that monitoring evidence would reliably inform whether the project outputs being generated would remain relevant to achieving the corresponding CPAP outcomes;
- d) Ensure that activities/events needed to monitor are scheduled and responsibilities assigned.
- e) Identify and engage in relevant sector-wide coordinating mechanism such as an Outcome Board to which
 the project should be linked and that would enable UNDP to jointly review with other relevant partners
 the contribution of project to progressive achievement of the outcomes;
- f) Plan for project evaluations;

The monitoring functions at the output level will include:

- Annual and Quarterly Work Plans to be prepared by the Implementing Partner in participation with stakeholders and implemented in accordance with the procedures concerning the NIM.
- 2. Quarterly Progress Reports will be prepared by the Implementing Partner to document progress in achieving the project annual targets.
- 3. Implementing Partner will update the **audit / evaluation action plans** with information on the actions taken to address audit and evaluation recommendations in a semi annual basis.
- 4. Site visits to be conducted by any of the three levels of CPAP Management (but in particular by UNDP and the Implementing Partner) for the purpose of results validation and should provide latest information on progress for annual reporting preparation.
- 5. **Annual Review Report** shall be prepared by the Implementing Partner, appraised by the project technical committee and approved by CPSC Outcome Board.
- 6. Annual Project Review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the annual work plan for the following year. In the last year, this review will be a final assessment. This review is driven by the project committee and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes. Once cleared, key elements of the reports shall feed directly into the annual reporting exercise on results at the outcome level. Findings of

- the annual project review should feed: (a) UNDP CPAP review; (b) Outcome level review by CPSC outcome group and (c) UNDAF annual review process.
- 7. **Midterm project evaluations** as per donor protocols or mandated by the project appraisal committee at the time of project formulation.
- 8. Audit is an integral part of sound financial/administrative management, and accountability system. Projects are audited regularly and the findings are reported to the UNDP Executive Board. The audit of projects provides assurance that resources are used to achieve the results described in the project document and that UNDP resources are adequately safeguarded. Audit requirements may differ depending on the implementation modality
- 9. **Final project evaluations** as per donor protocols or mandated by the project appraisal committee at the time of project formulation.

Annex 4 COSTED EVALUATION PLAN FOR THE IRAN COUNTRY PROGRAMME DOCUMENT 2012-2016

UNDAF/ CPD Outcome	Strategic Plan Results Area	Evaluation Title	Partners (joint evaluation)	Evaluation commissioned by (if not UNDP)	Type of evaluation	Planned Evaluation Completion Date	Estimated Cost	Provisional Source of Funding
Outcome1 Outcome2	Poverty Reduction and MDG achievement	Evaluation of Outcomes 1&2	Joint Government – UNDP evaluation with relevant national partners	CPD Steering Committee	Outcome	2015	\$50,000	Apportioned among projects under these outcomes
Outcome3		GF Final Evaluations of Round 8 HIV/AIDS and Round 10 Malaria	Joint Government – UNDP evaluation with relevant national partners	CPD Steering Committee	Evaluation	Round 7 grants: 2013 Round 8 grant: 2012 Round 10 grant in 2014	\$35,000	Apportioned among GF projects under these outcomes and UNDP DSS funds
Outcome4	Energy Environment and Sustainable	Evaluation of Outcome 4	Joint Government – UNDP evaluation with relevant	CPD Steering Committee	Outcome	2015	\$35, 000 for Climate Change	Apportioned among projects under these

outcomes	Apportioned among projects under these outcomes	Project(s) resources	Project(s) resources
\$35, 000 for Biodiversity \$30,000 POPs/ODS	\$50,000	\$30,000 (per project)	\$30,000 (per project)
	2015	2013&2014	Project 1: 2012 New projects if developed and implemented according to plan: 2014 & 2015
	Outcome	Project(s) Evaluation - Mid-term	Project Evaluation - Mid-term
	CPD Steering Committee	N/A	N/A
national partners	Joint Government – UNDP evaluation with relevant national partners	Implementing Partner Institutions	Implementing Partner Institutions
	Evaluation of Outcome 5	To be determined during project formulation	GEF mandatory Mid Term Evaluations of: 1. Integrated Natural Resource Management (MENARID) 2. Other projects in the process of being developed
Development	Crisis Prevention and Recovery	Poverty Reduction and MDG achievement	Energy Environment and Sustainable Development
	Outcome5	Project Evaluation(s) related to Outcomes 18.2	Project Evaluation(s) related to Outcome 4

Project(s) resources	Project(s) resources	000 (per Project(s) project) resources
\$30,000 (per project)	\$30,000 (per project)	\$30,000 (per project)
Project 1&2:2013 Project 3:2015 New projects if developed and implemented according to plan: 2016	New projects if developed and implemented according to plan: 2014 or 2016	2015
Project Evaluation - Terminal	Project Evaluation Mid-Term OR Terminal	Final Project(s) Evaluation
N/A	N/A	N/A
Implementing Partner Institutions	Implementing Partner Institutions	Implementing Partner Institutions
GEF mandatory Terminal Evaluations: 1. Conservation of Wetlands Project 2. Conservation of Biodiversity in Central Zagros Project 3. Integrated Natural Resource Management (MENARID) 4. Other projects in the process of being developed	New projects from sources other than GEF to be determined during project formulation	To be determined during project(s) formulation
		Crisis Prevention and Recovery
		Project Crisis Evaluation(s) Prevention related to and Recove Outcome 5

Proposed Planning Matrix for monitoring

Indicators (with baselines and and other key areas to monitor	indicative targets)	M&E Event with Data collection Methods	Time or Scl and frequenc	Responsibilities	Means of verification: Data source and type		
From RRF		How data is obtained? Survey, stakeholder meeting, etc?	Level of detail depend on practical needs	Who is responsible for the organizing the data collection and verifying data quality and source?	Systematic source and location where you would find the identified and necessary data such as national institute	Required resources estimated	Risks and assumptions and how they affect monitoring and data

