

Joint Project Document

Country: Islamic Republic of Iran

Project title: Responding to emerging needs and enhancing the resilience of the most vulnerable, especially children, youth, and women in Iran

Joint Project Outcome: Support Iran in achieving sustainable economic and social development

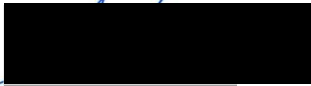
Signatures:

For the **Convening Agent:**



Ms. Ugochi Daniels, UN Resident Coordinator in the I.R. of Iran

For Participating UN Organization: **UNDP**



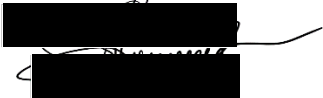
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Summary of the action

1. Location	Islamic Republic of Iran
2. Work packages	<ul style="list-style-type: none"> I. Protecting children and youth from the harms of drugs II. Procurement of cancer medicines for children III. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response
3. Implementing UN agencies	<ul style="list-style-type: none"> United Nations Office on Drugs and Crime (UNODC); United Nations Children’s Fund (UNICEF); World Health Organization (WHO) United Nations Development Program (UNDP); United Nations Population Fund (UNFPA);
4. Administrative Agent	Multi-Partner Trust Fund (MPTF)
5. Convening Agent	UN Resident Coordinator’s Office (UNRCO) in I.R of Iran
6. Timeframe	36 months
7. Estimated Budget	Total Estimated Budget: USD 6,909,860
8. SDGs	<p>Goal 3: Ensure healthy lives and promote well-being for all at all ages</p> <p>Goal 5: Achieve gender equality and empower all women and girls</p> <p>Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>Goal 16: Peace, Justice and Strong Institutions</p> <p>Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p>
9. Beneficiaries	<ul style="list-style-type: none"> I. At risk children and adolescents/youth together with their families II. Children with cancer in need of specialised care and medicines III. Women, including female-heads of households, girls and youth in vulnerable and disaster-prone communities
10. Geographical target areas	<ul style="list-style-type: none"> I. Tehran, Alborz, Fars, Kermanshah, Khuzestan, Lorestan, Khorasan Razavi, Isfahan, Guilan Provinces II. Country-wide III. Country-wide
11. Collaborating National Partners	Iranian Drug Control Headquarters; Ministry of Health and Medical Education; Judiciary; Ministry of Education; Iranian Prisons Organisation; Ministry of Cooperatives, Labour and Social Welfare (inc. State Welfare Organisation and , Technical and Vocational Training Organization); Ministry of Sports and Youth; Ministry of Foreign Affairs; Iranian Red Crescent Society; Iranian Food and drug Administration; Vice-Presidency for Women and Family Affairs; Vice-Presidency for Rural Development and Deprived areas; National Disaster Management Organisation; Plan and Budget Organization; Chambers of Commerce.
12. Snapshot	<ul style="list-style-type: none"> I. Under the Government of the Islamic Republic of Iran/UN Development Assistance Framework (2017-2021) Pillar 4 – “Drug Control”, this work package focuses on capacity development, supporting the introduction of needs-based services, improving knowledge management, monitoring and evaluation, and enhancing advocacy and networking as cornerstones for day-to-day practice related to drug use prevention and treatment among children, youth and their families. II. Under the Government of the Islamic Republic of Iran/UN Development Assistance Framework (2017-2021) Pillar 2 – “Health”, this work package focuses on providing access to life-saving paediatric cancer medicines, the availability and access to which have been affected by the November 2018 re-imposition of unilateral US sanctions.

III. At the midpoint of UNDAF implementation and building on the United Nations Technical Assistance Package (TAP), this proposed pro-poor and gender-sensitive work package will adopt participatory, national and sub-national approaches to inform the development of joint programmes that will mitigate the worst impact of the economic recession on the most vulnerable and boost women's participation and empowerment for sustainable and resilient development.

Summary This action responds to emerging public health needs of children and youth, and contributes to the resilience of the most vulnerable communities, targeting women, girls, and disaster-prone or affected areas. As a matter of urgency, it aims to reinforce the national response in the areas of drug demand reduction and cancer care services for children and youth, the mainstreaming of women's empowerment across economic and social policies, and the strengthening of disaster risk management.

I. Protecting children and youth from the harms of drugs

This action responds to the need for comprehensive and sustainable drug prevention and treatment services for children and youth in Iran. It aims at introducing theory-informed and evidence-based models and lay the ground for their successful scaling in IRI boosted through capacity development among governmental and nongovernmental partners, enhanced knowledge management, improved monitoring and evaluation, as well as advocacy and communication interventions. Moreover, the Government of Iran shall be supported through the action for developing a National Strategic Plan (NSP) on prevention and treatment of drug use among children and adolescents. Empowerment of young people, improving family functioning, and addressing psychosocial needs of individuals and families are the main focus of the action targeted in a variety of settings including: schools, families, recreational and sports facilities as well as juvenile justice centres.

II. Procurement of cancer medicines for children

This action is planned to address the availability of and access to medicines in Iran, which has been severely affected by the November 2018 re-imposition of US sanctions on a number of sectors. Although most medical products are in theory not targeted by US sanctions, uncertainty regarding the humanitarian exemptions has led to severe pharmaceutical shortages. The aim of this project is to provide priority paediatric cancer medicines, so the children with cancer can have access to the required treatment. The proposed cancer treatment activities include the procurement of necessary medications for children, thus enabling life-saving treatment of patients currently at risk due to the scarcity or unavailability of specialised pharmaceuticals in the country. This will contribute to the delivery of those public health services most severely affected by recent political and economic developments. The project will enhance direct service delivery to high-risk target population and right-holders in disadvantaged areas, which will result in protection of affected populations and improved health and life quality.

III. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response

This Action builds on the EU strategic engagement for gender equality 2016-2019 in the priority areas of increasing female labour market participation; reducing pay gap between men and women; and protecting women and girls. It supports the Sendai Framework for DRR (2015-2030) and the Action Plan of the Asia Regional Plan for Implementation of the Sendai Framework (2018-2020) in which gender considerations are mainstreamed. It will play a programme facilitative and catalytic role by: i) promoting multi-stakeholder dialogue and articulated interventions for strengthening economic and disaster resilience of women, youth and the most vulnerable; ii) convening national authorities to synergize the various vulnerability assessment processes for programmatic targeting of the most vulnerable with emphasis on women and girls; ii) supporting global best practice and lessons learned exchange regarding women empowerment and participation, data development and analysis, stakeholder engagement at the national and local level including vulnerable communities; iii) undertaking the necessary assessments and consultations required to inform policy and programmatic action v) implementing pilot and innovative strategies with scale up potential to promote economic empowerment of women, youth and the most vulnerable.

List of acronyms

AA	Administrative Agent
CA	Convening Agency
DCHQ	Drug Control Headquarters
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FHH	Female Heads of Households
HIV	Human Immunodeficiency Virus
IRI	Islamic Republic of Iran
IFDA	Iran Food and Drug Administration
JCU	Joint Coordination Unit
JP	Joint Programme
JPD	Joint Programme Document (present document)
MAPS	Mainstreaming, Acceleration and Policy Support
MCLSW	Ministry of Cooperatives, Labour and Social Welfare
MoHME	Ministry of Health and Medical Education
MPTF	Multi-Partner Trust Fund
NSP	National Strategic Plan
PBO	Planning and Budget Organization
PUNO	Participating UN Organization
SC	Steering Committee
SSTC	South-South and Triangular Cooperation
TAP	Technical Assistance Package
TVTO	Technical and Vocational Training Organization
UNDAF	UN Development Assistance Framework
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNRCO	United Nation Resident Coordinator's Office
WHO	World Health Organization

Background and Context

I. Protecting children and youth from the harms of drugs

The Islamic Republic of Iran (IRI) is heavily burdened by the problem of drug use, characterized by one of the world's highest rates of opiate use and a significant prevalence of Amphetamine-Type Stimulants (ATS) use notably methamphetamine (with the street name of "Shisheh" in Farsi).¹ Cannabis use has also risen in recent years. The number of people with an opioid use problem in IRI is estimated by Iranian officials at 2,800,000. The Government, UNODC and civil society have introduced many promising programmes to address drug use and HIV transmission, but the challenge of drugs and HIV in IRI is still far from contained.²

The problem of drug use has recently been spreading among children, youth and women, especially among family members of current drug users. The number of under-age children affected by drug use is unknown since no nationwide survey has been conducted among children in IRI.³ However, some school-based epidemiological surveys in IRI have identified existing use of soft and hard drugs among school-age children. Reports from service providers also indicate that there is some drug use among out-of-school children less than 14 years. A survey conducted by the Iranian Drug Control Headquarters (DCHQ) in 2011 among high school students revealed that 9% had used cannabis, 9.1% had consumed opium, and 2% had used heroin at least once.

Over 50% of people who use drugs in Iran are married and a significant proportion are parents.⁴ 1.5% of surveyed high school students reported having family members who use drugs regularly.⁵ Children of parents who use drugs are particularly prone to substance use disorders because of: possible genetic disposition, dysfunctional family environment often accompanied by child neglect/abuse, domestic violence, economic hardship of the family, parental modelling as well as easier access to drugs.^{6,7,8} In addition, these children often live under more difficult life circumstances as compared to children of parents without substance use disorders.⁹

In summary, data suggest an increase in substance use in IRI. Substance use among young people is becoming a major public health problem. Studies show that drug use in younger age-groups is associated with increased delinquency, unemployment, divorce, abortions and drug-related health problems as well as high-risk behaviours predisposing to acquiring HIV.^{10,11} Some studies suggest that about one fourth of people who start using drugs had a close relative who was using drugs often the father or the brother.¹²

II. Procurement of cancer medicines for children

¹ World Drug Report, UNODC, 2017; United Nations Publications.

² Drug Control 2016; Iranian Drug Control Headquarters.

³ [Saeed Momtazi](#) and [Richard A. Rawson](#); Substance Abuse among Iranian High School Students; [Curr Opin Psychiatry. 2010 May; 23\(3\): 221–226.](#) doi: [10.1097/YCO.0b013e328338630d.](#)

⁴ Narenjiha et al, 2007; Rapid Situation Assessment (RSA) of Drug Abuse in Iran; Darius Institute.

⁵ See under 4.

⁶ Biederman, J., Faraone, S. V., Monuteaux, M. C., & Feighner, J. A. (2000). Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics*, 106(4), 792–797.

⁷ Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D., Edwards, V. J., Dube, S. R., & Williamson, D. F. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. *Psychiatric Services*, 53(8), 1001–1009.

⁸ [Smith VC](#), [Wilson CR](#); [COMMITTEE ON SUBSTANCE USE AND PREVENTION](#). (2016) Families Affected by Parental Substance Use. *Pediatrics*. 2016 Aug;138(2). pii: e20161575. doi: 10.1542/peds.2016-1575. Epub 2016 Jul 18.

⁹ Peleg-Oren, N., & Teichman, M. (2006). Young children of parents with substance use disorders (SUD): A review of the literature and implications for social work practice. *Journal of Social Work Practice in the Addictions*, 6(1–2), 49–61.

¹⁰ [Denise B. Kandel, PhD](#); [Mark Davies, MA](#); [Daniel Karus, MS](#); et al (1986) The Consequences in Young Adulthood of Adolescent Drug Involvement. *Arch Gen Psychiatry*. 1986;43(8):746-754. doi:10.1001/archpsyc.1986.01800080032005.

¹¹ John S. Santelli, Leah Robin, Nancy D. Brener and Richard Lowry (2001) Timing of Alcohol and Other Drug Use And Sexual Risk Behaviors Among Unmarried Adolescents and Young Adults. *Family Planning Perspectives*, 2001, 33(5):200n205.

¹² Narenjiha et al, 2003; Rapid Situation Assessment (RSA) of Drug Abuse in Iran; Darius Institute.

The US administration's withdrawal from the Iran nuclear deal in May 2018 requires imminent attention to the impact of sanctions on health of more than 80 million Iranians. In Iran, public health-care system plays a central role in providing health care and treatment services.

Reduction in Iran's Rial/US Dollar equivalency, increasing inflation and subsequently more than one-third decrease in the power of people to pay their health expenditures, disrupted importation of finished products, pharmaceuticals raw materials and medical devices due to a ban on the link of Iran's banks with the global banking system, increase in price of medicines, shortage of some 70 important medicines for diseases with high burden in Iran caused by sanction, had direct impact on the health of Iranian population. It is estimated that 6 million patients had limited access to necessary treatments and of course, in any case of shortages, the poor and disadvantaged people were more vulnerable and affected more severely.

Although most medical products are in theory not targeted by US sanctions, the uncertainty regarding the humanitarian exemptions and subsequent de-risking by economic actors has led to severe shortages that create life-threatening situations. The most urgent and crucial need is for specialised cancer treatment medicines, with 85000 patients diagnosed with cancer every year among whom 3500 are children. All of these patients require uninterrupted, sustainable, and safe access to essential drugs, but the most vulnerable ones are the children treated for various types of cancer. The most common cancer in children below 14 years old are leukaemia, lymphoma, and central nervous system tumours. Cancer ranks first in terms of child mortality in Iran. Children with cancer will benefit from treatment in children's cancer hospitals.

III. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response

Iran is one of the most disaster-prone countries in the world. Geohazards such as earthquakes and landslides have been the predominant source of disaster risk in the past. In the past two decades climate and weather-related hazards began to change the risk patterns in Iran, as illustrated by the protracted drought from 2000, followed by recent sand /dust/snowstorms and floods. Climate change and disaster related risks are exacerbated by multidimensional vulnerability factors, including social factors (e.g. rural to urban migration; informal settlements; education); economic factors (eg.poverty; insufficient insurance penetration), environmental factors (eg.unsustainable natural resource management; land degradation) and physical factors (eg. construction standards and building codes).

Girls, women, boys and men belonging to different age and socio-economic strata have distinct vulnerabilities and this shapes the way they experience disaster, as well as their ability to recover from it. Research shows that in most countries, women and girls are disproportionately affected by the impacts of disasters. Not only do women and girls generally account for the highest number of deaths, but most disasters also place an additional burden on women and girls who are responsible for domestic unremunerated work such as providing care and food for their family. This in turn contributes to enhanced difficulties for women to bounce back through resumption of economic activities or access to health or education. In many cases, disasters also fuel the risk of increased violence against women and girls. Evidence shows that female-headed households- along with people with disabilities and older persons, were among the groups most affected by the floods which struck Iran in 2019. This points to the utmost need to enhance the resilience of

women particularly those vulnerable groups of women (i.e. female-heads of households and older women) in the face of disasters and other shocks.

Pre-existing social and economic vulnerabilities, such as under-representation in the formal economy, higher poverty rates, limited access to markets and reduced social participation are all compounding factors to the disproportionate impacts of shocks on women and girls. Indeed, in Iran, progress on key women empowerment indicators (such as labour force participation) has remained more or less stagnant over the past 20 years. In addition, the latest national census (2015-2016), shows that 12.5 percent of all households are headed by women (nearly 3 million)¹³ Although they are not a homogenous group,¹⁴ evidence shows that FHH tend to be relatively more vulnerable and less resilient to diverse types of shocks. Studies have shown that the probability of poverty among female-headed households was higher than that of male-headed households. Nationally, the rate of employment among FHH is about 14.6% compared to 75.6% male-headed households. Most of these women are either unemployed or working as unremunerated domestic labourer and their integration in the formal economy – including as entrepreneurs – remains low. In addition, the imposition of unilateral sanctions in 2018, most sectors of the economy have been experiencing stagnation which translates into lower employment opportunities. This economic slowdown could contribute to increased social tensions and further exacerbate the vulnerability of certain population groups, such as female-heads of households (FHH) and youth.

Relevance of the Action

I. Protecting children and youth from the harms of drugs

The overwhelming effects of substance abuse on children, adolescents, youth, families and societies demand effective mechanisms of drug demand reduction; prevention, treatment, and care. Prevention is understood as any activity designed to avoid substance abuse and reduce its health and social consequences. Demand reduction can be also accomplished through special programs aimed to modify those factors which make young people vulnerable to substance experimentation, continuous use and dependence, as well as to promote protective factors in the individual and the environment.

The formulation of a primary prevention strategy based on a cultural and social approach for prevention, immunization, empowerment and creation of a mental and psychological immunity for healthy individuals as well as risk-prone persons in four target areas including families, educational settings, communities and work places have been given priority in the policies of the Islamic Republic of Iran.

Many drug prevention programmes are implemented in IRI for children and families, however many of these programmes are not necessarily informed by evidence and almost none have been evaluated formally for effectiveness. Few services provide drug treatment to children in psychiatric, residential and outpatient settings. Most of the services are not tailored to the needs of the children affected by drug use disorders. Moreover, the capacities of these services do not meet the demand for drug treatment of children with drug use problems in the country. With that said, a

¹³ Population and Housing Census (2016)

¹⁴ Female Heads of Households (FHH)s are not homogenous groups; they comprise married, widowed and divorced women and women who have never married. The socio-economic status of each group of women heading a household differs to some degree, commensurate to their level of education, age bracket, size of the family, household expenditure etc.

comprehensive and systematic approach is not available for children's substance abuse prevention and control.

The action aims at introducing theory-informed and evidence-based models in drug prevention and treatment among children and youth and thereby lay the ground for their successful scaling in IRI through sound capacity development among both governmental and nongovernmental partners, enhanced knowledge management, improved monitoring and evaluation, as well as advocacy and communication interventions. And finally based on the implementation findings support will be provided to the Government of Iran for developing a National Strategic Plan (NSP) on prevention and treatment of drug use among children and adolescents.

The action focuses on the empowerment of young people, improving family functioning, and addressing the psychosocial needs of individuals and families. The action will target a variety of settings, including schools, families, recreational and sports facilities, as well as juvenile justice centres.

The expected result is drug prevention and treatment programmatic environment that features endorsed comprehensive and continuous measures for protecting at-risk children and youth from the harms of drugs.

II. Procurement of cancer medicines for children

In Iran, the most common cancers among children are leukaemia, brain, central nervous system tumours, and lymphoma, accounting for more than half of new children cancer cases. Studies have shown that the incidence rate of children cancer in Iran is 48 to 112 per million among girls and 51 to 144 per million among boys. In 2008, the incidence of this cancer in Tehran, the Capital of Iran, was 176 per million children.¹⁵ It should be noted that there are 35 governmental hospitals serving children with cancer in 27 cities in Iran. In addition, there are charities which serves children suffering from cancer and MAHAK¹⁶ is one of the best-known charity for this purpose.

Re-establishment of sanctions, scarcity of drugs due to the reluctance of pharmaceutical companies to deal with Iran, and a tremendous increase in oncology drug prices (due to the plummeting value of local currency by 50–70%), will inevitably lead to a decrease in survival of children with cancer.

A study showed that during the previous embargo, access to drugs, particularly those that depended on the import of their raw material or finished products, was substantially reduced, including cancer medicines.¹⁷

As MAHAK reported, the absence of asparaginase and mercaptopurine will prevent it from treating patients with leukaemia patients. These medicines are among the WHO Model List of Essential Medicines for Cancer in Children. Leukaemia is a leading cause of childhood cancer in Iran with more than 3500 children treated in MAHAK and the medicines shortage will put their life at risk.¹⁸

The proposed cancer treatment activities include the procurement and submission of necessary medications to Ministry of Health to be distributed among children in need of those medicines, thus enabling life-saving treatment of patients currently at risk due to the scarcity or unavailability of specialised pharmaceuticals in the country. This will contribute to the delivery of those public health

15 Hassanipour S, Fathalipour M, Delam H, Ghorbani M, Abdzadeh E, Arab-Zozani M, et al . The Incidence of Childhood Cancer in Iran: A systematic review and meta-analysis. *Iran J Ped Hematol Oncol*. 2019; 9 (3) :193-206

16 MAHAK is a registered charity institute to support children suffering from cancer

17 [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(18\)30751-4/fulltext?rss=yes](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(18)30751-4/fulltext?rss=yes)

18 [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(18\)30751-4/fulltext?rss=yes](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(18)30751-4/fulltext?rss=yes)

services most severely affected by recent political and economic developments at a time of urgent need.

III. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response

The 2019 floods were the worst that Iran has experienced in the last 50 years and were preceded by years of drought. Of the 31 provinces across Iran, 25 were affected, among which 12 were severely affected. In January 2020, floods and snowfalls in Sistan and Balouchistan, Kerman and Hormozgan Provinces had a heavy toll on housing, education facilities, agriculture and road infrastructure. These recurrent events point to the vulnerability of Iran in the face of climate change and extreme events. Recent research in Iran has shown that the Government has focused on reducing the physical vulnerability of infrastructure, but addressing multi-hazard non-physical vulnerabilities, such as social, cultural, environmental and economic vulnerabilities remains a critical area for focus. The government is well prepared for initial relief, search and rescue as well as response given its practical experience. However, there is still need for better coordination, public awareness, education and engagement, constructive adoption of lessons learned, more coherent legislation, adoption of evidence-based policies, and more attention to long term recovery planning based on a risk informed approach to address the vulnerabilities and “leave no one behind”.

Global experience has consistently shown the multiplier effects of dedicated investments in women and girls as well as applying women empowerment perspective of mainstreaming across all sectors. In particular, ensuring access of women to information, skills and services (including health and sexual and reproductive health (SRH) services, cash transfers, insurance, social security, credit and employment) and strengthening their capacities to meet challenges that emerge from disasters is critical to build resilience and create safer and more inclusive environments. In that context, the State Welfare Organization has recently started implementation of an intervention on Women Friendly Spaces in selected flood-affected provinces of Golestan, Lorestan and Kermanshah in order to provide women psychosocial support, as well as a space to socialize and to acquire work skills for alternative livelihoods.

The project focuses on strengthening the resilience of women and youth and the most vulnerable through the promotion of economic empowerment and disaster preparedness. This project will take an integrated approach to strengthening economic and disaster resilience of women, youth and the most vulnerable, promoting policy-dialogue on the one hand and interconnected programmatic interventions on the other hand (such as life and vocational skill development, increased disaster awareness, value chain strengthening, access to markets and access to finance). Underpinned by evidence and guided by participatory dialogue, the action will promote articulation across sectors and administrative levels and partnership-building between a diverse range of actors (central and local authorities, UN organizations, the academia, the private sector, CSOs.) The action aims to lay the ground for successful scale up of the model through proof of concept, policy roll-out, capacity development, improved monitoring and evaluation and communication. Innovation will be central to the action and shall be bolstered *inter alia* through South-South cooperation, Youth Innovation Labs and the profiling of female and youth entrepreneurs champions.

Objectives and results

The Overall Objective of the action is to respond to emerging needs and enhance the resilience of the most vulnerable communities, especially children, youth, and women in Iran.

I. Protecting children and youth from the harms of drugs

Output 1: Evidence-based and tailor-made drug use prevention, treatment, rehabilitation and social reintegration programmes, tools, and guidelines for children and adolescents are adapted, improved, and piloted

Indicators:

- Number of programmes, tools and guidelines adapted, enhanced, and piloted (by category)
- Number of rights holders who received drug prevention and treatment services under the project (disaggregated by sex, age)
- Number of duty bearers trained on drug prevention and treatment among children and their families (disaggregated by sex)
- Number of officials/managers/experts/ service providers reached through advocacy events who incorporate the communicated messages in their work (disaggregated by sex)
- Number of stigma-free knowledge and communication products produced and disseminated (disaggregated by type, topic/area, age group, sex, end users)

Activities

Following activities are envisaged under the Output 1:

1.1 Implement at least 2 drug prevention programmes for children and their families in disadvantaged areas and high-risk settings [Drug Prevention]

UNODC

Implement at least one drug use prevention programme among children and/or families

UNICEF

Implement at least one drug use prevention programme among children and adolescents

1.2 Improve protection, psychosocial and drug prevention interventions for children in juvenile correction and rehabilitation and aftercare centres [Supporting Young inmates]

UNODC

Design and implement at least one Psychosocial and protection intervention for children in Juvenile Correction and Rehabilitation Centres

UNICEF

Design and implement at least one life skills training programme for children and adolescents in Juvenile Correction and Rehabilitation Centres

1.3 Pilot at least one drug treatment intervention and at least one psychosocial intervention for children, parents and families directly and indirectly affected by drug use [Drug Treatment]

UNODC

Design and implement at least one Psychosocial support intervention for families affected by drug use

UNICEF

Pilot and implement the already developed treatment guides for children and adolescents with drug use disorders

WHO

Piloting the already developed drug treatment guide for children and youth and develop a model on comprehensive drug treatment for children and youth with special emphasis on the use of Amphetamine-type Stimulants [w UNODC and UNICEF]

1.4 Build the capacity of relevant organisations on drug use prevention and treatment (including of drug use disorder) among the most-at-risk children and adolescents and their families [Capacity Development]

UNODC

Develop capacity of service providers in the non-governmental sector on drug use prevention and treatment among children and families affected by drug use.

UNICEF

Develop capacity of experts and professionals in the public and governmental sectors on drug use prevention and treatment among children, adolescents, and families affected by drug use

1.5 Conduct pre- and post-intervention surveys at intervention sites on mental health disorders including substance use disorders among youth and develop a monitoring and evaluation framework for drug prevention and treatment programmes among children and their families [M & E]

UNODC

Evaluate at least one drug treatment programme for children and families affected by drug use.

UNICEF

Evaluate at least one drug use prevention programme among children and adolescents

WHO

Conduct baseline and post-intervention surveys at interventions sites and study mental health disorders including substance use disorders among youth

1.6 Conduct consultative meetings and roundtables for improving emphasis on children drug prevention and treatment in national drug demand reduction programmes [Advocacy and Policy Making]

UNODC

Conduct consultative meetings and develop plans for scaling of activities implemented under the present proposal by UNODC and their inclusion in national programmes including conducting of study visits

UNICEF

Conduct consultative meetings and identify, and develop plans for scaling of activities implemented under the present proposal by UNICEF and their inclusion in national programmes including conducting of study visits

WHO

Provide support for developing a national strategic plan for drug prevention and treatment among children and adolescents [w UNODC and UNICEF] along with its launch and advocate for implementation of and scaling up of evidence-based interventions



Figure 1 - Overview of the action on Output 1: Evidence-based and tailor-made drug use prevention, treatment, rehabilitation and social reintegration programmes, tools, and guidelines for children and adolescents are adapted, improved, and piloted

II. Procurement of cancer medicines for children

Output 2. Access for child cancer patients to life-saving pharmaceutical products is obtained

Indicators:

- Number of medicines procured (by type, quantity)
- Number of cancer patients reached (by gender, age)
- Number of paediatric cancer hospitals reached (by location)

Activities:

- 2.1. Finalizing list of required priority cancer medicine in consultation with MOHME
- 2.2. Procurement of medicine
- 2.3. Shipping the medicine into country
- 2.4. Handing over the medicine to MOHME
- 2.5. Distribution of medicine by MOHME

III. Strengthening the resilience of women, youth and the most vulnerable through economic empowerment and disaster preparedness

Output 3. Supportive local and national level environments for the resilience of women, youth and the most vulnerable communities are strengthened, through economic empowerment and disaster preparedness

Indicators

- Number of South-South and Triangular Cooperation priorities identified for the implementation of UN Technical Assistance Package (TAP)
- Number of priority areas identified for the resilience workstream in the TAP
- Number and type of stakeholders consulted at sub-national level
- Number of experts (disaggregated) – participants of the Expert Consultations
- Number of advisory services delivered by youth for accelerating SDGs through leadership, innovation and entrepreneurship, focusing on most vulnerable young people, especially women (disaggregated by sex and age)
- Number of MAPS exercises conducted
- Number of stakeholders involved in the development of joint programme on resilience
- Number of awareness raising and capacity-building activities

- Number of women, girls and youth who have received life skills, vocational and disaster awareness trainings
- Monitoring dashboard on FHH rolled out at national, provincial and selected sub-provincial levels available
- Number of analytical reports such as territorial baseline analysis; value chain analysis; feasibility studies and situation analysis of FHH in selected disaster-prone provinces available
- Number of reports on financial inclusion
- Number of innovative products for financial inclusion pilot-tested
- Number of SMEs created and still active at the end of the project
- Number of Women Friendly Spaces established and functioning

Activities:

3.1 South-South and Triangular Cooperation (SSTC) Framework

This activity will consist in organizing South-South and Triangular Cooperation workshops, activating South-South cooperation partnerships, deploying international experts, organizing exchange programmes for the promotion of best practices on disaster preparedness and economic empowerment of women, youth and the most vulnerable.

UNDP and UNFPA

Conduct South-South and Triangular Cooperation workshops

Conduct Exchange programmes

3.2 Resilience workstream in the UN Technical Assistance Package (TAP) developed in cooperation with the Government of Iran

This activity will consist of promoting policy-dialogue on resilience to economic and disaster-related shocks. Well-designed and tailored government policy can play a critical role in driving progress towards resilience building of women, youth and the most vulnerable. This component will aim at informing policy dialogue, operationalizing policy innovation and strengthening mechanisms at the sub-national level with a view to encourage systemic change for women, youth and the most vulnerable. Key areas for dialogue will include *inter alia*, standards for post disaster transitional shelters, based on traditional knowledge and international best practices; and targeted safety nets/conditional cash transfers to withstand economic and disaster-related shocks

UNDP and UNFPA

Promote policy-dialogue on resilience to economic and disaster-related shocks with a view to encourage systemic change for women, youth and the most vulnerable

UNDP

Development of standards for post disaster transitional shelters, based on traditional knowledge and international best practices

3.3 Provincial-level consultations to identify vulnerable groups and determine engagement mechanisms including establishment of monitoring mechanisms for FHH

This activity will aim at rolling down to the sub-provincial level a monitoring/ dashboard comprising approximately 80 indicators on Female Heads of Households, as well as identification of vulnerable groups and conducting analysis on situation of FHH in selected disaster-prone provinces.

UNFPA

Launch a monitoring/ dashboard comprising approximately 80 indicators on Female Heads of Households, at sub-provincial level

Identify vulnerable groups and conduct analysis on situation of FHH in selected disaster-prone provinces.

3.4 Consultations for the implementation of TAP based on the SSTC Framework

These consultations are aimed at analysing current situation and identifying opportunities for target groups with regards to social protection, economic empowerment, social entrepreneurship, access to financial services and special financing schemes and access markets. These consultations with a broad range of stakeholders will aim at promoting collective efforts to protect the vulnerable during a period of economic pressure.

UNDP and UNFPA

Conduct Workshops and consultations

3.5 Youth Entrepreneurship Framework and advisory services platform to facilitate youth- driven solutions (Youth Co-Lab)

This will entail: i) partnership building with relevant government counterparts; target group and geographic area identification; ii) introducing initiatives to facilitate youth driven solutions, such as vocational and life skills training especially aimed at women and young girls, youth economic empowerment/financial inclusion networks and value added chains; promotion of youth job creation, start-ups, incubators; promotion of leadership role of youth in improving the economic market making and trading.

UNDP and UNFPA

Conduct vocational and life skills trainings, youth economic empowerment/financial inclusion

Conduct Value added chains development

Promote youth job creation, start-ups, incubators; promotion of leadership role of youth in improving the economic, Hackaton contests etc.

3.6 “Mainstreaming, Acceleration and Policy Support” (MAPS)

This will entail consultations to review progress on sustainable development and identify key operational areas, strategies and activities to address economic, social and environmental vulnerabilities. This will entail: i) partnership-building with relevant government counterparts such as PBO, MCLSW, Vice Presidency for Women and Family Affairs, Vice Presidency for Rural Development and Deprived Areas; ii) making linkage between the above programs and projects with proposed policies.

UNDP

Review progress on sustainable development and identify key operational areas, strategies and activities to address economic, social and environmental vulnerabilities

3.7 Joint programmes on resilience and women's economic empowerment

The joint programmes will be based on evidence generated on target groups and participatory diagnostic. Youth, women and the most vulnerable are not homogenous groups. Drivers of vulnerability and resilience factors differ according to many elements, including socio-economic status, employment status, family situation, geographic location etc. To transition from once size-fits-all solutions to tailored differentiated strategies, this set of activities will focus on building a holistic understanding of the needs, barriers and opportunities among target groups, hence contributing to effective targeting and identification of appropriate solutions. In addition to data generated through the monitoring dashboard (see activity 3.3), territorial baseline assessments (identifying economic, social, environmental, financial and human capital potentialities) will be developed through activities such as value chain analysis, market research, feasibility studies, multi-stakeholder/focus group discussions; and qualitative and quantitative interviews.

Building on this analysis, activities to scale up capacities and equip women, youth and the most vulnerable with vocational, entrepreneurship and life skills will be implemented. This will include but not be limited to, personalized and continued coaching and mentoring; integrated trainings on technical and life skills (i.e. creative thinking, problem solving, anger management, communication skills etc.), business management, business plan development, computer training, social media/digital marketing and branding, eco and agro-tourism, climate-smart agriculture, handicraft production, as well as high-tech fields where women are traditionally under-represented (eg. block chain technology, climate smart solution engineering etc.). Communication activities to raise the profile of female and youth entrepreneurs will also be part of the strategy to inspire and incentivize others. These activities will be undertaken in the recently established Women Friendly Spaces and those to be established in selected disaster-prone provinces, as well as TVTO centers.

As access to financial services and products is considered a key element to promote economic and disaster resilience and women economic empowerment, a stocktaking analysis of financial inclusion of youth and female heads of households and of access to finance of disaster affected people will be supported. The analysis will place a specific focus on identifying key bottlenecks (such as the need to provide a collateral for a loan or other technical requirements) and ways to address them. The evidence will provide the basis for the development and pilot testing of innovative financial products and services supporting economic empowerment and disaster resilience of target groups. These may include tailored mobile banking products; conditional cash transfers/safety nets; microcredit or other loan schemes.

Based on the evidence generated through other activities, actions will aim at addressing barriers and catalyzing opportunities of target groups around inclusive employment, access to markets and value chain development. Activities may include promotion of family-friendly environment for women economic empowerment and participation (e.g. childcare centers); strengthening of value chains; sustainable sourcing, branding and (e) -marketing, eco- and traceability (e.g. through blockchain); product placement (retailer's end; exports); promotion of start-ups and business incubators; *Hackaton contests* etc.

UNDP

Conduct territorial baseline assessments, value chain analysis, market research, feasibility studies, multi-stakeholder/focus group discussions; and qualitative and quantitative interviews

UNDP and UNFPA

Conduct vocational and life skills trainings

UNDP

Conduct stocktaking analysis of financial inclusion of youth and female heads of households and of access to finance of disaster affected people

UNDP

Conduct activities to address barriers and catalysing opportunities of target groups around inclusive employment, access to markets and value chain development.

3.8 Awareness raising and capacity-building activities aiming to strengthen the role of women and most vulnerable groups in disaster preparedness and response

This activity will include the provision of search and rescue trainings and participation in disaster simulation exercises of focus groups. Communication activities to raise the profile of disaster champions will also be part of the strategy to inspire and incentivize others. These activities will be undertaken in the recently established Women Friendly Spaces and those to be established in selected disaster-prone provinces, as well as TVTO centers.

UNDP

Provision of search and rescue trainings
Disaster simulation exercises of focus groups

UNDP and UNFPA

Communication activities to raise the profile of disaster champions

Coherence with partner government policies and strategies

I. Protecting children and youth from the harms of drugs

The UNDAF Pillar 4 Working Group provides an inherent platform of cooperation and collaboration towards jointly achieving the results under the Output 2.1 of this proposal. In addition, a UNODC/UNICEF/WHO Interoffice Memorandum has been signed to stipulate in more detail the financial and programmatic cooperation and coordination mechanisms for the present project upon successful fundraising.

The partnership with the Government of IRI is through the implementation of the UNDAF. National partners have been involved from the very beginning of developing the proposal. Furthermore, the project will ensure collaboration with the Government of IRI at both national and sub-national levels, as well as with other UN Agencies through the UN Country Team, donors and grant-making foundations, academic institutions and specialized consulting organizations and Civil Society Organisations (CSOs).

All issues, activities, and results in this proposal have been mutually agreed by the Government of IRI and the three UN agencies in accordance with the following programming agreements: (1) UNODC Country Partnership Programme in the Islamic Republic of Iran and associated work plans; (2) the Government of IRI/UNICEF Country Programme Document 2017-2021¹⁹ and associated work

¹⁹ <http://undocs.org/E/ICEF/2016/P/L.29>

plans; and (3) the Government of IRI/WHO Biennial Work Plan.²⁰ The proposal is also aligned to the Government of IRI's Sixth 5-Year Development Plan (2017-2021), the UNDAF (2017-2021), and Sustainable Development Goals 3, 5 and 16.

Results related to Output 1 on protection of children and youth from the harms of drugs are presented in the following table together with their linkage to Iran's Sixth National Development Plan Articles (2017-2021) as well as the relevant Sustainable Development Goals and associated Targets.

Table 1: Alignment of Results of the Output 1. with Overarching Programmes

Protecting children and youth from the harms of drugs- Result:	Iranian 6th National Development Plan Articles	SDGs/Targets
<p>Output 1. Evidence-based and tailor-made drug use prevention, treatment, rehabilitation and social reintegration programmes, tools, and guidelines for children and adolescents are adapted, improved, and piloted</p>	<p>Article 74 (E). The Ministry of Health and Medical Education is required to implement the "Comprehensive and All-inclusive Health Services System", prioritizing health and prevention rather than treatment, based on primary health care and focused on the family doctor and referral system.</p> <p>Article 78. In order to promote social justice and protect the vulnerable groups and extending relief, protection and insurance coverage, and prevent and reduce social harms, the Government is required to plan and implement necessary programs.</p> <p>Article 80. The Government is required; in line with the relevant laws and approvals of the National Social Council and in order to prevent and reduce social harms; to design a Comprehensive Social Harm Control and Reduction Plan, concentrating on addiction, divorce, marginalization, child labour and moral degradation, including the following focus areas, with the aim to reduce social harm to 25% of the current level, by the end of implementation of the Law of 6th Development Plan (and sub-articles A – Prevention; B – Service delivery and rehabilitation; and C – Identification and reduction of the hotspots).</p>	<p>Goal 3: Ensure healthy lives and promote well-being for all at all ages 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> <p>Goal 5: Achieve gender equality and empower all women and girls 5.1 End all forms of discrimination against all women and girls everywhere</p> <p>Goal 16: "Peace, Justice and Strong Institutions Promote peaceful and inclusive societies for sustainable development provide access to justice for all and build effective, accountable and inclusive institutions at all levels" 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>

II. Procurement of cancer medicines for children

The UNDAF Pillar II Working Group provides an inherent platform of cooperation and collaboration towards jointly achieving the results in this project. The objective is also aligned to the Government of IRI's Sixth 5-Year Development Plan (2017-2021), the UNDAF (2017-2021), and Sustainable Development Goal 3.

National partners have been involved in developing the proposal. Furthermore, the project will ensure collaboration with the MOHME at both national and sub-national levels, as required.

²⁰ IRAN-WHO JPRM

The activities, and results in this proposal have been mutually agreed and will be jointly implemented with the Ministry of Health and Medical Education and Iranian and Iranian Food and Drug Administration. The list of medicine will be provided in consultation with IFDA based on priority needs of the country to paediatric cancer medicine. The approved list of medicine will be procured and shipped to Iran by WHO to be distributed by MOHME in the priority children’s cancer hospitals.

WHO is already working closely with its technical divisions and technical and management oversight is provided from within the WHO country office as well as from regional and HQ levels. WHO has fully developed administration and financial management monitoring mechanisms in place for production of financial and implementation progress reports in-line with UN rules and regulations. Technical advice and guidance shall be obtained from respective technical branches and units at regional and HQ levels.

Accountability rests with WHO as the implementing agency and makes every effort to implement projects within the timeframe agreed.

III. Strengthening the resilience of women, youth and the most vulnerable through economic empowerment and disaster preparedness

Table 2 - Alignment of Results of the Output 3 with Overarching Programmes

Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response Result:	Iranian 6th National Development Plan Articles	SDGs/Targets
Output 3. Supportive local and national level environments for the most vulnerable communities are strengthened, targeting women, girls, and disaster-prone areas	<p>Article 4. In order to achieve equitable and fair economic growth and development, the government is required to adopt policies towards employment generation, skills development, promotion of professional knowledge, and support for home jobs and knowledge-based businesses.</p> <p>Article 80. Empowering needy people particularly female headed households (women breadwinners of families).</p> <p>Article 101: All organizations are obliged to adopt Family Policy in order to support family institution and women’s role, protecting women’s rights, enabling the society to benefit from the human capital of women in the process of sustainable development.</p>	<p>Goal 5: Achieve gender equality and empower all women and girls</p> <p>5.1 End all forms of discrimination against all women and girls everywhere</p> <p>Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>Goal 16: “Peace, Justice and Strong Institutions Promote peaceful and inclusive societies for sustainable development provide access to justice for all and build effective, accountable and inclusive institutions at all levels”</p> <p>Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p>

Implementation Arrangements

Management Arrangements and Coordination

In the Joint Project, a Steering Committee will provide strategic direction and advisory authority using the pass-through modality. UN RCO as the Convening Agency will be responsible for coordinating programmatic aspects, and the Administrative Agent (UNDP’s Multi-Partner Trust Fund Office) will

be responsible for financial management, with each participating UN organization having programmatic and financial responsibility for the funds entrusted to it.

Steering Committee (SC):

This action will be jointly implemented with the Government of IRI. A Steering Committee (SC) will be established and will act as the Joint Programme advisory and monitoring body representing the highest body for strategic guidance and management/coordination. The SC facilitates collaboration between participating UN organizations, donor community and the host government for the implementation of the Joint Programme. Advisory in nature, the SC reviews and endorses the Joint Programme Document revisions and annual work plans. It provides strategic direction and oversight, reviews implementation progress and addresses problems. The SC will ensure that the Action maintains coherence with the national development priorities of Iran and will provide strategic direction and oversight for its implementation. The SC also receives progress reports, notes evaluation and audit reports (published in accordance with each Participating UN Organization's (PUNOs') disclosure policy), and initiates investigations if needed. The SC will meet about every 12 months (face-to-face and/or by video conference). The SC will include senior Programme Managers (CDs/RR) of all UN signatories of the Joint Programme Document (UNODC, UNICEF, WHO, UNFPA and UNDP), the RCO, the government and donor representatives. It will be co-chaired by the UN Resident Coordinator and a representative from the European Union (optional) with responsibility for guiding the project and for approving work plans.

Convening Agency and Joint Coordination Unit (JCU)

Under this Joint Programme, the Office of the Resident Coordinator in Iran (UNRCO) will play the role of Convening Agency, provide support and be accountable for the coordination of programmatic activities and submitting the consolidated narrative report based on submissions provided by each participating UN agency to the MPTF and the Joint Steering Committee.

The Joint Coordination Unit will be established with the membership of designated technical officers of all PUNOs and chaired by the Convening Agent. The JCU shall convene regular meetings every two months in the context of the Steering Committee and shall be entrusted with the following tasks:

- Coordinate day to day operations of the PUNOs and liaison with development and implementing partners.
- Review progress and ensure proper coordinated implementation of the JP.
- Will serve jointly for quality assurance of annual progress reports to the Steering Committee
- Develop a Multi-Year Action Plan and the Annual Programme of Activities including a provisional budget to implement the Platform's strategy in close coordination with the Steering Committee.
- Ensure development of individual financial reports of PUNOs on disbursements and activities for submission to the Administrative Agent;
- Support the Chairs of SC to develop the agenda and manage all Steering Committee meetings.
- Undertake other tasks as directed by the Convenient Agent and/or the Steering Committee.

The Joint Coordination Unit is further responsible for operational and programmatic coordination that includes: i) coordinating all Joint Programme partners, ii) coordinating and compiling annual work plans iii) coordinating the monitoring of annual targets, iv) calling and reporting on Steering Committee meetings, v) coordinating audits and evaluation, vi) reporting back to the Steering Committee, and vii) potential resource mobilization.

The JCU will act as the Secretariat of the SC as well as provide a review of the achieved results of the past 12 months and provide a forecast of the planned activities for the next 12 months. The JCU will develop a process for information sharing and collaboration for instance monitoring and information sharing meetings. It will also gather lessons learned, identify possible bottlenecks and risks and propose mitigation actions.

The Convening Agent will send out invitations together with the agenda prepared by the JCU for Steering Committee and Joint Coordination Unit Meetings, send collected reports of individual PUNOs to the Administrative Agent, prepare reports of the Steering Committee and Joint Coordination Unit Meetings and share these with the participants.

The Convening Agent will be entitled to be allocated 1% of the received funding for its function as Convening Agent, which costs are included in the Joint Programme budget annexed to this JP Document. The MPTF will disburse funds to UNDP to be used by the UN RCO to cover the costs of Convening Agent.

Governance

Technical and management oversight is provided from within the country offices as well as from regional and HQ levels of the proposing UN agencies. All the UN agencies have fully developed administration and financial management monitoring mechanisms in place for production of financial and implementation progress reports in-line with UN rules and regulations. Technical advice and guidance shall be obtained from respective technical branches and units at regional and HQ levels. The work plans have been developed jointly by the PUNOs with government and other relevant partners, with each agency accountable for their respective share of the project in line with the overall strategic framework. PUNOs are responsible for the implementation of the programme activities and delivering of corresponding results. Annual narrative reporting shall be initiated at two levels, each agency individually and jointly. The funding received for the work-packages under the present project shall be managed by each of the agencies individually and according to their internal regulations and procedures in place. The implementing UN agencies follow their global internal financial rules in administering all funds entrusted to them and conduct financial assessments on the partners with whom they work to implement programmes. The UN Agencies will produce Annual Reports for each year of the funding for the EU through MPTF. Official financial statements shall be produced by authorised administrative entities of the PUNOs separately and consolidated by MPTF.

Fund Management Arrangements

This UN Joint Programme will follow the pass-through fund management modality according to the United Nations Sustainable Development Group (UNDG) Guidelines on UN Joint Programming. The UNDP MPTF Office, serving as the Administrative Agent (AA) for the Joint Programme, and Participating UN Organizations will perform their functions as set out in the Standard Memorandum of Understanding (MoU) for Joint Projects using pass-through fund management.

Administrative Agent

According to the pass-through modality, the UNDP Multi-Partner Trust Fund Office (MPTF Office) will serve as the Administrative Agent (AA) of the Joint Programme, whereby each Participating UN Organization applies its own procedures, provided it meets minimum requirements outlined in the Memorandum of Understanding (MOU) and Joint Programme Document in terms of safeguards and fiduciary principles. The Administrative Agent will sign the MOU with all Participating UN Organizations.

In the context of this action, the Administrative Agent based in New York will, sub-sequent to the signature of the contribution agreement with the European Union, conclude the Addendum to the UNDG MOU with Participating UN Organizations that covers a number of issues applicable to the European Union Contribution Agreement.

The AA will be responsible for financial/administrative management that includes:

- Administer the EU contribution agreement and all fund legal instruments based on standard UNDG and EU format.
- Receive and administer donor contributions and ensure proper cash management.
- Disburse funds to Participating UN Organizations as instructed by the Joint Steering Committee
- Provide reporting – will ensure the preparation of consolidated narrative progress and financial reports, based on the reports submitted by Participating UN Organizations and will provide these consolidated reports to the EU and Steering Committee.
- Consolidate final financial reporting, including notification that the funded project has been completed.
- Provide real time data through GATEWAY (<http://mptf.undp.org>)

The AA will be accountable for effective and impartial fiduciary management and financial reporting. MPTFO costs are allocated as a direct cost of 1% of the received funding for performing the Administrative Agent's functions, roles and responsibilities.

Participating UN Organizations

Participating UN organizations (PUNOs) operate in accordance with their own regulations, rules, directives and procedures. They assume full programmatic and financial accountability for the funds disbursed by the Administrative Agent and are responsible for the implementation and delivery of results under each activity result. All PUNOs are the co-delegates to the EU agreement which MPTF will sign with the EU.

PUNOs will have dedicated resources to achieve results, including personnel and consultants (technical assistance) that are directly contributing to the Joint Programme activities, and allocated budgets for associated costs, such as office structure, and operability of field visits for quality assurance.

PUNOs Financial Management: All PUNOs will establish a separate ledger account for the receipt and administration of the funds disbursed to it by the AA; apply their own Rules and Regulations and will maintain comprehensive records of local bank account transactions (including clearly labelled receipts) and produce monthly reconciliations.

The operational departments in each organization will support the financial management of the Programme by approving timesheets, expenses and contractor invoices, and by preparing internal financial reports, including periodic financial reports.

Each UN organization is entitled to deduct their indirect costs on contributions received seven percent as overhead costs of the total allocation received for the agency.

The costs of Programme Coordination and Management include costs referred to in Article 7 (a) and (b) of the EU Contribution Agreement MIDEAST/2019/412-254, including costs of the staff at PUNOs who will perform managerial and administrative tasks for this Action, including programme staff (head of office, technical officer, project manager/associate, project assistant), and Operations and Finance staff (head of Operations and Finance, procurement/travel/finance assistant, IT assistant, and driver involved in planning and implementation of the work packages,

as well as office running costs, i.e. rentals, transportation, IT equipment and Internet connection, communications equipment and other relevant fees.

Currency of Funding

The funding currency shall be in US Dollars. All the UN agencies financing accounting systems are in US Dollars (USD).

Organisational set-up and responsibilities

This action will be implemented in indirect management with the United Nations agencies, funds and programmes in accordance with the EU-UN Financial and Administrative Framework Agreement (FAFA), including United Office on Drugs and Crime (UNODC, part of UN Secretariat), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA); supported by the UN inter-agency Gender Theme Group and UNDAF Pillar Groups on Health, Environment, Resilient Economy and Drug Control.

The project funding takes place subsequent to the internal approval of the EU under the present project. In-line with the indirect implementation, EU shall transfer the funding to the UNDP Multi-Partner Trust Fund (MPTF). The MPTF shall serve as the administrative interface between the Contracting Authority (i.e. the EU-DEVCO), and the Participating UN Organizations (UNODC, UNICEF, WHO, UNDP, UNFPA) together with the UN Resident Coordinator's Office acting as a Convening Agent. The MPTF shall disburse funds to all PUNOs and Convening Agent as stipulated in the budget annex of the present Joint Programme Document.

Indicative implementation period

The indicative operational implementation period of this action, during which the activities described above will be carried out and the corresponding contracts and agreements implemented, is 36 months.

Leverage effect

I. Protecting children and youth from the harms of drugs

Local communities and the most vulnerable, in particular children, youth, and women, are the primary beneficiaries of the action and are closely involved in the project's design and implementation through a participatory and consultative approach. The action seeks to enable these groups to mitigate the issue of drug use, through active participation in the design and implementation of interventions.

To provide an enabling environment whilst preventing and decreasing stigmatisation of the target groups, the health service packages will be developed and customised based on the cultural context and considering the UN Conventions on Human Rights and the Rights of the Child through a consultative process with participation of all stakeholders including health care providers, parents, and children.

Networking for knowledge sharing and dissemination of stigma-free advocacy messages related to drug use is at the core of the action and communication and awareness-raising activities will be risk-based, gender- and child-sensitive. To protect the personal data and observing privacy of the target groups both in provision of services and reporting, anonymity and strict confidentiality will be applied.

II. Procurement of cancer medicines for children

The availability of and access to medicines in Iran has been severely affected by the November 2018 re-imposition of US sanctions on a number of sectors. Although most medical products are in theory not targeted by US sanctions, uncertainty regarding the humanitarian exemptions has led to severe pharmaceutical shortages. Within the framework of this project, the most urgent and crucial need for specialised cancer treatment medicines among children can be addressed.

III. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response

The Action will play a programme facilitative and catalytic role by: i) promoting multi-stakeholder dialogue and articulated interventions for strengthening economic and disaster resilience of women, youth and the most vulnerable; ii) convening national authorities to synergize the various vulnerability assessment processes for programmatic targeting of the most vulnerable with emphasis on women and girls; iii) supporting global best practice and lessons learned exchange regarding women empowerment and participation, data development and analysis, stakeholder engagement at the national and local level including vulnerable communities; iv) undertaking the necessary assessments and consultations required to inform policy and programmatic action v) implement pilot and innovative strategies with scale up potential to promote economic empowerment of women, youth and the most vulnerable.

Sustainability

I. Protecting children and youth from the harms of drugs

Improved capacities of key stakeholders in relevant governmental, nongovernmental, public and academic sectors active in the field of drug prevention and treatment for children and their families on implementation of tested and effective measures will lead to better planning and implementation of programmes and interventions. Enhanced direct service delivery to right-holders in disadvantaged areas and high-risk settings will result in protection of affected populations and improved health and life quality. Enhanced and tailor-made drug use prevention and treatment programmes, tools, and guidelines for children and adolescents will lead to their customisation and to effective and efficient specific preventive and therapeutic interventions. This will contribute to creating a drug prevention and treatment programmatic environment that features comprehensive and continuous measures for protecting at-risk children and youth from the harms of drugs with the prospect of both scaling-up and sustainability, thereby responding to the addiction crises and contributing to sustainable social and economic development. The action foresees in particular conducting round tables to share findings of and recommendations and so serve adoption of implemented programmes by the Government of Iran and so ensuring continuation and sustainability of the implemented programmes.

II. Procurement of cancer medicines for children

Enhanced direct service delivery to right-holders in disadvantaged areas and high-risk settings will result in protection of affected populations and improved health and life quality. The proposed cancer treatment activities include the procurement and distribution of necessary medications, specifically for children, thus enabling life-saving treatment of patients currently at risk due to the scarcity or unavailability of specialised pharmaceuticals in the country. This will contribute to the

delivery of those public health services most severely affected by recent political and economic developments at a time of urgent need.

IV. Mainstreaming of women empowerment and the most vulnerable in disaster preparedness and response

Engagement and consultations with range of diverse stakeholders at the national and local level will result in more supportive environment for the most vulnerable communities, in particular women, girls, and youth and build the resilience of most disaster-prone areas of the country. Pro-poor and gender-sensitive programme interventions mitigate the worst impact of the economic recession on the most vulnerable and boost women's participation and empowerment for sustainable and resilient development of Iran.

Monitoring and Evaluation

Monitoring and evaluation is an integral element of the action. Progress as well as bottlenecks will be monitored jointly on a regular basis using standard mechanisms and tools that include field monitoring with government partners. While monitoring is an on-going activity, a joint progress review shall take place annually through the Joint Steering Committee.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partners' responsibilities. To this aim, the Partners shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the log frame matrix and a relevant and comprehensive gender sensitive M&E frameworks established under the programme, taking into account the reports mentioned on the log frame matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The UN agencies will conduct joint field monitoring visits and meetings with project beneficiaries, local service providers and authorities, and national stakeholders to assess progress towards the achievement of planned results, learn from implementation and take timely corrective action. Besides, with support of the relevant UNDAF Pillars Working Groups comprising the UN Agency Representatives, a Technical Working Group comprising responsible officers of the proposing UN agencies directly involved in project implementation will be established and will meet every two months for planning and coordination of action under the present project guided by and under close supervision of the Country Representatives of the proposing UN agencies. The Technical Working Groups shall allow for seamless concerted monitoring mechanisms. The proposing UN agencies are committed to generation of quality evidence through various partnerships with academic institutions. The following concrete monitoring and evaluation components are anchored in the present proposal:

A monitoring and evaluation framework shall be developed for the project from the outset by cooperation and approval of national counterparts and the involved UN agencies within the allocated budget ceiling.

The project will include a *final independent project evaluation* after the completion of the project. Two external, independent evaluators will be hired for that purpose and will undertake country missions which are expected to last three weeks and will be properly budgeted for. The objectives

of the evaluations are to verify achievements, including at output, outcome and objective levels, as well as the overall impact and sustainability of the project based on the indicators identified in the logical framework, so that lessons can be learned and serve as the basis for improving project planning, design and management. The final evaluation will be publicly available for all stakeholders in the field for learning purposes.

UN agencies will apply with due regard to United Nations Evaluation Group (UNEG) Norms and Standards and practices for joint evaluation. It is proposed to apply a Comprehensive M&E Strategy (CMES) methodology, which encompasses a participatory theory of change. The purpose of the CMES is to increase credibility and accountability of Project results at the highest level, to be a catalyst for learning (i.e. a knowledge management strategy) and to contribute to build national stakeholders' and partners' capacity in evidence-based M&E.

By doing so, the evaluation will assess the project's concept and design, implementation, and the extent to which outputs, outcomes and the project objective have been reached. More specifically, the final evaluation will focus on the criteria of: (i) *relevance*; (ii) *efficiency*; (iii) *effectiveness*; (iv) *impact*; and (v) *sustainability*. All key stakeholders and learning partners will be actively involved in the evaluation process.

The required preparations for the independent evaluation, including the Terms of Reference (TORs), timing, venue and dates, will be carried out by jointly by the UN agencies and the donors to the project in close coordination with the relevant national counterparts and as consolidated by the Joint Coordination Unit of the Convening Agency (UN RCO).

Communication and visibility

In line with Article 11 of the FAFA, and the United Nations and European Commission communication and visibility provisions, different communication actions will be designed in order to reach the different groups of recipients and promote main achievements and positive impact of results accomplished.

The importance of the EU support in these endeavors, a consistent thread maintained in communication activities throughout the project period, will be highlighted by means of acknowledgement of funding support by the European Union in all following collateral materials (but not limited to): guidance and tools, news bulletins, website, annual reports, promotional items, video productions, activity reports.

The communication and visibility actions, and the groups targeted by these actions, are developed in the project communication and visibility plan, in accordance with Article 11 of the FAFA and the above mentioned Guidelines, and with Article 8 of the General Conditions, and with UN implementing partners' rules and regulations regarding communication, visibility, use of logos and acknowledgement as long as these are not contrary to the above.

Timeline

Outputs and Activities	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Output 1. Evidence-based and tailor-made drug use prevention, treatment, rehabilitation and social reintegration programmes, tools, and guidelines for children and adolescents are adapted, improved, and piloted												
Activity 1.1. Implement at least 2 drug prevention programmes for children and their families in disadvantaged areas and high-risk settings	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2. Improve protection, psychosocial and drug prevention interventions for children in juvenile correction and rehabilitation and aftercare centres	X	X	X	X	X	X	X	X				
Activity 1.3. Pilot at least one drug treatment and at least one psychosocial intervention for children, parents and families directly and indirectly affected by drug use	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.4. Build the capacity of relevant organisations on drug use prevention and treatment (including of drug use disorder) among the most-at-risk children and adolescents and their families	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.5. Conduct pre and post-intervention surveys at intervention sites on mental health disorders including substance use disorders among youth and develop a monitoring and evaluation framework for drug prevention and treatment programmes among children and their families	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.6. Conduct consultative meetings and roundtables for improving emphasis on children drug prevention and treatment in national drug demand reduction programmes			X	X	X	X	X	X	X	X	X	X
Output 2. Access for child cancer patients to life-saving pharmaceutical products is obtained												
Activity 2.1. Procurement of paediatric cancer medicine	X	X	X	X								
Output 3. Supportive local and national level environments for the resilience of women, youth and the most vulnerable communities are strengthened through economic empowerment and disaster preparedness												
Activity 3.1. South-South and Triangular Cooperation (SSTC) Framework	X	X	X	X	X	X	X	X				
Activity 3.2. Resilience workstream in the UN Technical Assistance Package (TAP) developed in cooperation with the government	X	X	X	X	X	X	X	X				
Activity 3.3. Provincial level consultations to identify vulnerable groups and determine engagement mechanisms	X	X	X	X	X	X	X	X				
Activity 3.4. Experts Consultations for the implementation of TAP based on the SSTC Framework	X	X	X	X	X	X	X	X				
Activity 3.5 Youth Entrepreneurship Frameworks an advisory services platform to facilitate youth driven solutions in accelerating SDGs (Youth Co.Lab)	X	X	X	X	X	X	X	X				
Activity 3.6. Consultations on “Mainstreaming, Acceleration and Policy Support” (MAPS) to review progress on sustainable development and identify key operational areas, strategies and activities to address economic, social and environmental vulnerabilities	X	X	X	X	X	X	X	X				
Activity 3.7. Joint programmes on resilience and women’s economic empowerment	X	X	X	X	X	X	X	X				
Activity 3.8. Awareness raising and capacity-building activities on disaster preparedness and response	X	X	X	X	X	X	X	X	X	X	X	X

Indicative Log-frame matrix (for project modality)

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
Impact (Overall Objective)	OO: To support Iran in achieving sustainable economic and social development	Drug use among the adult population (Disaggregated by sex and age)	UNODC annual reports	<i>Not applicable</i>
Specific Objective	SO: To respond to emerging needs and enhance the resilience of the most vulnerable communities, especially children, youth, and women	<p># of drug abuse prevention, treatment, rehabilitation and social reintegration policies and programmes developed by the Action that are adopted by the Government</p> <p>% of drug use relapse within 6 months of intervention among targeted beneficiaries (disaggregated by sex, age)</p> <p># of children and youth in target areas who report weekly drug usage (disaggregated by sex, age)</p> <p>Level of national and community level resilience (measurements following UN methodology)</p> <p><i>*Note: The above-mentioned indicators are implemented upon cooperation and approval of the national counterparts and to the extent within the allocated budget limits/ceiling.</i></p>	Project progress report UNDAF Annual Report Baseline and end- line surveys	<p>Channels for international technical cooperation with Iranian public and other actors remain open – politically and financially</p> <p>Iran ensures the necessary human, financial and material resources to facilitate the implementation of projects as far as cooperation with national authorities is required;</p> <p>The targeted areas (sectoral, thematic, and geographic) continue to be accessible in terms of local partners and sites;</p> <p>No burdensome restrictions on travel for implementing partners and stakeholders.</p>

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
Outputs	1. Evidence-based and tailor-made drug use prevention, treatment, rehabilitation and social reintegration programmes, tools, and guidelines for children and adolescents are adapted, improved, and piloted	<p># of programmes, tools and guidelines adapted, enhanced, and piloted (by category)</p> <p># of rights holders who received drug prevention and treatment services under the project based on national guidelines (disaggregated by sex, age)</p> <p># of duty bearers trained on drug prevention and treatment among children and their families (disaggregated by sex)</p> <p># of officials/managers/experts/ service providers reached through advocacy events who incorporate the communicated messages in their work (disaggregated by sex)</p> <p># of stigma-free knowledge and communication products produced and disseminated (disaggregated by type, topic/area, age group, sex, end users)</p> <p>*Note: Collecting and analysing pre- and post-interventions data will be conducted by UNODC, UNICEF.</p> <p>**Note: Assessing baseline and post-intervention information related to drug use at local levels will be conducted by WHO.</p> <p>***Note: Formal external evaluation of the Unplugged pilot towards the end of the second year beginning of the last year of the project cycle will be conducted by UNODC, UNICEF.</p>	<p>Project progress report</p> <p>Baseline and end-line surveys</p> <p>UNDAF Iran Report</p> <p>Operational and epidemiological assessments and reviews</p> <p>Project final external evaluation</p>	<p>Pilot projects are successfully adapted to and incorporated by national/local stakeholders/service providers,</p> <p>The national counterpart continues active engagement in implementing the drug prevention and treatment programmes for children and their families</p> <p>The government continues its supportive policies favouring the involvement of Civil Society Organisations being active and engaged in drug demand reduction activities and programmes</p> <p>Effective stakeholders' coordination at national and provincial levels</p> <p>Key stakeholders are attentive to advocacy messages and participate in networking events</p> <p>Comprehensive planning and programming for implementation of programmes remains unimpeded</p> <p>UN and government continue converging their understanding on the purpose of project implementation and scaling of piloted programmes</p>
	2. Access of child cancer patients to life-saving pharmaceutical products is obtained	<p># of medicines procured (by type, quantity)</p> <p># of cancer patients reached (by gender, age)</p> <p># of paediatric cancer hospitals reached (by location)</p>	<p>UNDAF Annual Report</p> <p>Project progress report</p> <p>Project final external evaluation</p>	<p>Identified financial and supply channels remain viable</p> <p>OFAC licences, where needed, are obtained or maintained</p> <p>The space for humanitarian trade with Iran is not further restricted</p>
	3. Supportive local and national level environments for the most vulnerable communities are strengthened, targeting women and girl in disaster-prone areas	<p># of South-South and Triangular Cooperation priorities identified for the implementation of UN Technical Assistance Package (TAP)</p> <p># of priority areas identified for the resilience workstream in the TAP</p> <p># and type of stakeholders consulted at sub-national level</p> <p># of experts (disaggregated) – participants of the expert consultations</p>	<p>SSTF workshop report</p> <p>TAP document</p> <p>UNFPA/UNDP annual reports</p> <p>Expert Consultations Report</p> <p>UNFPA/UNDP annual reports</p>	<p>Key stakeholders engage in consultation processes and exercises.</p> <p>Government and UN continue to converge on mitigating the impact of economic downturn on the most vulnerable.</p>

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
		# of advisory services delivered by youth for accelerating SDGs through leadership, innovation and entrepreneurship, focusing on most vulnerable young people, especially women (disaggregated by sex and age) # of MAPS exercises conducted # of stakeholders involved in the development of joint programme on resilience # of awareness raising and capacity-building activities # of women, girls and youth whom have received life skills, vocational and disaster awareness trainings # Monitoring dashboard on FHH rolled out at national, provincial and selected sub-provincial levels # of analytical reports such as territorial baseline analysis; value chain analysis; feasibility studies; situation analysis of female-heads of households in selected disaster-prone provinces available. # of reports on financial inclusion # of innovative products for financial inclusion pilot-tested # of SMEs created and still active at the end of the project # of Women Friendly Spaces established and functioning # of standards for post-disaster transitional shelters	UNFPA/UNDP annual reports UNFPA/UNDP annual reports UNFPA/UNDP annual reports UNFPA/UNDP annual reports	Programme implementation continues unimpeded. Targeting achieved through a consultative evidence-based process.
Activities	<p><u>List of activities by output:</u></p> <p>1.1 Implement at least 2 drug prevention programmes for children and their families in disadvantaged areas and high-risk settings [Drug Prevention]</p> <ul style="list-style-type: none"> - Implement at least one drug use prevention programme among children and/or families (UNODC) - Implement at least one drug use prevention programme among children and adolescents (UNICEF) <p>1.2 Improve protection, psychosocial and drug prevention interventions for children in juvenile correction and rehabilitation and aftercare centres [Supporting Young inmates]</p> <ul style="list-style-type: none"> - Design and implement at least one Psychosocial and protection intervention for children in Juvenile Correction and Rehabilitation Centres (UNODC) - Design and implement at least one life skills training programme for children and adolescents in Juvenile Correction and Rehabilitation Centres (UNICEF) <p>1.3 Pilot at least one drug treatment intervention and at least one psychosocial intervention for children, parents and families directly and indirectly affected by drug use [Drug Treatment]</p> <ul style="list-style-type: none"> - Design and implement at least one Psychosocial support intervention for families affected by drug use (UNODC) - Pilot and implement the already developed treatment guides for children and adolescents with drug use disorders (UNICEF) - Piloting the already developed drug treatment guide for children and youth and develop a model on comprehensive drug treatment for children and youth with special emphasis on the use of Amphetamine-type Stimulants [WHO, UNODC and UNICEF] 			

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
	<p>1.4 Build the capacity of relevant organisations on drug use prevention and treatment (including of drug use disorder) among the most-at-risk children and adolescents and their families [Capacity Development]</p> <ul style="list-style-type: none"> - Develop capacity of service providers in the non-governmental sector on drug use prevention and treatment among children and families affected by drug use (UNODC) - Develop capacity of experts and professionals in the public and governmental sectors on drug use prevention and treatment among children, adolescents, and families affected by drug use (UNICEF) <p>1.5 Conduct pre- and post-intervention surveys at intervention sites on mental health disorders including substance use disorders among youth and develop a monitoring and evaluation framework for drug prevention and treatment programmes among children and their families [M & E]</p> <ul style="list-style-type: none"> - Evaluate at least one drug treatment programme for children and families affected by drug use (UNODC) - Evaluate at least one drug use prevention programme among children and adolescents (UNICEF) - Conduct baseline and post-intervention surveys at interventions sites and study mental health disorders including substance use disorders among youth (WHO) <p>1.6 Conduct consultative meetings and roundtables for improving emphasis on children drug prevention and treatment in national drug demand reduction programmes [Advocacy and Policy Making]</p> <ul style="list-style-type: none"> - Conduct consultative meetings and develop plans for scaling of activities implemented under the present proposal by UNODC and their inclusion in national programmes including conducting of study visits (UNODC) - Conduct consultative meetings and identify, and develop plans for scaling of activities implemented under the present proposal by UNICEF and their inclusion in national programmes including conducting of study visits (UNICEF) - Provide support for developing a national strategic plan for drug prevention and treatment among children and adolescents [w UNODC and UNICEF] along with its launch and advocate for implementation of and scaling up of evidence-based interventions (WHO) <p>2.1. Finalizing list of required priority cancer medicine in consultation with MOHME</p> <p>2.2. Procurement of medicine</p> <p>2.3. Shipping the medicine into country</p> <p>2.4. Handing over the medicine to MOHME</p> <p>2.5. Distribution of medicine by MOHME</p> <p>3.1. South-South and Triangular Cooperation (SSTC) Framework</p> <ul style="list-style-type: none"> - South-South and Triangular Cooperation workshops (UNDP and UNFPA) - International experts' deployment (UNDP and UNFPA) - Exchange programmes (UNDP and UNFPA) <p>3.2. Resilience workstream in the UN Technical Assistance Package (TAP) developed in cooperation with the government</p>			

	Results chain: Main expected results	Indicators (at least one indicator per expected result)	Sources of data	Assumptions
	<ul style="list-style-type: none"> - Promoting policy-dialogue on resilience to economic and disaster-related shocks with a view to encourage systemic change for women, youth and the most vulnerable (UNDP and UNFPA) - Development of standards for post disaster transitional shelters, based on traditional knowledge and international best practices (UNDP) <p>3.3. Provincial level consultations to identify vulnerable groups and determine engagement mechanisms</p> <ul style="list-style-type: none"> - Rolling down to the sub-provincial level a monitoring/ dashboard comprising approximately 80 indicators on Female Heads of Households (UNFPA) - Identification of vulnerable groups and conducting analysis on situation of FHH in selected disaster-prone provinces. (UNFPA) <p>3.4. Experts Consultations for the implementation of TAP based on the SSTC Framework</p> <ul style="list-style-type: none"> - Workshops and consultations (UNDP, UNFPA) <p>3.5. Youth Entrepreneurship Frameworks an advisory services platform to facilitate youth driven solutions in accelerating SDGs (Youth Co.Lab)</p> <ul style="list-style-type: none"> - Vocational and life skills trainings, youth economic empowerment/financial inclusion (UNDP, UNFPA) - Value added chains development (UNDP, UNFPA) - Promotion of youth job creation, start-ups, incubators; promotion of leadership role of youth in improving the economic, Hackaton contests etc. (UNDP, UNFPA) <p>3.6. Consultations on “Mainstreaming, Acceleration and Policy Support” (MAPS)</p> <ul style="list-style-type: none"> - Review progress on sustainable development and identify key operational areas, strategies and activities to address economic, social and environmental vulnerabilities (UNDP) <p>3.7. Joint programmes on resilience and women’s economic empowerment</p> <ul style="list-style-type: none"> - Territorial baseline assessments, value chain analysis, market research, feasibility studies, multi-stakeholder/focus group discussions; and qualitative and quantitative interviews (UNDP) - Vocational and life skills trainings (UNDP and UNFPA) - Stocktaking analysis of financial inclusion of youth and female heads of households and of access to finance of disaster affected people (UNDP) - Activities to addressing barriers and catalysing opportunities of target groups around inclusive employment, access to markets and value chain development. (UNDP) <p>3.8. Awareness raising and capacity-building activities on disaster preparedness and response (UNDP)</p> <ul style="list-style-type: none"> - Provision of search and rescue trainings - Disaster simulation exercises of focus groups - Communication activities to raise the profile of disaster champions 			

Annex: Budget for the Action "Responding to emerging needs and enhancing the resilience of the most vulnerable, especially children, youth and women in Iran"

Agency	Estimated Budget Y1 (USD)	Total Estimated Budget (USD)
UNODC	449,601	1,800,393
UNICEF	499,986	1,722,119
WHO Output 1	149,643	552,895
WHO Output 2	2,161,684	2,161,684
UNDP	195,245	376,580
UNFPA	94,799	163,842
Administrative Agent	39,774	66,174
Convening Agent	39,774	66,174
Total	3,630,505	6,909,860
Total EU Contribution to the Action		6,617,400
Total PUNOs Contribution		292,460