ITF

ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT
OPERATIONALLY CLOSED - 31 JULY 2009
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2009

Submitted by: WHO Dr Hassan Elbushra WR a.i. WHO Iraq office 0096265510438 wriraq@irq.emro.who.int	***Country and Thematic Area***[2] *Iraq* *Essential Services* *Education Sector Outcome Team* *(Old Cluster B)*

ATLAS Award No: 54859 ATLAS Project No: 66859 Programme Title: *B1-25: Strengthening school health services at Primary School level through implementation of the Health Promoting Schools*	***Participating Organization(s):*** World Health Organization

Implementing Partners: • Ministry of Health, • Ministry of Education	***Programme Budget (from the Fund):*** **US$ 1,757,280**

Programme Duration (in months):12 months
Start date[3]:30 April 2007
End date:30 September 2009
- *Original end date :30 March 2008*
- *Revised end date, if applicable*
- *Operational Closure Date*[4]*, if applicable:30 September 2009*

Budget Revisions/Extensions:
Extensions, with approval dates,
1. First extension till 31 September 2008 approval date 16/3/2008
2. Second extension till 30 March 2009 2008 approval date 6/8/2009
3. Third extension till 31 July 2009 approval date 4/2/2009

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] E.g. Priority Area for the Peacebuilding Fund; Thematic Window for the Millennium Development Goals Fund (MDG-F); etc.
[3] The start date is the date of the first transfer of funds from the MDTF Office as Administrative Agent.
[4] All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

I. Purpose

Background: Health promoting Schools is an approach that was initiated by World Health Organizations/ European region in early 1990s and was implemented in Iraq in 1995. In 2007, revitalization of the programme was initiated by Ministry of Health and 46 primary schools were selected in all governorates for the implementation of the project.

Primary school-age children constitute 16.3% of the total population of the Iraqi society (Source: COSIT/2008). This age group is characterized by rapid physical and psychological growth and development. Schools are large places and present significant opportunities for accidents and infection, hence the importance of school health as an effective way to help students acquire appropriate health behaviors. In addition, the large numbers of students and educational personnel, as shown in the table below, require that this group of children is provided with school health services.

School Stage	number of Schools	Number of Teachers	Number of Students
Primary	12,507	237,130	4,333,154

(Source: Data on all governorates save Kurdistan. COSIT)

School health is an important element and component of public health. Schools impact the physical and mental development of students. They spend about 5 hours of the day and about 8 months of the year at school; therefore, its impact is of such great importance that it may outweigh that of the home and family in many cases.

Objectives: The main objectives of the project are to:

1. Implement health promoting schools programme (life skills education and psychological first aid) implemented in 46 schools in 18 governorates (2 schools in each governorate except for Baghdad governorate 12 schools in (Karch and Rasafa).
2. Increase capacity of MoH officials to take over the health promoting school initiative and continue the activity of school health screening for primary school children as part of the Strengthening Primary Health Care system.
3. Raise awareness among community on Health Promoting Schools initiative and the role of parent teachers association (PTA) meetings
4. Hearing aids and eyeglasses provided for needy students and those with musclar skeletal abnormalities referred to specialists.
5. Effective partnerships between all stakeholders including the community to build public awareness and strengthen demand for the school health services

Outcomes: The expected outcomes of the program within this reporting period were:

1. (100) teachers and school staff trained on health promoting school initiative in 46 schools in all governorates and MoH officials informed about health promoting school Initiative.
2. School health including psychological first aid services strengthened and maintained at all levels through successful coordination approaches between schools and primary health care centers.
3. screening for visual, hearing problems and Muscular-skeletal abnormalities of all students in the 148 schools at 8 governorates(completed and (300) teachers trained on detection of visual ,hearing defects and Musclo- skeletal abnormalities
4. Provision of eyeglasses and hearing aids to school children with visual and

hearing difficulties and those with muscular skeletal abnormalities referred to specialists completed.

5. Community committees established to build public awareness in demanding for school health services.

Strategic Framework: The Programme relates to the several of the Strategic Planning Frameworks that are guiding the operations of the Fund including the UN Assistance Strategy for Iraq, the MDG's, and the Iraqi National Development Strategy.

Working in close collaboration with government counterparts at both the central and regional levels, the UNCT has committed to reinforce its support to institutional capacity-building and the provision of key basic services in addressing urgent Iraqi needs and priorities. This realignment of UNCT Cluster activities shall remain flexible in responding to the evolving operational context within the overall strategic framework.

The implementation of the health promoting schools approach in Iraq will assist MoH and MoE in developing new school policies and guidelines, and provide teachers with the necessary support to enable them to promote health. It is expected that this will lead to an improvement in the standard of the health services and health status of school children and community through increasing their awareness about main health problems and its preventive measures. Also it will lead to increased self – esteem of children and decrease of risk taking behaviour in later life.

As a result, the program will contribute to the following UN Millennium Development Goals (MDG's):

- Poverty reduction (MDG-1)
- Achieve universal primary education (MDG2)
- Promote gender equity and empower women (MDG3)
- Reducing child mortality (MDG-4)
- Improve maternal health (MDG5)

National Devlopment Strategy (NDS) Targets by 2010:

- (Target) (4) Completing all curriculums in primary and secondary education levels for all girls and boys
- (Target) (5) Waiving off gender discrimination in all educational levels

International Compact with Iraq (ICI) Target by 2010

- Reduce illiteracy with 50% (Baseline UBN 31.8% of population have no access to education)
- Ensure coverage for priority health programme in remote areas, targeting vulnerable group and in carrying outreached activities, and community mobilization. (4.4.1.4 of the 2008 JMM)

The project addresses the health of students, school personnel, families and community members. Currently, the health status of school children is deteriorated due to lack of proper and periodic health care, lack of awareness on main health problems and psychosocial well being.

The project proposal is fully in line with the 2005-2007 UN strategy for assistance to Iraq as well as the current (2008-2010) UN Assistance Strategy for Iraq although this was not yet adopted when the project proposal was developed. It conforms closely to the priorities expressed by the Iraqi Authorities during the July 2005 Donors' conference embracing education, water & sanitation and health needs and demonstrating good impact, contributing to the overall targets of reducing morbidity and mortality.

Specifically the project addresses the following clusters and some of the relevant matrix outcomes from the Joint UN-Iraq Assistance strategy:

Sector Outcome Team	Matrix outcomes
Education	• *To enhance access to all levels of education with special reference to disparity reduction (gender, geographic, ethnic, socio-cultural, economic and other disparities);* • *To improve rates of retention, completion and participation at all levels of education;* • *To improve learning outcomes at all levels of education.*
Health and Nutrition	• *50% reduction in under five and infant mortality;* • *15% reduction in maternal mortality;* • *Increase access to quality health care services especially for vulnerable group and un-reached;* • *Enhance disease prevention and control including HIV/Aids.*

Moreover this program is also in line with the Dead Sea strategic meeting held in July 2006, since this program ensures the provision of basic services and education

II. Resources

Financial Resources:

Sources and revisions: Limited sources for funding and supporting this project were obtained from the core WHO funding (regular budget & 20,000). No budget revision was requested for this project

Good practices: Financial tracking is done according to WHO rules and regulations in issuing financial statements related to commitment and disbursement during the implementation of the project components. At the end of the project, the impact will be assessed by measuring performance-based indicators then compared to baseline information collected at project implementation.

Constraints: The project experienced delays in selecting the best transportation contractor with reasonable offers. This process is in according to WHO rules and regulations.

Human Resources:

National Staff: One national medical officer has been managing and supporting the overall implementation of the project. In addition, a network of national WHO focal points embedded in the MoH/DoH and rewarded on consultancy basis has excitedly been involved in the day to day management and implementation process in close coordination and collaboration with the various stakeholders in schools and line ministries.

International Staff: One international technical officer based in the WHO Iraq office has been providing supreme management and coordination of the project throughout the entire implementation period.

III. Implementation and Monitoring Arrangements

The school health screening was completed at the beginning of 2009 together with assessment of the school health environment in the 46 schools that are implementing *Health Promoting Schools Initiative*. This was followed by data analysis and finalization of the full report on the school health services within the targeted schools in all governorates. The results of this assessment reflected the actual situation of the school environment and health status of students during this period. The results were launched on 11 May 2009 in Baghdad. A full report will be attached to the next progress update which will be the project final closure report.

Operations: WHO/Iraq continues to maintain a low profile, for security reasons, to avoid any possible negative repercussions to premises and staff. That said, there is significantly more frequent mission now compared to the beginning of the project roll out. As security situation was permitting, frequent travels to Baghdad, south and Kurdistan region, were undertaken by the national and international staff for close follow up and monitoring of the operations. WHO/Iraq also provides technical support to the national staff in MoH and MoE and monitors the implementation of the activities through the continuous communication with the project's focal points through video/ teleconferences.

National Level Counterparts: The Ministry of health is the key stakeholder at the national level to ensure that the integration of school health in PHC System and works in close co-ordination and partnership with the other line ministries such as the Ministry of Education and Ministry of Environment (MoEnv). This is important to endorse that the schools/ communities selected for needed interventions are provided with policy guidance in the area of school health. MoEnv is regularly informed about the environmental aspect at schools as reported by the monitoring teams from Ministry of Health and Ministry of Education and Directorateof Health and Directorate of Education during their visits. This information is circulated to all line ministries along with requests for action to be taken. Recommendation that came out by the launching conference held in late 2009 were taken into consideration by the members of Ministerial council at the health and education committee. The role of Ministry of Health was to integrate the work between partners and follow up and monitor the role of each partner involved in the process, including contractors and the organization for contract tendered for cars and goods.

Governorate Level Counterparts: At the Governorate level, the respective directorates are jointly involved in the assessment, implementation and the subsequent monitoring & evaluation processes of the school health programme. At the central level in the Governorate, a steering committee which consists of members of related stakeholders, including the community leaders/representatives of PTAs has been established with the responsibility to oversee the implementation of the activities, follow-up on the interventions and therefore ensure the convergence of basic services. These committees are in close contact with the central project steering committee in Baghdad.

Procurement: WHO has well established procurement procedures and goods are generally delivered to Baghdad under international insurance coverage. The procurement process is being carried out through the application of the international bidding process for the majority of goods to be procured, based on WHO rules and regulations, which are geared to ensuring the quality, efficiency and cost effectiveness. In a few cases, local procurement is applied and follows a set of clear documented procedures. Furthermore, organization manuals providing strict guidance and procedures on invitation to bids, bids opening, bids analysis, bids review and contract award, including conditions abiding both parties (the successful bidder and the organization) are available for international and local procurement. There are specific committees at each stage of the bidding process. In order to establish the needs of the medical equipments for the school health screening (Audiometers and ophthalmoscopes), a needs assessment was carried out at central level in close collaboration with the directorate of health at governorate level. Consultations between WHO and the project steering committee were held to agree on the final requirements. A bill of quantities with detailed generic technical specifications for the agreed items was prepared, with a cost break down.

Major procurement over the reporting period included

1. Printing of 12,750 note book for students on health promoting schools
2. Procurement of 20 eyeglasses and 10 hearing Aids for students with visual and hearing difficulties.
3. Procurement of 46 desktops and printers for the 46 health promoting schools
4. Procurement of 46 screening Audiometers
5. Procurement of 10,000 school bags and 7,500 Hygiene kits for students
6. Procurement of 100 white boards with accessories
7. Procurrment of 100 plastic snellen's chart for visual aquity and earl detection of visual problems

Internal Quality Assurance: Regular quality assurance and control at the project implementation sites (in schools, communities and DoH and DoE level) is managed through regular supervision by national WHO staff and project focal points in the Directorates who makes random control visits to a significant number of schools and the directorates of health and education at governorate level. The Local Authority staffs are involved in every step/process and monitoring during implementation. WHO, through its monitors, has established a system for regular baseline data collection linked to the project output indicators. Following the completion of the project in 31 July 2009, the monitors continued to follow up the implementation of some of the pending activities such as training and provision of

supplies and equipments. The base line data obtained has enabled WHO to determine the outcome of the project. This will be further explained in the results section below.

Project monitoring system: WHO and the project steering committee have been maintaining regular contact with the technical committees and other project staff in the governorates in order to enable real time evaluation of implementation process and output impact. This has also enabled WHO to identify constraints and solutions in order to ensure a flexibly efficient approach where lessons learned can be incorporated. Additionally, the project implementation is managed by the district directors with the technical backing of the committees and WHO technical staff. Through its base in Amman, the WHO national staff network in the Governorates (Erbil, Mosul, Basrah and Baghdad) has been working closely with the district director through teleconferencing and direct meetings in Amman, Erbil, Basrah, Mosul and Baghdad. Information flow has been rationalized to enable sharing with partners, effective planning, timely decision making and to be used for advocacy purposes.

Four focal points were appointed, three of which are responsible for one governorate each and one based in Baghdad is the focal point for supervising and monitoring 6 governorates. The focal points have been working closely with the DoH on ensuring proper implementation. They have to oversee the implementation at the governorate level and should report to WHO on all activities implemented. These focal points report to WHO offices in the governorates mentioned, where the information is collected and forwarded to WHO's country office for consolidation and for action as necessary.

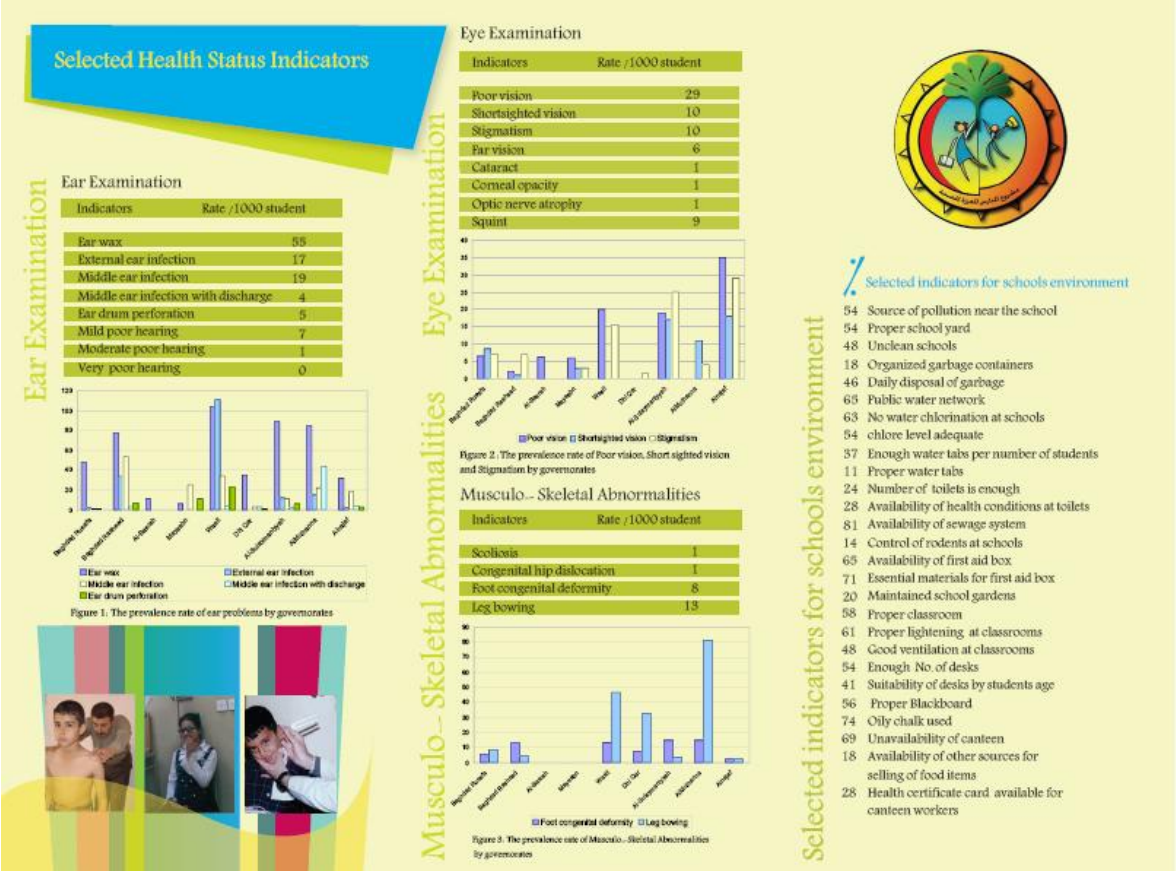
Financial tracking is done according to WHO rules and regulations in issuing financial statements related to commitment and disbursement during the implementation of the project components. At the end of the project, the impact will be assessed by measuring performance-based indicators then compared to baseline information collected at project implementation.

Assessments, evaluations or studies undertaken: Within the Health Promoting Schools Project, in 2008 studies on *Students Health Status* and *Environmental Assessment of Primary Schools* was conducted in a number or Iraqi governorates with technical and financial support from WHO, UNDG-ITF and the European Commission. The results, critical for future planning and strategic decision making in the area, were launched in Baghdad on 11 May 2009 [1]

1. 148 schools were covered by the survey, including 45 students, who were randomly selected from each school. Due to the volatile security situation in Baghdad during the implementation phase of the survey, three schools were excluded in the area of Rusafa. The implementation of the survey included several stages of preparation, intensive training, testing of survey instruments and design of questionnaires which included two sections: 1) school environment, and 2) students' health. The plan was to obtain the most accurate results of clinical tests of students through coordination with ophthalmologists, Ear-Nose-Throat (ENT) specialists, and orthopedic doctors in the diagnosis and earl detection of visual, hearing difficulties and Musclo-skeletal abnormaltie and recording of results.

[1] See complete report on WHO Iraq's web page: http://www.emro.who.int/iraq/

2. In addition, careful supervision was ensured of all 28 fieldwork teams, which were distributed in proportion to the volume of work in each governorate. Fieldwork teams were supported throughout the implementation of the survey, which lasted 22 days during the months of March and April 2008.



Picture 1, School Health Screening

3. This study provided the Government with data on a wide range of students' health indicators in primary schools, such as data on visual acuity and eye diseases, hearing and ear diseases and musculoskeletal abnormalities. The survey also provided data on social determinants of health and environmental matters both within the school itself and in the surrounding environment. It is also providing a range of other health and demographic indicators. Vision and hearing tests, in addition to the general examination were conducted by specialists. Based on the result of the examination during this study, necessary and appropriate action was taken, such as referral to hospitals, the provision of eyeglasses for the visually impaired, or a recommendation for the provision of hearing aids for the hearing impaired. Those with Musclo skeletal abnormalies were referred to orthopedicians at teaching hospital for further mamngment

IV Results

As described above, one part of the Health Promoting Schools Project and in cooperation and coordination with the MoE, MoPDC/COSIT, MoH and MoE in the Kurdistan region, MoH/Iraq Office, the MoH carried out a field survey of primary school students. 147 schools, out of the 150 primary schools in the original plan, were included in the survey, covering eight governorates. It was not possible to conduct the field work in three schools in Rusafa/Sadr City because the security situation in

those areas had deteriorated during the implementation of the survey. A large number of students agreed to undergo the full examination (99.3%). The size of the sample was determined in advance so as to provide information on the health condition of students, in addition to the environmental conditions in the schools of all participating governorates, including urban and rural environments. The results of the survey were published in 2009.

Over the year 2009, the following overall results were achieved:

1. Over 100 teachers and school staff were trained on health promoting school initiative in 46 schools in all governorates.
2. In and advocacy effort, both DoH, MoE, MoEnv and MoH officials were sensitized on the health promoting school Initiative.
3. Health facilities in the 46 schools incorporated and strengthened psychological first aid services.
4. As a part of the assessment, screening for visual, hearing problems and Muscular-skeletal abnormalities of all students in the 148 schools at 8 governorates was completed.
5. Over 300 teachers were trained in a pilot effort on detection of visual, hearing defects and musclo-skeletal abnormalities.
6. Guidelines for health screening have been developed.
7. As a part of the project, the children with detected hearing or visual problems in the screening were provided with eyeglasses and hearing aids were and those with muscular skeletal abnormalities were referred to specialists.
8. Community committees have been established to build public awareness in demanding for school health services.

Programme Activities	Status
1. Support MoH and Ministry of Education in the implementation of the health promoting schools initiative through conducting orientation workshops for head masters, training of health professionals, teachers and health workers.	100%
2. Provided skill-based health education that focuses on the development of knowledge, attitude, values and life skills needed to make and act on the most appropriate and positive decision concerning health.	100%
3. Training of (200) teachers and health personnel working at primary health care centres on providing first aid psychological and basic mental health care for children with psychosocial problems.	100%
4. Advocacy and communication meetings for MoH/ MoE officials and local communities on health promoting schools initiative.	100%
5. Training of 50 MoH health professionals on school health screening.	100%
6. Increasing the coordination between all sectors and establishing systems for monitoring and evaluation of HPS initiative.	100%
7. Training of community leaders on health promoting school initiative.	100%
8. Capacity building of national trainers from MoH and MOE (school health programme managers, health workers and teachers) to improve their skills on early detection of eye and ear problems, and musclo-skeletal abnormalities.	100%
9. Training of teachers on examination of visual acuity and detection of visual errors, hearing difficulties and musclo- skeletal abnormalities	100%
10. Provision of supplies and equipments as audiometers, ophthalmoscopes and Snell's charts for the health screening activities at schools.	100%
11. Provision of eyeglasses and hearing aids to students in need.	100%

12. Advocacy among community and religious leaders through training and distribution of educational materials and strengthening the Parent Teachers Association (PTA) meeting	100%

Constraints: Although all the project activities has been completed at the time of reporting, there have been several elements affecting the timely implementation of the project:

- Security concerns in the country continued to be a major limiting factor constraining the presence of international expertise inside the country.
- Conducting trainings in other governorates was increasingly difficult, risky and expensive for facilitators from Baghdad.
- Shortage of well trained support staff at central level.
- Delay in implementation of the project due to the delay in selecting the best transportation contractor with reasonable offers according to WHO rules and regulations.
- Difficult access to some remote districts and changes in holidays and school vacations.
- Other issues that are playing a major role in delaying the implementation of activities as scheduled are continued violence and insurgence, attacks against health professionals, lack of adequate resources and high turnover of senior officials.

Lessons learnt: The long years of war and sanctions have severely weakened the school health services in Iraq. Human resources development is an important need in Iraq; for proper functioning of school health services health services, there is a need to develop national policies, strategies and procedures. Lack of cooperation exists between MoH, MoE and other related ministries in terms of technical consultations. Sustainability of quality heath services with periodic examination of students will lead to improvement in the health and performance of students at school.

Partnerships: The main implementing counterpart of the project is MOH represented by school health unit/directorate of public health and primary health care in close coordination with MoE. WHO is working closely with line ministries such as MOH, MoE. MoP and MOEv. The partnerships provide a forum through which members can combine their strengths and implement solutions that no one partner could achieve alone. The partnership supports national training programmes; management policy, and monitoring and information systems. In addition, the MOH, MoE, DoH and DoE personnel continue to be fully engaged in all implementation stages so as to ensure the ownership of the project by the targeted stakeholders once the project is complete

Other highlights and cross-cutting issues: The training activities conducted during the reporting period have taken into consideration the gender balance where possible. Out of a total of 354 health professionals and teachers trained, 141 were female (40%), Cross cutting issues related to the project will be reflected in the regular school visits, the facilitators who will assess the relative levels of activities /involvement of the Parent Teacher Association (PTA) in each school, social mobilization and community participation. Assessment reports will be obtained by the facilitators, which will provide WHO with valuable insight on the behaviours of the children at primary schools implementing the health promoting school Initiative and their families living in the area of project implementation. Moreover, the

implementation of this project is focused on school children who are more vulnerable to the mental health effects of the ongoing conflict situation.

V- Future Work Plan (if applicable)

The project is operationally closed in 31 July 2009 but the MoH and MoE with the support of WHO from the organizations regular budget, will be conducting the following activities:

1) Strengthening the Parents Teachers Association meeting and support 20 advocacy meetings for community leaders and parents.
2) Support MoH and MoE in the implementation of the health promoting school initiative by conducting 20 national training activities on health education and promotion and psychosocial support training for health professionals and teachers. .
3) Training of (150) teachers and health personnel working at primary health care centers on providing first aid, psychological and basic mental health care for children with psychosocial problems.
4) Training of 50 MoH health professionals on school health screening.
5) Advocacy among community and religious leaders through training and distribution of educational materials and strengthening the Parent Teachers Association (PTA) meetings

By the end of the project the MoH, MoE and MoEnv decided to adjust the programme strategy and initiate and expansion of the health promoting Schools Initiative to all primary school in all governorates. This can be considered as a proof of the success of the project itself, especially with regards to sustainability.

VI- Performance Indicators[1]

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
Outcome 1 School health services for students in vulnerable areas including mental health services; life skills and psychosocial support intervention for teachers and students improved and strengthened at all levels .						
Output 1.1 Health promoting schools programme implemented in 2 schools in each governorate and 12 Schools in Baghdad governorate (Karch and Rasafa)..	**Indicator 1.1.1** Number of school implementing HPS	0	46	46	Monthly reports	
	Indicator 1.1.2 Number of students screened for visual ,hearing difficulties and Musclo skeletal abnormalities	0	7500	7200	Progress reports	
Output 1.2 Capacity building of MoH and MoE officials on HPS and PS support	**Indicator 1.2.1** Number of MoH and MoE staff trained on HPS	0	700	970	Progress reports	
	Indicator 1.2.2 Number of MoH and MoE staff trained on Psychosocial support	0	700	998	Progress reports	

[1] E.g. for the UNDG Iraq Trust Fund and the MDG-F.

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
Output 1.3 Improved access to care with special emphasis on those with visual, hearing problems and muscular skeletal abnormalities.	**Indicator 1.3.1** Number of students who received eyeglasses	0	25	54	Progress reports from field offices	
	Indicator 1.3.2 Number of students who received hearing aids	0	22	18	from MoH report	
	Indicator 1.3.3 Number of students with Musclo Skeletal problem referred	0	30	23	School survey reports	
	Indicator1.3.4 Number of audiometers and ophthalmoscope provided	- Audiometer - ophthalmoscope - Snellens chart	42 46 100	72 42 100	MoH reports	
Output 1.4 Community partnership	**Indicator 1. 4.1** Number of awareness	0	5	4	Progress reports, MoH, MoE and	.

to build public awareness in demanding for the service strengthened	campaign				partners,	
	Indicator 1.4.2 Number of advocacy meetings to community leaders and PTAs	0	76	70	Progress reports from MoH and MoE	
	Indicator 1.4.3 Number of community members trained and involved	0	2000 Community members	3931	Progress reports from MoH and MoE	
Output 2.2 Support for education curricula development provided	**Indicator 2.2.1** Number of schools received IEC materials	0	46	46	Progress reports from MoH and MoE	
	Indicator 2.2.2 Type of teaching materials/IEC developed	0	0	-10,000 school bags -5000 hygiene kits -100 White board -46 desk top and 46 laser printer - 20,000 Notebook	Progress reports from MoH and MoE	

V11- Abbreviations and Acronyms

List the main abbreviations and acronyms that are used in t

- COSIT Central Organization Of Information and Statistical Technology
- HPSI Health Promoting schools Initiative
- IBSP Integrated Basic services Project
- MDG Millennium Development Goals
- MOH: Ministry of Health
- MoE Ministry of Education
- MoEn Ministry of Environment
- PTA Parent Teacher Association