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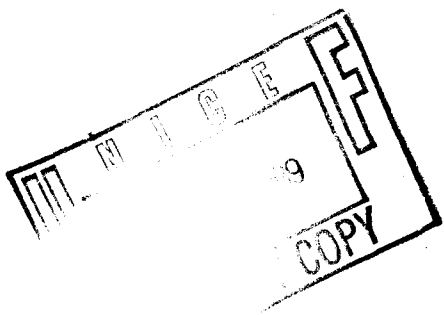
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ANNUAL REPORT

1989

UNICEF IRAN

SEPT 1989

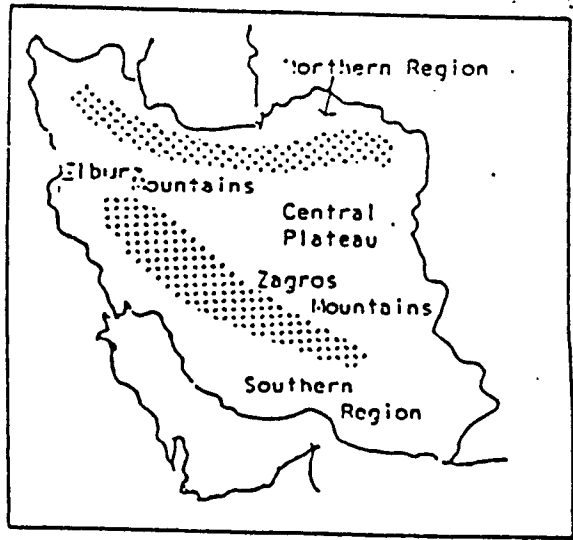
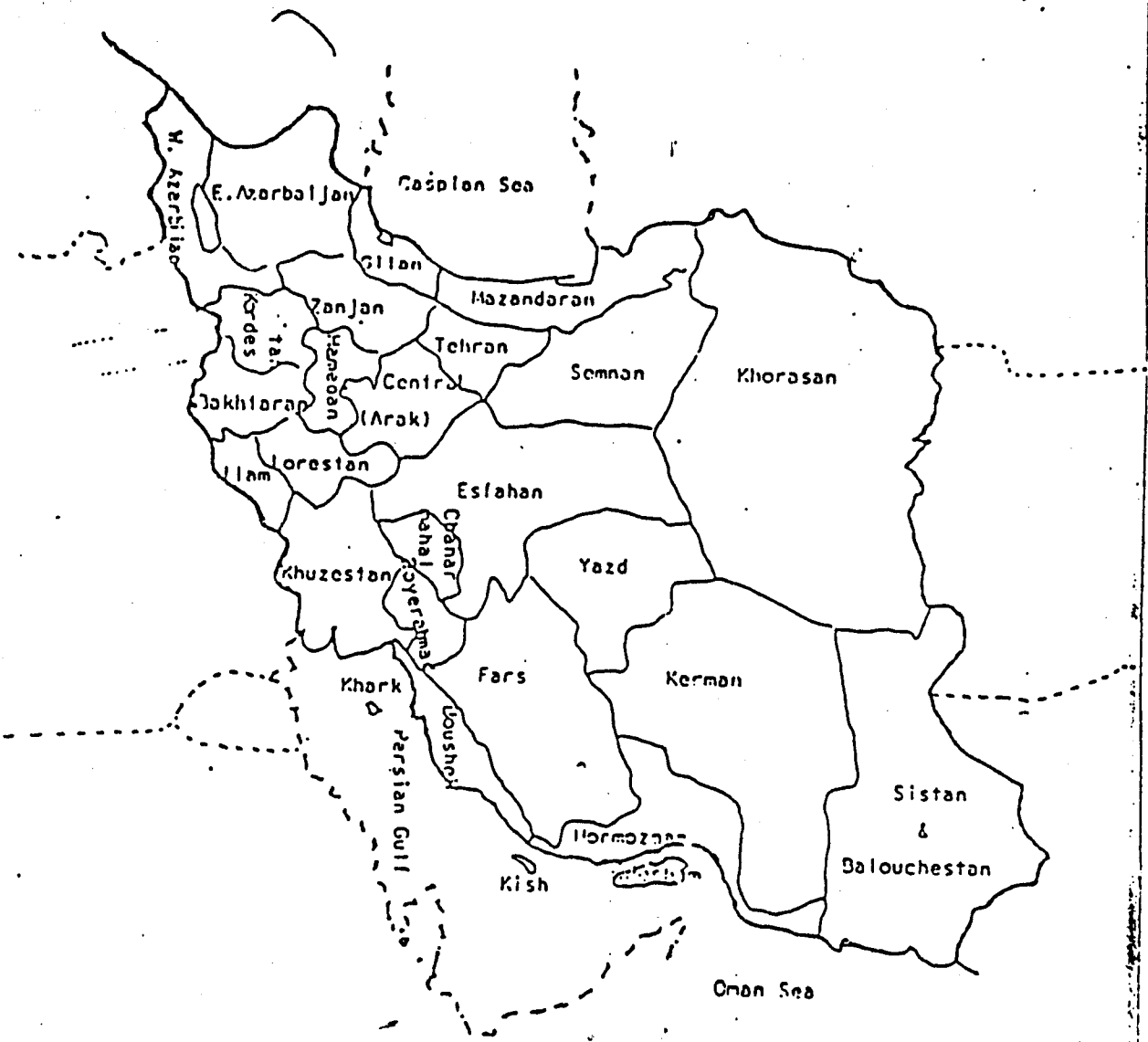
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ANNEXES:

Basic Data and Results of IMR Survey
1990s Strategies Questionnaire

Map of the Islamic Republic of Iran, showing Provinces.
Insert showing main geographical features.



EXECUTIVE SUMMARY

The period for which this report is written September 1988 to September 1989 is characterized by the following:

(A) Socio politically, I.R. IRAN witnessed:

1. Cessation of hostilities between Iran and Iraq.
2. Death of Ayottallah Khomaini, the founder of the 1979 Islamic Revolution.
3. Revision of I.R. Consitution in which the post of Prime Minister was abolished
4. Change of the President of the Republic
5. Change of Cabinet including change of the Health Minister.
6. Approval of a national 5 year plan with emphasis on and reconstruction and rehabilitation of war affected areas.

(b) Government/UNICEF Cooperation:

1. Successful launching and implementation of a Child Survival Campaign with four components of immunization, ORT, Breastfeeding and Weaning Practices. The Campaign resulted in increased immunization coverage level for each antigen to 90 and Oral Rehydration Therapy for diarrhoeal treatment to 65 per cent.
2. One visit by the Executive Director and two by the Regional Director to launch the emergency rehabilitation in the project "Rebuilding for Children" Expansion of the PHC network in the war affected areas. The project is a supplementary funded project with target budget of US\$3 million, todate 5.2 million funds have been raised and called forward.
3. Regular country programmes on Child Survival interventions under US\$500 General Resources.
4. Preparation of Country Programme documents for 1991 1995 for recommendation to the 1990 Executive Board.

The Office premises have changed, the staff has increased from 2 to 7 and CCO revenue raised to around US\$800,000 since the last report.

As the Tehran office has been involved in preparation of the board documents, this is a short annual report. For details and further information the following reports may be consulted:

- 1 The Situation Analysis of Children & Women in I.R. IRAN.
- 2 Plan of Operation for 1991 1995
- 3 Country Programme Recommendation 1991 1995
- 4 Project Proposed for Supplementary Funding 1991 1995.

The Office conveys its sincere appreciation for excellent and continuous support provided by the Regional Office in Amman, the MENA Section in New York and to UNIPAC.

The visits by the Executive Director and the Regional Director and the two visits by the Chief MENA Section and the Deputy Regional Director boosted UNICEF image in IRAN and facilitated programme implementation.

PART I
COUNTRY OVERVIEW

The Iranian economy continued to be adversely affected during the aftermath of the eight year war with Iraq, although there has been a cessation of hostilities since the November 1988 cease fire. The main cause of the economic malaise include wide fluctuations in the price of oil, massive movement of population to cities, and a lack of balance between revenue and spending. The impact of the heavy battering on the infrastructure caused by the war situation is still very severe. The nation has now embarked on a broad and ambitious reconstruction programme in which hundreds of towns and villages will be rebuilt. The colossal economic problems in the country can also be attributed to the dependence on oil as a major source of foreign exchange. A 5 year economic plan is currently being drafted. This plan envisages the creation of 43,000 jobs and an investment of nearly US\$10 billion in heavy industry. The plan also aims to cut population growth from 3.2% to 3.1% with an eventual target of 2.3% in the year 2012. The plan is to reduce the present budget deficit of about 60% to 4.2% and cut inflation to 9%. The plan involves a total investment of more than US\$345 billion and is due to be presented to parliament soon for final approval. It forecasts a growth of 13.8% in oil revenue and of 21% in other resources. The plan also includes 2,493,000 new housing units of which 767,000 will be in rural areas and improvements to roads and railways. However, at present, unemployment is estimated at more than 25% of the 15 million strong work force. There is also a shortage of necessities which are being subsidized and rationed. It is thus clear that the Iranian economy which was devastated during the war period can only be reconstructed in an atmosphere of total peace and security for all people.

Major political upheavals also took place from June 1989 with the death of Ayatollah Khomeini - the spiritual leader, and the architect of the 1979 Islamic revolution. However, the transition of power following his death has been reasonably smooth, which is a credit to the regime in power. This was followed by another major political event - the conduction of the Presidential elections in July 1989 and election of Rafsanjani as Iran's Chief Executive with strengthened executive powers. The high voter turn out and victory for Rafsanjani was viewed as an endorsement by the country of the process of

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succession to Ayatollah Khomeini. There has also been a cut back of people involved in making decisions at the highest level. Supreme authority in the judiciary will now be concentrated in the Chief Justice rather than diffused in the Judicial Council. The post of the Prime Minister is being abolished and its powers will accrue to the President assisted (at least nominally) by Vice Presidents. Optimistically there is wide opinion that the new Cabinet will be more pragmatic than the previous one. It is speculated that constitutional liberties will be respected so long as its political prescriptions are based on Islamic and legal principles. Rafsanjani has clearly identified economic issues as being of over riding concern rather than ideological infighting. On the negative side is the possibility of political power struggles. But it is clear that Rafsanjani has now been confirmed in power as the effective political leader of Iran, with a rational economic programme having the backing of both conservatives and reformists. He also has invited the support of a more sympathetic international community, who view him as being a potentially moderate leader, who will renew ties with international community. Thus Iran has entered a new phase in which there is great potential for further development, particularly in terms of programmes for children.

Another change, directly relevant to UNICEF, was the change of the Health Minister. The Ex Health Minister, famous as COBI Minister was a pioneer, architect and believer of the primary health care and in particular a great support of Child Survival Development revolution. Had he attended to more curative services, he would have possibly remained in the ministerial office. The new Minister also promises to be of great potentials giving top priorities to preventive health programmes and medical education.

The constitution of the Islamic Republic of Iran recognizes the rights of all citizens to health and the need for an equitable distribution of health services. A Master Plan of Health covering 1983 2002 reflects commitment of the government to achieve HFA - 2000 through an expansion of the PHC network, with comprehensive objectives one of which stresses priority for mothers and children. The main features of teh Master Plan of Health are self health,

equity, synergism and community participation. These are well articulated in the following policy directions Primary Health Care, with its special emphasis on health education. Prioritizing the under privileged and deprived in rural areas, paying particular attention to the vulnerable groups of mothers and children, and integration of components in order to achieve maximum impact. Decentralization and fostering of self reliance based on the promotion of community participation are other important strategies.

Reduction of infant and child mortality, maternal mortality, the total fertility rate, population growth rate and malnutrition are clearly enunciated in the government's current five year plan as well as health programme. Special attention has been given to the reduction of disparities between rural and urban and between different geographical regions. Improving accessibility to social services, in particular, schooling and education facilities have also received attention.

Government's priorities strategies parallel closely with UNICEF's own priorities in the 1990s, thus providing a solid foundation for co operation. This is further enhanced by the close bonds established during the working relationship of Government and UNICEF during the past 5 year programme of cooperation.

PART II
PROGRAMME ANALYSIS

UNICEF continued to collaborate with the Ministry of Health and Medical Education to foster and consolidate CSDR, with the major thrusts being Immunization, Oral Rehydration Therapy and Breastfeeding. During this same period, the country programming exercise was also conducted in connection with the 1991-1995 Country programme.

The second and third rounds of the Child Survival Campaigns were conducted in September and November 1988. A national Infant and Child Mortality Survey conducted in April/May 1989 covered 1% of the population. The United Nations Population Division reviewed the questionnaire and the methodology. The results are still awaiting approval by the UN Population Division. But the following major conclusions were drawn through comparison between these data and those collected in 1986. The rural birth rate is approximately 40 per thousand while it is 32 in urban areas. This is a 2 per thousand reduction since 1986. The total fertility rate for rural and urban areas is 6.7 and 4.2. Out of 6.7 children born during the child bearing age in rural areas, 2 children belong to mothers above 35 years, and 0.5 to those below 20 years. This means that about 40% of children are born to mothers at high risk ages. Approximately 50% of deliveries in rural areas are conducted by untrained TBAs under unsuitable conditions. Out of a total of 1300 maternal deaths, 1,400 were from rural areas. The urban under one mortality is 31 per 1,000 and rural IMR 53 per 1,000, and it is 45 per thousand at national level. This signifies a reduction of 6 per 1,000 compared to 1986. This means that the lives of 3,500 under one children in urban areas and 10,000 children in rural areas have been saved. Neo natal tetanus kills 300 new borns in urban and 5,300 in rural areas each year. This totals 61,000, it was 7,200 in 1986. Measles deaths too have declined from 1,500 to 900, being 300 in urban and 600 in rural areas. The deaths of children under 5 due to diarrhoea for urban areas is 4,500 and 11,200 for rural areas, which means 20,000 diarrhoeal deaths are averted very year as compared with 1984.

The crude birth rate was 35.4, being 40.1 in rural areas and 31.5 in urban areas, 22.6% of whom were in the 15-19 age group (23 rural, 20 urban). 62.8% of deliveries took place in hospitals (41.2% in rural areas and 85.5% in urban). Nearly 90% of deliveries in urban areas were attended by a trained person, while it was only 51% in rural areas. The IMR was 44.8 for the whole country, nearly 58 in rural areas and 31 in urban areas. The under five mortality rate per 1,000 live births was 71.2 in rural and 40 in urban areas, with national average of 56. The tetanus death rate for 1,000 live births was only 0.8 in urban but 4.4 in rural areas, with national average of 2.7. The MMR was 90.6 per 100,000 live births - being 137.5 in rural and 41.3 in urban areas.

63% of men over 15 are literate, but 75 in urban and 47 in rural areas. 41% of women over 15 are literate, 21 in rural and 55 in urban areas.

The findings of this survey and others conducted previously formed the basis for the planning of the 1991 - 1995 Country Programme.

During this period, Iran continued to sustain the momentum generated by the highly successful campaigns on Child Survival which included the four components of Universal Child Immunization (UCI), Oral Rehydration Therapy (ORT), Breastfeeding and Improved Weaning Practices. The campaign had succeeded in mobilizing the support of political leaders at the highest level, administrators and religious dignitaries. Combined with the campaign to heighten awareness, spread knowledge and improve practice, was the setting up of a system through which regular child survival and development services could be put within the reach of every mother. This was done through the country's highly effective Primary Health Care (PHC) network. The combination of knowledge dissemination and service provision contributed to the achievement of goals, such as UCI. In the immunization programme, there was massive training of personnel (25000 health workers) establishing of a cold chain for vaccines and the setting up of mobile teams to reach the unreached. There were also change in the schedule for immunization, reduction of "missed opportunities", and mobilizing of religious and legal support for compulsory immunization.

The ORT aspects of the programme included the training and orientation of all Health Workers, setting up of ORT centres and the ready provision of ORT services through the PHC network, particularly at the level of the Health House and Health Centre. Production of local ORS was increased to 10 million sachets annually, although there was still a shortfall which was remedied by Government and UNICEF through importation.

Support was also provided for growth promotion, protection of breastfeeding and improving of weaning practices. There was joint Government/UNICEF advocacy to promote the provision of more food supplements to children and pregnant mothers. Better family spacing was another area which advocated, in addition to promoting female literacy and education for girls.

The cessation of the Iran Iraq conflict and acceptance of the United Nations Resolution 598 resulting in a cease fire, gradual withdrawal of forces from occupied lands and resumption of peace negotiations between Iran and Iraq under the leadership of the United Nations Secretary General also led to the launching of a project "Rebuilding for Children", "Rehabilitation and Expansion of the Primary Health Care Network in the war affected areas" five provinces of the 24 in the country have to be rehabilitated due to the efforts of the war. The momentum created by the success of the 1988 Child Survival Campaign and the Rebuilding of Children project both resulted in increased Government allocations amounting to US\$100 million for Child Survival and Primary Health Care activities. In this project, UNICEF with Government will equip and set up 1200 rural health houses, 200 rural health centres, 15 training centres to train the necessary health workers. This project is being implemented in the 5 war torn provinces.

It is important to mention that many research studies and evaluations particularly on Infant Mortality have been conducted. The outcome of these has influenced the design of new initiatives for children. The most recent was the national Infant and Child Mortality Survey conducted in April 1969, covering 1% of the population (findings are attached to the Basic Data).

The 1988-1990 cycle of cooperation has led to the achievement of all planned objectives. The immunization coverage for all antigens has now exceeded 80%. TTII for pregnant women was 56%. ORT practice has reached 65%. Growth monitoring charts have been introduced and better infant feeding practices promoted. It has been computed that annually 17,000 child deaths have been averted, due to ORT. About US\$50 million per year has been saved because of ORT. Approximately 12,000 or more deaths have been averted annually due to control of infectious and vaccine preventable diseases.

A major lesson learned during this period of cooperation was that it is only through close and effective collaboration with Government, where there is equal sharing of responsibility that child survival campaigns and programmes can be successful.

Integration of each programme component with the other was also very useful, as the programme then become more cost effective. The synergism created, also contributed to a positive impact. The PHC network provided a valuable foundation for the delivery of integrated services. The close link between communication/social mobilization and service delivery is vital. It will also contribute to the sustainability of the programmes.

The communication and social mobilization activities taught the importance of empowering families with knowledge of facts about how they can ensure the well being of their children. Other advantages and benefits which occurred as a result of the campaign, in particular, the mobilizing of extra financial and resources from Government. Improving child survival knowledge in the community also helped in the greater utilization of services and pressure to improve services. This in turn led to better cost benefit.

The importance of proper planning and conduction of pilot projects was demonstrated in the ORT programme. It helped in exploring potentials and opportunities, checking on cultural factors, and the feasibility of expanding. The need to adopt different strategies in each province where conditions may vary, in order to reduce regional disparities, was also an important consideration which led to be taken into account in planning campaign strategies.

With regard to the Convention on the Rights of the Child, this is now being finalized by Government. The Persian version was distributed by the Ministry of Foreign Affairs to all those involved in the legislature and to child related organizations for their observations. During the launch of the Child Survival Campaign in 1988, a comparison was made by one of the senior members of Parliament between the contents of the Convention and the Rights of the Child in Islam.

PART III
PROGRAMME OPERATIONS AND MANAGEMENT

The estimated programme expenditure and GCO revenue for 1988 and 1989 are:

1988	1989 (In US\$)	(In US\$)
General Resources	500	500
Supplementary funds for Rebuilding for Children	300	4500
GCO Revenue	800	300

A major part of 1989 was spent in preparing Board documentation in connection with the 1991 - 1995 Country Programme. 1989 was the first year during which the UNICEF office, Teheran had an administrative budget. The staffing too, increased from 2 (Assistant Representative and a Secretary) to 5. During this year, the decision was made to increase the General Resources ceiling to US\$500,000.

All supplies have been made available through UNIPAC. Distribution to project sites were affected according to planned targets. The office premises were changed.

The visit of the Executive Director, Mr. James Grant in November 1988 to launch the Rebuilding for Children project, soon after the cease fire, reinforced and enhanced UNICEF's visibility and status in the country. It culminated in the decision to upgrade the office and also to go to the 1990 Executive Board with a 5 year Country Programme from 1991 1995. The visit of the Executive Director also led to the launch of an appeal for more funds for the Rebuilding for Children project from bilateral donors amounting to US\$8 million. To date, 5.2 million have been obtained. The major donors being Japan, Italy, France, Sweden and Norway.

There have been two visits by the Regional Director, Mr. Richard Reid and a visit by Ms. Padmini, Chief MENA Section in NY and a visit by the Deputy Regional Director, Ms. Sarojini Abraham which acted as catalysts expediting greater advocacy for Children with emphasis on Child Survival Programme.

The visit of Dr. Ramalingamswamy in July 1989 was also useful in terms of helping to finalize details in connection with a programme for the control of iodine deficiency diseases and evaluating the PHC network, which have been included in the next Country Programme.

PART IVEXTERNAL RELATIONS

The Launch of the 1989 SOWC was highly successful, particularly since the Executive Director of UNICEF in his launch in New Delhi referred to the impressive achievements of Iran in terms of IMR and Under Five Mortality reduction inspite of the war situation.

It is important to mention that advocacy done by the UNICEF office Teheran, combined with the successful Child Survival Campaigns and momentum generated by the Rebuilding for Children Project led to increased allocations totalling US\$100 million by Government for Child Survival and Primary Health Care programmes.

The GCO has been successful with revenue for the year totalling around US\$300,000.

IRAN (ISLAMIC REPUBLIC OF)

Basic data: 1987 and earlier years

UNICEF country classification

Under 5 mortality rate:	56	(1988)	Middle USMR
Infant mortality rate:	45	(1988)	Middle IMR
GNP per capita	\$ 2400	(1984)	Upper-middle GNP
Total population	56	million (1988)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT

1980 1985 1988

Births	(millions)	1.7	2.0	2.2
Infant deaths (under 1)	(thousands)	150	143	97
Child deaths (1-4)	(thousands)	69	64	26
Infant and child deaths (under 5)	(thousands)	219	207	123

Under 5 mortality rate	Total	130	103	56
(per 1,000 live births)	Male/female	.. ..	.. ..	.. ..
Infant mortality rate (under 1)	Total	89	71	45
(per 1,000 live births)	Male/female	.. ..	.. ..	.. ..

Infant and child malnutrition	Total/mild/moderate/severe	46a/ .. / / / .. / ..
(% weight for age, 1980/84)				
Babies with low birth weight (% , 2.5 kilos or less, 1979/85)		14		9*

NUTRITION INDICATORS

1980 1988

Mothers breast-feeding (% , at 3/6/12 months, 1980/87)	.. / .. / ..	91 / 73 / 51
Prevalence of wasting/stunting (% , 12-23/24-59 months, 1980/85)	23a/ 60a	.. / ..
Daily per capita calorie intake (% of requirements, 1980/85)	81	118
Food production per capita index (1979-81=100, 1980/87)	98	99
Household expenditure on total food/cereals (% , 1980-85)		.. / ..

HEALTH INDICATORS

1981 1985 1986 1988

One-year-olds (%) immunized against Tuberculosis	6	64	83	89
Diphtheria/pertussis/tetanus	29	51	76	89
Poliomyelitis	47	51	79	89
Measles	48	51	80	90
Pregnant women (%) immunized against Tetanus	2	23	32	54

ORS packets per 100 episodes of diarrhoea (1986)			25	
Access to health services (% , 1980/88)	Total/urban/rural	.. / .. / ..	80	95*/ 65*
Access to safe water (% , 1980/88)	Total/urban/rural	.. / .. / ..	79	95*/ 60*
Access to adequate sanitation (% , 1980/88)	Total/urban/rural	.. / .. / ..	58	90 / 25
Births attended by trained health personnel (% , 1988)				70*
Maternal mortality rate (per 100,000 live births, 1988)				90*

EDUCATION INDICATORS

1980

1986

Primary enrolment ratio (gross/net)	Total	88 / ..	117 / 95
	Male/female	.. / ..	127 / 99 107 / 90
Secondary enrolment ratio (gross/net)	Total	43 / ..	47 / ..
	Male/female	.. / ..	56 / .. 38 / ..

Children completing primary level (% of first grade, 1969)		70	
Adult literacy rate (% , 15+ years, 1970/85)	Total/male/female	29 / 40 / 17	51 / 62 / 39
Radio/television sets per 1,000 population (1980/86)		166 /	240 / 57

Under 5 mortality rate		(1988)	Middle USMR
Infant mortality rate	45	(1988)	Middle IMR
GNP per capita	\$ 2400	(1988)	Upper-middle GNP

DEMOGRAPHIC INDICATORS		1980	1988
Total population	(millions)	39	56
Population aged 0-15 years	(millions)	18	25
Population aged 0-4 years	(millions)	6.5	9
Life expectancy at birth (years)	Total/male/female	63 / 62 / 64	65 / 64 / 65
Contraceptive prevalence rate (1984)			23
Total fertility rate		5.8	5.2
Crude birth rate (per 1,000 population)		43	35
Crude death rate (per 1,000 population)		11	8
Urban population (% of total)		49	54
Population annual growth rate (% , 1965-80/1980-86)	Total	3.2	2.8
	(% , 1965-80/1980-85) Urban	5.5	4.6

ECONOMIC INDICATORS		1980	1986
GNP per capita annual growth rate (% , 1965-80/1980-85)		2.9	3.6
Inflation rate (% , 1965-80/1980-86)		16	..
Population in absolute poverty (% , 1978/88)	Urban/rural	.. / / ..
Household income percentage share (top 20%/bottom 40%)		.. / / ..
Government expenditure on health/education/defence (% , 1972/86)		4 / 10 / 24	.. / .. / ..
Household expenditure on health/education (% , 1980-85)			.. / ..
Official development assistance (millions of US dollars)		31	27
	As % of GNP	..	..
Debt service as % of exports of goods and services (1970/86)		..	..

LONG-TERM TRENDS IN SELECTED INDICATORS		1970	1980	1990**	2000**
Under 5 mortality rate		195	130	55	
Infant mortality rate		134	89	42	
Crude birth rate		45	43	35	30
Crude death rate		16	11	7	6
Population annual growth rate (1965-80/1980-90/1990-2000)			3.2	2.7	2.1
Life expectancy at birth (years):	Total	55	63	66	70
	Male/female	55 54	62 64	66 67	69 71

a/ Rural only.

Definitions, signs and sources used are given in an explanatory note.

UNICEF field office source.

**United Nations Population Division projections based on past and current trends.

The above data are drawn mainly from statistical analyses prepared on an internationally comparable basis. In some cases these data may differ from national estimates which are used in the text of the country programme recommendations.

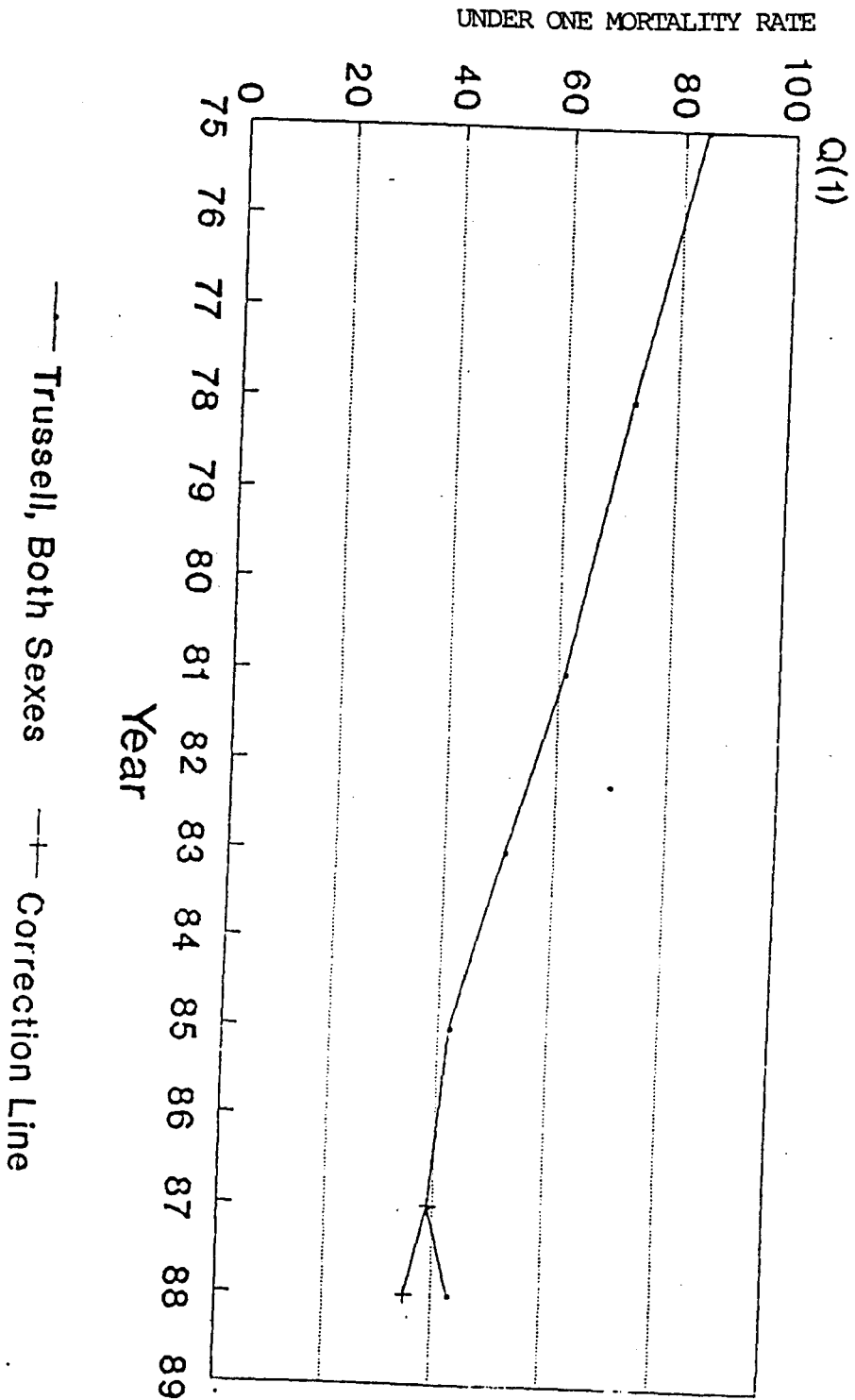
Basic Health Indicators in Islamic Republic of Iran
in 1989 Survey on 1% of Total Population

Demographic and Health Indicators		Urban	Rural	Country
Population understudy		311462	257929	569391
% under 5 years old		15.3	17.6	16.3
% under 15 years old		43.6	48.1	45.3
% more than 65 years old		2.9	3.4	3.1
% of women 15 - 44		22.0	18.9	20.4
% of married women in different age groups	15 - 49	20.1	25.5	22.6
	20 - 24	60.8	65.9	62.9
	25 - 29	85.0	86.9	85.7
	30 - 34	92.8	94.5	93.4
	35 - 39	95.2	98.6	96.5
	40 - 44	96.3	96.5	96.4
	15 - 44 year	68.0	67.6	67.8
Crude birth rate		31.5	40.1	35.4
General fertility rate		143.5	209.0	171.0
Total fertility rate		4.2	6.7	5.2

Basic Health Indicators in Islamic Republic of Iran
in 1987 Survey on 1% of Total Population

Demographic and Health Indicators	Urban	Rural	Country
Specific fertility rate	10 - 14	0.9	1.6
	15 - 19	75.7	99.3
	20 - 24	183.4	250.5
	25 - 29	205.3	295.3
	30 - 34	171.6	285.1
	35 - 39	128.3	238.4
	40 - 44	68.3	121.9
	45 - 49	16.7	47.6
% of deliveries in hospital	85.5	41.2	62.8
% of deliveries by trained persons	87.9	51.0	69.7
Neonatal mortality rate	20.2	30.6	25.5
Infant mortality rate	31.0	57.9	44.8
Child mortality rate	2.3	3.8	3.0
Under 5 mortality rate per 1000 population	8.2	15.9	12.0
Under 5 mortality rate per 1000 live birth	40.0	71.2	56.0
Tetanus death rate per 1000 live birth	0.8	4.4	2.7

Iranian Child Mortality Urban Estimates



STRATEGIES FOR THE 1990s

Political Commitment to the International Development Strategy (IDS)
 Development Decade III Goals.

AGENCY	Awareness & Strong Commitment	Awareness & Medium Commitment	Awareness & Low Commitment	No Awareness	Additional Comments
1. National Planning Ministry		--			
2. MOH	--				
3. MOE		--			
4. Overall Government:			--		

2) Kindly indicate if government national plans are related to ODS for Development Decade III:

Related Not related X Additional comments

3) Kindly indicate if national and sectoral plans are measured against Development Decade III targets or other global or regional goals. NO.

Has UNDP or other UN agencies assisted government in adapting ODIID goals to national development plans? NO.

4) Is there political receptivity to the idea of time-bound targetted, measurable goals? YES.

Does it seem useful for UNICEF to be advocating these goals? YES.

1.3 Sanitation	Y	-	b
1.6 UPE	Y	-	b
Child Protection	Y	-	b
Other Major Goals			
2.1 Female Nutrition	Y	-	b
2.2 Child Spacing	Y	-	b
2.3 Female Primary Educ	Y	-	b
3.1 Malnutrition	Y	-	b
3.2 Low Birth Weight	Y	-	b
3.3 Breast feeding	Y	-	b
3.4 Iodine Deficiency	Y	-	b
3.5 Vitamin A	Y	-	b
3.6 Growth Monitoring	Y	-	b
3.7 Food Security	Y	-	b
4.1 Polio Eradication	Y	-	b
4.2 MHI	Y	-	b
4.3 Measles	Y	Y	b
4.4 EPI Coverage	Y	Y	b
4.5 CDD	Y	N	b
4.6 ARI	Y	-	b
5.1 Safe Drinking Water	Y	-	b
5.2 Sanitation	Y	-	b
5.3 Guinea Worm	Y	-	b
5.4 Environmental Hazards	Y	-	b
6.1 UPE	Y	-	b
6.2 Adult Literacy	Y	-	b
6.3 Early Child Stim.	Y	-	b
6.4 Quality of Education	Y	-	b
7.1 Child Protection	Y	-	b
8.1 Rights of the Child	Y	-	b

1 Please rank feasibility as:
a. Easily achievable
b. Achievable with considerable effort
c. Unachievable
d. Irrelevant or unimportant for this country

7) Kindly indicate existing levels of expenditure in each of the following categories. If possible, please indicate the proportion of the total from each agent.

Estimated Costs for Achieving Sectoral Goals

Expenditure Category	MOH	MOE	Other Govt.	UNICEF	Other Donors	Private	TOTAL
EPI							
CDD							
ARI							
Vitamin A							
Iodine Deficiency							
Safe Motherhood							
Malnutrition							
Water							
Sanitation							
UPE							
Child Protection							
TOTAL							

! Please specify year and currency for all estimates

! Please specify other donors

9) Assessment of Sectoral and Other Major Goals

Sectoral Goals	Is Goal Politically Appealing? (Y/N)	Should UNICEF Support? (Y/N)	Additional Comments
1.1 IMR/USMR	Y	Y	
1.2 MMR	Y	Y	
1.3 Malnutrition	Y	Y	
1.4 Safe Drinking Water	Y	Y	
1.5 Sanitation	Y	Y	
1.6 UPE	Y	Y	
1.7 Child Protection	Y	Y	
Other Major Goals			
2.1 Female Retention	Y	Y	
2.2 Child Spacing	Y	Y	
2.3 Female Primary Educ.	Y	Y	
3.1 Malnutrition	Y	Y	
3.2 Low Birth Weight	Y	Y	
3.3 Breast feeding	Y	Y	
3.4 Iodine Deficiency	Y	Y	
3.5 Vitamin A	Y	Y	
3.6 Growth Monitoring	Y	Y	
3.7 Food Security			
4.1 Polio Eradication	Y	Y	
4.2 MMR	Y	Y	
4.3 Measles	Y	Y	
4.4 EPI Coverage	Y	Y	
4.5 CDD	Y	Y	
4.6 ARI	Y	Y	
5.1 Safe Drinking Water	Y	Y	
5.2 Sanitation	Y	Y	
5.3 Guinea Worm	Y	Y	
5.4 Environmental Hazards			
6.1 UPE	Y	Y	
6.2 Adult Literacy	Y	Y	
6.3 Early Child Stim.	Y	Y	
6.4 Quality of Education	Y	Y	
7.1 Child Protection	Y	Y	
8.1 Rights of the Child	Y	Y	

- Please rank feasibility as:
- Easily achievable
 - Achievable with considerable effort
 - Unachievable
 - Irrelevant or unimportant for this country

ii) Assessment of UNICEF Strategies for the 1990s

Strategy	Is Strategy Appropriate (Y/R)	Is Strategy Currently Pursued (Y/R)	Is Strategy Feasible (Y/H)	Additional Comments
Going to Scale	Y	Y	Y	
Reaching the Unreached	Y	Y	Y	
Advocacy and Social Mobilization	Y	Y	Y	
Empowering Women	Y	Y	Y	
Alleviation of Critical Poverty	Y	Y	--	
Debt Relief	N	N	--	
Trade and Commodity Agreements	Y	N	--	
Increased Resource Flows	Y	Y	Y	
Monitoring & Evaluation	Y	Y	Y	
Dev't w/ Human Face	Y	Y	Y	
Dev't & the Environment	Y	Y	Y	

10) Please indicate your workplan to undertake further review of the goals and strategies for the 1990s in the context of your Country programme. When and how might HQs and the Regional Office provide you with support in your attempts to get the Government and other partners in development to adapt and adopt the goals and strategies which UNICEF will be advocating in the 1990s?

Iran is going to the Board in 1990 for its 1991-1995 Country Programme Recommendation. Government has already approved the goals and strategies which UNICEF will be advocating in the 1990s. This is clearly shown in the CPR for 1991-1995.

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