UNITED NATIONS DEVELOPMENT GROUP
IRAQ TRUST FUND

Programme Cover Page

Participating UN Organisation(s):	**Sector Outcome Team(s):**
UNFPA (lead), WHO, UNICEF	Health and Nutrition

Programme Manager(s):		**Sector Outcome Team Leader(s):**	
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Programme Title:	**Programme Number:**
Adolescent and Youth Friendly Health Services at Primary Health Care Level	D2-31

Programme Description (limit 1,000 characters)**:**

The main purpose of this programme is to institutionalise a youth friendly health service (YFHS) package within the Primary Health Care (PHC) centres, to respond adequately to adolescents' and youths' health needs and concerns; thereby filling the gaps in planning for these services. Following consultations with MoH, this pilot programme will be implemented in 20 selected PHC centres (including some located inside universities) in 4 governorates representing the north centre, middle Euphrates and south regions of the country. The selected governorates are located in Baghdad (Karkh and Rusafa), Babel, Missan and Erbil. It will target in- and out-of-school adolescents and youth in the 12-24 years age group, living within the catchment areas of the selected centres.

Being a pilot programme, the planned services will build on and develop the existing services at the PHC centres to become more accessible to the Iraqi youth; a service package will be incorporated within MoH adopted Basic Service Package. This package will be defined using the results of the 2005 youth KAP Survey, the 2009 National Youth survey, and the in-depth research on youth health and psychological needs. Norms and standards will be developed, based on WHO/UNFPA modules, and using the successful experiences of providing such services in the region. Based on these norms and standards, training manuals will be developed, a team of master trainers will be constituted to ensure training and supervision of health providers teams selected from 20 selected PHC centres. These centres will also undergo some minor rehabilitation and provided with necessary equipment and furniture.

In addition, the programme will aim at creating the necessary supportive environment, by conducting sensitisation and promotional activities both among parents, teachers, and community leaders. The programme will also aim at promoting the established YFHS, and creating demand among in- and out-of-schools adolescents and youth in the catchment areas of the selected health centres.

The programme will generate strategic information on the dynamics of health-seeking behaviours, and the utilization of health services by youths in Iraq. This information will assist in setting the basis for a National Youth Health Strategy, which is currently being devised in Iraq.

Programme Costs:	
UNDG ITF:	US $1,535,659
Govt. Contribution:	------
Agency Core:	
UNFPA	US $ 200,000
UNICEF	US $108,000
WHO	US $50,000
Other:	------
TOTAL:	US $1,893,659

Programme Location:	
Governorate(s):	Baghdad, Erbil, Missan and Babel
District(s):	Karkh and Rusafa (Baghdad);
Town(s)	Erbil, Missan and Babel

Govt of Iraq Line Ministry Responsible:
Ministries of Health in Iraq and KRG, jointly with MoE, MoHE, MoYS, MoLSA (central and KR)

Programme Duration:	
Total # of months:	18
Expected Start date:	01 June 2010
Expected End date:	31 November 2011

Review and Approval Dates	
Line Ministry Endorsement Date:	01 July 2009
Concept Note Approval Date:	27 October 2009
SOT Approval Date:	18 February 2010
Peer Group Review Date:	2 March 2010
ISRB Approval Date:	1 April 2010
Steering Committee Approval Date:	11 April 2010

Signatures of Agencies and Steering Committee Chair

I.	Name of Representative	Dr. Georges M. Georgi
	Signature	
	Name of Agency	UNFPA
	Date	
II.	Name of Representative	Dr. Hassan Al-Bushra
	Signature	
	Name of Agency	WHO Hassan Al Bushra 21/4/2010
	Date	
III.	Name of Representative	~~Sikander Khan~~ Osama Yousuf
	Signature	
	Name of Agency	UNICEF 15.4.10
	Date	
IV.	Name of Steering Committee Chair	Christine McNab
	Signature	
	Date	22/4/10

National priority or goals (NDS 2007- 2010 and ICI):

NDS: Goal (6): Full access to water and health services

ICI Benchmarks (as per the Joint Monitoring Matrix 2008):

4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development.

4.4.1.4.1 Undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle.

Sector Team Outcome(s):

Outcome 1: Families and communities, with special emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services.

Integrated Programme Outcome(s):

Families and communities, with special emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services.

Detailed Breakdown of Budget by Source of Funds and Distribution of Programme Budget by Participating UN Organization

Participating UN Organization	Portion from ITF Budget (US $)
UNFPA	US $ 1,000,716
WHO	US $ 384,891
UNICEF	US $ 150,052
Total ITF Budget (US $)	**US $ 1,535,659**

Total budget (in US $): US $ 1,893,659

Sources:

- Government
- ITF (earmarked- Australia) US $ 1,535,659
- ITF (un earmarked) US $ ---------

UN Core/non-core sources

- UN Org (specify: UNFPA) U $ 200,000
- UN Org (specify: WHO) US $ 50,000
- UN Org (specify: UNICEF) US $ 108,000

1. Executive Summary

The UN Convention on the Rights of the Child (CRC) declares that young people have a right to life, development, and (in Article 24) "*The highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health*". The CRC is ratified by almost every country in the world. WHO, in conjunction with UNFPA and UNICEF, defined a common agenda for action in adolescent/youth health and development; which presents a framework for country programming for adolescent/youth health and development, as well as spelling out the twin goals of programming for adolescent/youth health – promoting healthy development in adolescent/youths, and preventing and responding to health problems if and when they arise. It lists the interventions that need to be delivered, as a package, to meet these goals: the creation of a safe and supportive environment, the provision of information, building life skills, and the provision of health care and counselling services. It also outlines the settings wherein these interventions could be delivered and the players who could deliver them (including both adults and adolescent/youths themselves). [1]

The 2007 – 2010 NDS goals highlight the importance of providing full access to health services, as does the ICI Benchmark 4.4.1.4.1: Undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle. The proposed programme will directly address this goal at the PHC level, targeting a specific age group (adolescent/youths).

After years of sanctions and the 2003 war, the health sector in Iraq underwent an accelerated deterioration that affected the staffing, health facilities and equipments. Several interventions have been undertaken by UNFPA at a nation-wide scale to improve the status of the health services with special focus on reproductive Health and Emergency Obstetric Care services, both at the primary (Health Care Centres) and secondary (District hospitals) levels.

UNFPA had addressed the needs of Iraq youth under its interventions in conducting the national youth survey and the formulation of the national youth strategy. This initiative was addressed by UNFPA to the relevant ministries in particular, the Ministry of Youth and Sports. The National Youth Survey was completed, whereas the National Youth Strategy is still in the process of formulation. Although these two activities have addressed the problems that Iraq youth are encountering, having a National Youth Health Strategy comes as an additional component in this intervention, which will result in an added-value, by addressing the youth health issues as being of high importance.

Creation of youth friendly health services within the PHCC setting will augment the response to adolescent/youths health needs. The programme aim is to attain two overlapping goals of promoting healthy development on the one hand, and preventing and responding to health problems and needs on the other. The provision of preventive and curative health services for this age group, and actions to enhance protective factors (such as positive relationships with parents and teachers and a positive school environment) and reduction of risk factors (such as low self-esteem, conflict in the family and having high risk peers) are some of the deliverables of the programme.

The programme's activities include capacity building of service providers as well as strengthening the health information system in this area. The programme will cover the generation of strategic information on the dynamics of health-seeking behaviour and utilization of health services by youths in Iraq as required for setting the basis for drawing a national youth health strategy, which in turn, will contribute and correlate with the National Youth Strategy. At the end of this programme, it is expected to have an integrated Youth-Friendly Health Services (AYFHS) within the 20 PHCCs centres in the selected governorates (Baghdad, Babel, Missan and Erbil), in addition to a noticeable increase in the demand for and use of youth friendly health services as a result of community mobilization.

MoH has expressed its willingness and commitment to address youth health needs both at policy and service provision levels. The programme will be implemented by the Ministry of Health, jointly with its KRG counterpart. Key programme partners will include the Ministries of Youth and Sports (MoYS), Education (MoE), Higher Education (MoHE), Labor and Social Affairs (MoLSA), and their Kurdistan counterparts, as

[1] "Action for adolescent health: Towards a Common Agenda: Recommendations from a Joint Study Group" WHO/FRH/ADH/97.9

well as selected NGOs (non- governmental organization) and CBOs (community based organization). At UN agencies level, UNFPA will lead the implementation of proposed programme, with WHO responsible for school-based mental health interventions and psychological support in intermediate and secondary schools surrounding each established YFHS, and UNICEF supporting out of school youths through creating community youths' networks to increase utilization and demand for health services.

2. Situation Analysis

The National Development Strategy of 2007 – 2010 has pointed out that over the last decade, the Iraqi health system and the nutrition situation in Iraq had deteriorated, the reasons behind this were primarily the damage that the wars have inflicted on the health system's infrastructure, the sanctions that were imposed on Iraq, and the bad governance and lack of proper management. It is to be noted that adolescence, the second decade of life, is a phase during which significant physical, biological and psychological changes occur, as do changes in their social perceptions and expectations. Adolescent/youths acquire new capacities and are faced with many new situations that create not only opportunities for progress, but also risk to health and well-being. Behaviours that can have lifelong consequences in this period include such risk-taking behaviours as fighting, weapon carrying, substance abuse, regular tobacco use, suicidal thoughts, un protected sexual activity and over eating which might have harmful, even deadly, consequences, for health and well-being. These vulnerabilities are further exacerbated in crisis situations.[2]

Youth often do not access information and services, especially for sexual and or reproductive health, because of fear of discrimination or stigma; *Underlying Causes* arise from the poor condition of health services; insufficient understanding of women's and youths' health needs; and inadequate care-seeking behaviour, combined with lack of awareness of good health practices and patterns of transmission, prevention and treatment of disease. [3] This programme will address the above mentioned concerns represented in the inclusion of adolescent/youths in all the phases of planning, implementation, delivery of services, and monitoring and evaluation. Also the programme will provide the targeted group with access to health services tailored especially to their needs, primarily it will focus on general health, reproductive health, psychosocial counselling and Gender based violence, and the provision of health education and health information among other health issues.

In most societies, adolescent/youth boys and girls are subject to various forms of social and gender-based violence, the MICS3 results indicated that 80% of the 10-14 years old are subjected to psychological or physical violence within their families and 25% to sever physical violence. Numerous consultations and studies, conducted by WHO, UNFPA and other entities have confirmed the importance of caring and meaningful relationships within families, as well as pro-social connections with individuals and social institutions, in reducing risks and promoting healthy and positive developmental outcomes for youths. Consequently, all over the world, government ministries and CSOs are focusing on adolescent/youths to enhance their status through formulating different strategies and policies to respond to their health and developmental needs. The health sector has a vital role in helping adolescent/youths stay healthy and successfully complete their journey to adulthood.

In Iraq, adolescent/youths (10-24 years of age) constitute more than 20% of the population; about half of them (51.3%) read with difficulty or cannot read at all; 23.5% of females and 12.9% of males in this age group have never been to school, 16.1% are in the work force; their health-related knowledge is very limited and guided by erroneous rumours. About 20% of adolescent/youth girls are married before completing their 15th birthdays (2005 Youth Survey). [4]
At the policy level, the Ministry of Health took part in a national multi-sectoral effort of conducting the National Youth Survey and in formulating a National Youth strategy. Also, the national MCH/RH strategy 2004-2008, included a component on adolescent/youths' friendly services. The recent establishment of the Higher Multi-sectoral Committee on Adolescent/youths will provide a greater opportunity for a joint

[2] Laura Duberstein Lindberg et al, "Teen Risk-Taking: A Statistical Portrait", June 2000
[3] UN, "Common Country Assessment for Iraq", 2009.
[4] COSIT, MoYS and UNFPA, "National Youth Survey", 2009.

collaboration between line ministries to ensure a comprehensive multi-sectoral response to adolescent/youths' needs in Iraq and to develop partnership with civil society organizations.

While health services at PHCC level seems to be accessible to adolescent/youths, preliminary information indicates that several socio-cultural, service quality and environment, geographical and other barriers are impeding this group to fully benefit of these services. Moreover, since many years, the MoH, in close collaboration with the MoHE, has established health clinics within universities. It is to be noted that services provided both at PHC centres and University's clinics are mostly curative, and with limited provision of counselling services, health education and health information.

The overall programme outcome: **"Families and communities, with special emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services."** will be achieved through two outputs:

A. **PHC managers and providers have improved capacities to provide /Youth-Friendly Health Services in targeted governorates** Key activities under this output:

   a. Based on In-depth research on youth health and psychological needs, and the results of the 2009 National Youth Survey, an Iraqi adapted health service package addressing adolescent/youths health and wellbeing needs and to provide quality services through existing PHC centres will be defined, taking into account age and sex of target group, as well as interventions of other actors in this area;

   b. Prepare norms, standards and guidelines for Youth Friendly Health services; and develop a training manual for Youth health providers, based on WHO/UNFPA modules

   c. Train a gender-balanced/sensitive teams of health providers (medical, psychologist and paramedical staff) in the selected PHC centres, and secure regular monitoring and support to the newly established YFH services;

   d. Setup up an internal monitoring system of Youth Friendly Health services, in close involvement of a group of Youth volunteers

   e. Prepare a draft Adolescent/youths Health Strategy, reflecting MoH contribution to a multi-sectoral /multi-dimensional National Youth Strategy.

B. **Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services,** Key activities under this output:

   a. Conduct sensitization meetings with families, community leaders, community volunteers with in the Community Based Initiative (CBI), schools teachers, local NGOs on the importance of having youth friendly services, and Set up network of partners, including community centres, schools, parent-teachers associations (PTA), NGOs and others;

   b. Conduct outreach activities for youth through existing youth peer volunteer's programme, as well as School-based health clubs (with trained Peer educators), and develop and produce IEC materials and manuals, using existing materials developed by other countries in the region;

   c. Create a healthy psycho-social environment for adolescent/youths at schools; including community, teachers, students and parents through implementing school-based interventions to raise awareness of teachers on their role in providing proper emotional development of students, and to develop positive relations between the schools, community and PHC centre.

   d. Create community youth network to mobilize youths towards utilization of youth friendly health services, and build their capacity in peer education.

3. Lessons Learned, NDS and ICI Relevance, Cross-Cutting Issues, and Agency Experience in Iraq/in the Sector

Background/context:

The challenges faced by the health system in Iraq today, resulting from the current state of instability, undermine the human and institutional capacities of the health sector, impeding the delivery of quality health services, as well as compromising the activities of promoting healthy life styles and life skills. These skills are necessary for the evolution of Iraq's younger generations with regards to their reproductive health and for avoiding risky behaviour, and to fulfil their rights in obtaining the highest attainable health

standards. Human rights abuses and gender discrimination, marginalisation and exclusion of some communities and the insufficient level of protection of the most vulnerable groups (e.g. children) have amplified under the cumulative effect of years of violence, neglect, and weak state capacities. Iraq has acceded to and ratified several international human rights instruments, these, however, have not been consistently translated into domestic law. Weak implementation of legal and human rights frameworks and, in some areas, cultural and social structures are impacting on women's capacities to participate effectively in public life, to access services and economic opportunities, and to claim their rights. The poor, displaced populations, children and young people are also vulnerable to rights violations and must be protected and enabled to access services and opportunities in an equitable and non-discriminatory manner.[5]

Providing quality services that contribute to achieving the MDGs therefore requires effective human rights-based and management approaches, including rule of law, increasing economic opportunities, gender equality, effective community and civil society participation, and empowerment of women and youth.[6]

The suggested programme will support the development of quality health services for Iraqi adolescent/youths; that respond to their needs and are sensitive to their preferences, these services are envisaged to assist them towards leading a healthy and productive life. The programme will address the issues of developing culturally-sensitive youth-health services package, tailored for health and psychological well being of adolescent/youths, as well as developing norms and standards for the delivery of services. Operational guidelines and training manuals for managers and service providers at the different levels of the health system will be developed.

Based on experiences around the world and success stories, the guiding principles that will underpin the development of an action plan on promoting youth friendly health services will be the international recognized principles of health as a human right; the reproductive rights for women and men, the concept of gender and gender equality, promotion of community participation and program ownership amongst program partners and beneficiaries.

With the active participation of the intended beneficiaries the programme will focus on building political commitment, identifying priorities for action, development of modalities of implementation, sustainability of the implementation of the programme, and developing monitoring and evaluating tools.

The programme will enhance the endeavour of Iraqi decision makers and service providers to develop their own capacity and ownership of this program to ensure the evolution of the services to encompass optimal health, life skills and life styles necessary for the transition of adolescent/youths to healthy adulthood; this will undoubtedly carry positive impact on the entire development process in the country.

Lessons Learned:
The UN partnering agencies have been involved in the implementation of several programmes aiming at providing assistance to Iraqi public institutions. One of the main lessons learned is the importance of involving local partners and employing local expertise at all phases of the programme; from the design of activities, their implementation and monitoring, as well as in the evaluation and closing phases, therefore The MoH was involved in all the steps taken within the programme since the idea inception of this programme. This approach would calibrate the intervention by ensuring relevance of the proposed activities and at a later stage guaranteeing the sustainability of the investments. In the proposed programme, the Ministry of Health is expected to act as a full member of the programme team and to head the programme steering committee that will be established.

The identification and selection of NGOs has proven in some cases to be problematic, as civil society organizations in Iraq still require strengthening and skill building to be able to act as implementing partners. The programme will try to involve local civil society's organizations (SCO) in the targeted areas and build their capacity in the areas of health education, dissemination of health information and help youth to utilize

[5] Common Country Assessment for Iraq, 2009
[6] United Nations Supplementary Country Analysis for Iraq; Thematic Working Group on Essential Services. Baghdad/Amman 21 August 2009

the new established health services. The selection of implementing partners will be undertaken based on clearly set guidelines and criteria, which would ensure a quality output.

Study tours to regional success models/stories have proven to be particularly efficient tools that ensured sharing of experiences and exposure. The cultural, social and geographic proximity of the regional models identified has instigated a constructive interaction between the Iraqi beneficiaries and regional counterparts. The programme will build on successful experiences and will organize study tours within the region.

Experience in Iraq has proven to all implementing partners the importance of taking security measures at every step of the programme in order to ensure the safety of the programme beneficiaries as well as the safety of the staff and partners, and in some cases to ensure participation of some stakeholders. The programme will continue to make every effort to implement activities within the Iraqi territory, but would also devise an alternate plan to move certain critical events to Amman or Beirut in order to ensure the timely completion of the programme.

Assessment of Cross-cutting Issues

Human rights: This programme will contribute to the dissemination of human rights values within the health system and the beneficiaries as it addresses important and basic human rights by enhancing access to Health facilities and services for a particular age group. The programme will also assist in the attainment of Human Rights pertaining to articles 25 of the UN Declaration on Human Rights, with a focus on enabling adolescent/youths and youths to achieve healthy development. The programme will encompass the basic rights and obligations related to the promotion and protection of the health of adolescent/youths which are articulated in the United Nations Convention on the Rights of the Child, as well as the Convention on the Elimination of All Forms of Discrimination against Women. Further elaboration and support come from recent international conferences and statements such as the 1994 International Conference on Population and Development, the 1995 Fourth World Conference on Women and the United Nations World Programme of Action for Youth to the Year 2000 and beyond.

Gender equality: Gender equality will be emphasised by promoting gender sensitive practices in the designated health facilities. The programme is expected to have a direct effect on disseminating gender equality principles and values among youth and health providers alike. The training materials produced will be based on the principles of human rights and gender equality and are intended to have an impact on the behaviour of the target groups. The services emanating of this programme target both female as well as male adolescent/youths. As the health needs of this age group mostly relate to reproductive health issues, gender specific RH issues will be dealt with by health providers of the same youth sex.

Key environmental issues: The programme with have no direct impact on environmental issues.

Employment generation: The programme is not intended to generate employment at the PHCC level; however it will provide training of youth volunteers on issues such as health education, health management, data collection and report writing, thus increasing their abilities and chances in employment opportunities.

Agency Experience in Iraq/in the Sector:

UNFPA Has been operational in Iraq since 1996. In recent years, following the 2003 crisis, UNFPA implemented the following activities:

- Based on results of a joint UN/WB RH needs assessment, completed in August 2003, UNFPA developed an Emergency Obstetric Care (EOC) Programme, with a budget of 12.6 million USD financed from ITF (Iraq Trust Fund). In addition, with additional funds from AGFUND, UNFPA implemented a programme aiming at improving emergency maternal and obstetric care services to women in conflict-affected areas in Iraq, and included the supply of essential obstetric care drugs, surgical and medical equipment and training of service providers on the provision of emergency obstetric care services at maternity hospitals and PHC level.
- Currently, UNFPA is funding a second phase of a programme addressing RH services in southern Iraq, and aiming at improving the RH outreach services in rural areas of the three governorates of Thi qar, Maysan, and Basra, including Women Health Volunteers and other associated programmes.

- UNFPA has been active in the area of youth empowerment, and development of an Iraqi National Youth Strategy. In 2009, UNFPA supported COSIT and the Iraqi Ministry of Youth and Sports (MoYS) to conduct a National Youth Survey, whose preliminary findings were presented during the International Youth Day celebrations on August 12th 2009 in both Erbil and Baghdad. Within the same context, UNFPA, jointly with other UN agencies are currently initiating two youth targeted programmes, the first in area of Promoting civic education and Social Life skills among adolescent/youths, the second is related to strengthening Juvenile Justice system and enhancing adolescent/youths care and rehabilitation within adolescent/youths reformatories.

WHO supported MoH and MoE in strengthening school health services through implementation of health promoting schools in 46 primary schools and training of teachers on psychosocial support. WHO has also assisted MoH/health promotion department in development of teachers guide on health education and promotion and psychosocial training manual for care providers in Arabic. This has been supported with distribution of hygiene kits and educational materials and provision of school health screening for students for early detection of visual hearing difficulties and muscle- skeletal abnormalities. Also WHO is promoting a range of community based initiatives in Iraq to facilitate the attainment of people including adolescent/youths and youth basic development needs in the country. These initiatives include the healthy village and healthy city programme, the women in health and development programme, and healthy environment and community schools.

MoH's Health Education department, with WHO support and in collaboration with the MoE, has started the implementation of action oriented school health and health promoting schools approach including the first aid psychosocial interventions and support. One of the major tasks of rebuilding Iraq is the minimization of the impact of the long period of trauma on the development of adolescent/youths.

UNICEF, in collaboration with MoH's health promotion department, has supported the development, printing and utilization of Iraqi version of life skill manual and Reproductive health and HIV manual for young people both in Arabic and Kurdish languages. The life skill manual was utilized by MoE to formulate the Curricula for Accelerated Learning programme in Iraq. The development and printing of several educational materials for young people, care givers and medical professional were also supported by UNICEF. UNICEF also supported the development and implementation of communication strategy for HIV prevention among young people through which a net work of young people were identified and trained as TOT for peer education programmes. UNICEF intends to build on existing programmes and expand them in selected governorate to increase awareness of young people of the services and increase young people's demand to those services.

4. The Proposed Programme

The main purpose of this programme is to create youth friendly health services within the PHC setting to better respond to adolescent/youths and youth's health needs thereby filling the gaps in the planning for and the delivery of these services. It includes capacity building of service providers as well as strengthening the information system in this area. The programme will also cover the generation of strategic information on the dynamics of health seeking behaviour and utilization of health services by youths in Iraq as required for setting the basis for drawing a national youth health strategy.

The programme will be implemented by the Iraqi Ministry of Health, jointly with MoH of Kurdistan Region, a Programme Steering Committee (PSC) shall be established, including representatives from both ministries, the MoH will lead the programme, partners such as Ministries of Youth and Sports (MoYS), Ministry of Education (MoE), Ministry of higher education (MoHE), Ministry of Labor and Social affair (MOLSA), Ministry of human right will be invited to the PSC meetings as required, as well as selected NGOs and CBOs. Within the UN, UNFPA will be the lead, joined by WHO and UNICEF.

The PSC will provide oversight to the programme, to ensure timely implementation and coordination of the programme activities. A national programme manager shall be nominated from the Steering Committee to directly manage the implementation of programme activities by the relevant MoH units and institutions and other collaborating partners. UNFPA will lead the UN support for the implementation of the proposed programme, WHO will provide School-based Mental Health Interventions and Psychological support in intermediate and secondary schools surrounding each established YFHS, while UNICEF will support out of

school youths through creating community youth networks to increase utilization and demand for health services.

Rationale

The main obstacle preventing youth from playing a proactive role in the advancement of their health is their lack of accessing friendly services within the health system, and the scarcity of health information tailored to their needs which prepare them to lead a healthy life; in fact, the health information system does not shield them from negative ideas and practices or different prejudices, which contribute to undermine their health. In Iraq reproductive health programs, which have traditionally been supply driven, have fallen short in reaching young people in the country, the introduction of youth health and psychological services within the health system, and the promotion of healthy life skills in a systematic and sustainable manner will better prepare youth for their own future.

Many health workers and health institutions have important contributions to make to promoting healthy development in adolescent/youths and in preventing and responding to health problems among them, if and when they arise. Health-care providers have important contributions to make in both areas. However, situation analyses and needs assessment exercises carried out in different parts of the world point to shortcomings in the professional capabilities of health providers and in their attitudes, as a result of which they are unable and sometimes unwilling to deal with adolescent/youths in an effective and sensitive manner.

The overall aim of the programme is to orient health-care providers to the special characteristics of adolescent/youths and to appropriate approaches to addressing some of their health needs and problems. The modules for training generated in the programme will aim at strengthening the knowledge of health providers about the characteristics of adolescence and of different aspects of adolescent/youth health and development, and how to respond to adolescent/youths more effectively and with greater sensitivity. One of the important aspects that will be addressed during all phases of the programme is the observation of consent and confidentiality as a pre request of youths' trust in the health services, this approach will be an integral component of the programme, and will respond to the unique developmental status of young people as individuals who are increasingly capable of exercising rational choice and giving informed consent, yet still need flexibly proffered guidance and support by parents and/or other adults. This approach will afford adolescent/youths better health protection and better preparation for assuming responsible, self-directed health care practices as an adult.

Specific policy recommendations will include: (a) the provision of options for adolescent/youths to obtain confidential health services as necessary for health protection and/or as suitable for their level of maturity; (b) the establishment of counselling standards that require confidential services to adolescent/youths to include developmentally appropriate guidance and support rendered by professionals trained in adolescent/youth health; (c) the encouragement of adolescent/youths receiving confidential care to consider whether or not they should involve their parents, recognizing that most young people are advantaged thereby.

The preparatory phase:

The first activity will be conducting qualitative research studies on perceptions among health providers, health administrators, adolescent/youths and concerned officials on the value of providing such kind of services.

The second activity of the programme will be the institutionalization of a Programme steering committee, which will be chaired by the Ministry of health, and will comprise representative of the MoH/Kurdistan, other concerned ministries, program manager and other representatives from the concerned departments in the ministry of health, in addition to UN implementing agencies UNFPA, WHO and UNICEF.

The PSC, in close partnership with the Ministry of Kurdistan and other concerned ministries, UNFPA, WHO and UNICEF will support the development of a national action plan for the establishment of youth friendly health services within the health system. The action plan will also be based on existing quantitative

and qualitative studies concerning youth health, believes and conceptions regarding health issues[7] ; as well as analysis of the socio-demographic situation of youth in the country, and young people's needs. These substantive activities will be carried out in close collaboration with the technical assistance of the Faculty of Health Sciences/American University of Beirut; these activities will culminate in the development of the action plan, from which a number of training materials/tools on promoting health services tailored to youths health needs in Iraq will be derived.

Further to the development of the national action plan, the programme will foster the identification and the development of the most suitable methodology to adopt in the definition of a country-specific Youth Health Services package, as well as an operational/implementation modality for YFHS within existing PHC system; the development of training materials for Health providers, an operational guidelines for YFHS managers (central, governorate, district levels) for selecting, preparing and managing YFHS sites, and other necessary instruments including a referral system will be finalized. A number of capacity building modules targeting policy makers, school managers, teachers, education providers, community leaders and youth will be implemented in the prospect of establishing a pool of "master trainers" able to advocate for healthy life styles and increased utilization of health services by adolescent/youths.

The action plan will entail as well training and support to health providers, and linkages with other sectors (education, youth ...) and NGOs for promotion of established YFHS sites. Monitoring and evaluation of established piloting sites will be an essential component of the programme implementation. More over the formulation of a National Adolescent/youths and Youth Health Strategy (by MoH) to secure higher chances for sustainability and scaling up at national level is expected.

Implementation phase:
Following consultations with MoH, it was decided to implement this pilot programme in 4 governorates representing the north centre, middle Euphrates and south regions of the country. MoH will select 20 PHCCs in the targeted governorates to be the sites of the programme implementation, and health providers' teams will be identified as well. Training of trainers will be the next step, the training of master trainers is expected, and this will lead the way for the training of their respective counterparts working in the selected PHCCs. This process will ensure Iraqi ownership, create a multiplier effect within the outlined chain of beneficiaries and ensure sustainability that would go well beyond the programme's termination date. It should be noted that the master trainers and the teams working in the PHCs will benefit also from follow-up sessions after their course completion, in order to ascertain the impact of the training, appraise the usefulness of the toolkits and limitations that could be faced during peer training, it is of the essence to revisit and improve the toolkits and the developed capacity building modules.

In addition to the training sessions, study tours will benefit health managers and providers teams by exposing them to regional and international methods of promoting YFHS within health system. Health providers and managers working in the targeted PHCCs areas will be included in these tours, their selection will be done by the MoH steering committee depending on agreed on criterion. The study tours will be to regional institutions where successful implementation of YFHS has taken place; such as Lebanon, Tunisia and morocco.

Monitoring and information sharing:
To further ensure the program's evolution and sustainability beyond the end date of the programme, strengthening of the institutional capacity of the government through developing coordination, information sharing and monitoring system within the depository of the programme's deliverables will be done. This system is envisioned to facilitate coordination between concerned ministries, other stakeholders to disseminate the training materials across Iraq. At the end of the first 12 months of the project a satisfaction study among health providers as well as beneficiaries will be carried out to assess the impact of the services as well as the gaps to be filled in. A programme evaluation will be conducted at Quarter 5 including the cost of providing these services; the results will be presented at the MoH level and shared with all partners to discuss the possibility of replicating the programme in other parts of the country.

[7] Youth KAP, COSIT/UNICEF, 2005

4.3 Implementing partners

GoI, MoH/Iraq will be the major implementing partner; it will select the sites for the pilot project, provide the logistical support for the selected PHCCS, nominate the human resources, participate actively in the development of the YFHS package, the follow up and the development of the monitoring and evaluation tool. The MoYS will support the training of Peer educators in youth centres in the targeted areas. MoE and MoHE will participate in promoting healthy life styles, health education in targeted areas through the schools' health clubs at schools and universities, and the existing teacher's parents associations**.**
UNFPA as the lead agency will have the responsibility of ensuring overall representation of the programme in regard to the concerned Government of Iraq entities, in particular the MoH, as well as with other international and/or national actors as necessary. Under the supervision of UNFPA Chief of Operations based in Baghdad, a programme coordinator will be nominated to ensure the monitoring of programme's activities by the national counterparts at the field level, including preparations of action plans; trainings sessions for doctors and nurses working in the selected PHCs; study tours that would expose health managers, providers and officials to regional methods of promoting and implementing youth friendly health services, in addition to setting up the coordination and monitoring system at the central level and the peripheral level, as per the agreed timeline and foster coordination among all involved partners and stakeholders.

WHO will co-lead the programme based on its technical expertise. During January-March 2006 the WHO/Iraq office and the Iraq National Mental Health Council/ MoH Iraq, with the support of the Japanese government, conducted three studies on the prevalence of mental disorders among children were completed in Baghdad and Mosul. In the first study, of the 600 primary school children from 16 schools in Baghdad (Mean age 10.3 years) studies, 47% reported exposure to major traumatic event during the last 2 years; the prevalence of PTSD was 14% (M 10%, F17%), higher rates of PTDS were reported in older adolescent/youths. WHO EMRO has developed a life skills education programme suitable for use in Iraq. A manual in Arabic for psychological support to students by teachers has been developed by WHO/Iraq office and is in use.

UNICEF will review the existing Iraqi life skills manual and the reproductive health manuals in line with the youth health package identified in this proposal and develop training and IEC materials and toolkits for youth peer educators and will implement training sessions at the youth and vocational training centres' level. UNICEF will also utilize its existing community net work to engage the community and enhance their role in providing the supportive environment, advocating for utilization of these services, as well as in monitoring the implementation.

5. Results Framework and Indicators

Programme Title:	**Adolescent/youths and Youth Friendly Health Services at PHC level**
NDS/ICI priority/ goal(s):	**NDS:** Goal (6): Full access to water and health services **ICI:** 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development. 4.4.1.4.1 Undertake specific measures to improve access to the PHC System and focus on prevention and healthy lifestyle.
UNCT Outcome	Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services.
Sector Outcome	Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services
JP Outcome 1	Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services

JP Outputs	UN Agency Specific Output	UN Agency	Partner	Indicators	Source of Data	Baseline Data	Indicator Target
Output 1.1: PHC mangers and providers have improved capacities to provide /Youth-Friendly Health Services in targeted governorates	PHC mangers and providers have improved capacities to provide Youth -Friendly Health Services in targeted governorates	UNFPA, lead agency WHO	MOH, MoY	• Number of DoH and PHC centres provided with norms and procedure on YFHS	Programme progress report	0	20
	PHC mangers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates	UNFPA	MoH	• Number of YFHS created	Programme progress report	0	20
				• Number of health teams trained on YFHS package	Training reports	0	20
		UNFPA	MoH, MoYS	• % of trainees satisfied with the quality of training in terms of relevance and usefulness	Pre-post participants' assessment	NA	80%
				• Number of Youth volunteers trained on youth health education and mobilization	Training reports	0	10 per each YFHS (200 in total)
				• % of trainees satisfied with the quality of training in terms relevance and usefulness	Pre-post participants' assessment	NA	80%
		UNFPA, WHO	MoH	• National youth health strategy drafted	National youth strategy document	No	Yes
				• A monitoring system for YFHS in place	Programme progress report	No	Yes

JP Outputs	UN Agency Specific Output	UN Agency	Partner	Indicators	Source of Data	Baseline Data	Indicator Target
Output 1.2: Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services	Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services	WHO	MoE, MoH	• Number of sensitization sessions organized for parents and teachers in YFHS 20 targeted schools	Programme progress report	0	60
		WHO	MoH	• Number of sensitization sessions organized for community leaders	Programme progress report	0	40
	In school Peer educators, are better able to promote utilization of youth friendly health services	WHO	MoH, MoE	• Number of teachers trained on Psychosocial support (PSS)	Training report	0	120 teachers
		WHO	MoH, MoE	• % of trainees satisfied with the quality of training in terms relevance and usefulness	Pre-post participants' assessment	NA	80%
		UNFPA	MoH, MoE MoHE	• Number of school health clubs created	Programmes progress report	0	40
		UNFPA	MoH, MoE MoHE	• Number of in school peer educators trained on promoting utilization of YFHS	Training report	0	400
		UNFPA WHO	MoH, MoE MoHE	• % of trainees satisfied with the quality of training in terms relevance and usefulness	Pre-post participants' assessment	NA	80%
		UNFPA	MoH, MoE	• # of peer educators trained		0	400
		WHO, UNFPA	MoH, MoE	• # of awareness activities/ school / quarter	MoE reports	0	2 activities / school / quarter
	Out of school peer educators are better able to promote utilization of youth friendly health services	UNICEF	MoH, MoYS	• Number of out of school peer educators trained on promoting utilization of youth friendly health services	Programmes progress report	0	100
			MoH, MoYS	• % of trainees satisfied with the quality of training in terms of relevance and usefulness	Pre-post participants' assessment	NA	80%
			MoH, MoYS	• Number of sensitization sessions on YFHS conducted in youth centres	Programmes progress report	0	80

6. Management and Coordination Arrangements

6.1. Management and Coordination:

The programme will be implemented by MoH (national and KR), jointly with UNFPA, and in close collaboration with WHO and UNICEF.

A Programme Steering Committee (PSC) shall be established, including representatives from the MoH (national and KR), other line ministries (presence as required) and representative of youth organization; UNFPA will act as the lead agency, WHO and UNICEF will share the responsibility in all stages of the planning and the implementation. This committee will provide an oversight to the programme, to ensure timely implementation and coordination of the programme activities. A national programme manager shall be nominated from the steering committee to directly manage the implementation of programme activities by the relevant MoH units and institutions and other collaborating partners. Other key programme partners will also be invited to participate in the PSC meetings as required.

The PSC will meet regularly (on quarterly basis or more frequent as deemed necessary), to review the programme's implementation level, and setting up measures to enhance the quality of deliverables, suggest remedial methods to overcome any obstacles that face the implementation of the programme's activities, as well as establish coordination and monitoring modalities. The PSC will also set up functioning coordination, information sharing and monitoring systems within the depository of the program's deliverables. Other operational meetings might take place depending on the programme's needs.

The development of training materials and the phases of revisions will be conducted by way of organized workshops in Amman in collaboration with the Faculty of Health Sciences/American University of Beirut. The procurement and logistical support for these activities will be coordinated through UNFPA's outsourced contractors, following the agency's guidelines and regulations.

UNFPA, being the leading agency for this programme's implementation, will be responsible for coordinating and the successful completion of the programme. It will assume the responsibility for the coordination between the different agencies, while each of the participating agencies is accountable for attainment of the specific outputs. UNFPA will assign the task of closely following up and monitoring the programme's progress to its staff located inside Iraq (Baghdad and Erbil), in this context it is envisaged to have regular meetings with the main stakeholders (Programme management team assigned by the MOH). Information collected from the field, and the minutes of these meetings will be circulated to all members of the PSC. UNFPA will assign a national Programme Manager inside Iraq, to follow up on the operation of the programme and monitor the timely delivery of programme's outputs, he/she will hold regular meetings with the MoH program manager to ensure the timely implementation of the various activities in the work plan, coordinate the follow up activities, and responds to problems and obstacles when they arise. The UNFPA focal point will coordinate the activities of the various UN agencies through holding follow up meetings with WHO and UNICEF focal points inside Iraq.

WHO national staff will follow and coordinate with the UNFPA national programme manager in all the steps of the programme, starting with planning, monitoring during implementation and evaluation.

UNICEF Communication for Development specialist will be in regular contact with MOH, MOYS and governorate /district concerned staff, and will provide technical guidance and support for the implementation of the activities for out of school children. UNICEF contracted technical facilitators at governorate level will also support the Communication specialist to assure the successful implementation of all the programme activities in selected governorates. All these activities will be coordinated with the MoH, MoY and UNFPA national programme manager.

7. Feasibility, risk management and sustainability of results

Although the security situation in Iraq is relatively improving it still remains unpredictable. As a result adequate caution will be exercised in the movement of national and international staff to the programme sites. Partner UN agencies will rely on its network of local Facilitators, while their national and international staff in Baghdad, Erbil and Amman will provide regular oversight and guidance.
Other risk factors include possible community and youth opposition to these services, it is envisaged that these risks could be minimized through close monitoring of the program implementation progress, enlist lessons

learned, revised, modify the contents and methods of administering the services, refine and tune the project for the next round, and continue advocating for these services. Sustainability of the programme is a concern, in order to deal with it the programme will ensure that the involvement of the lead ministry in every aspect of the programme – from planning to implementation to monitoring and evaluation, several capacity building activities are included in the programme's plan, due to the importance of this component in raising the quality of the service provided at the PHC centres, through providing its cadre with the training and support needed. The results of the providers and clients satisfaction study and the model evaluation will be shared with all the stakeholders, recommendations for the replication of the services in other parts of the country is expected, as well as lessons learned from the pilot programme. This will be the foundation for a sustainable service after the termination of the programme, and should be an empowering tool for the Iraqi Stakeholders to continue with the operation of these services in other parts of the country.

8. Monitoring, Evaluation, and Reporting

UNFPA's monitoring and evaluation system will provide tools for the programme partners to track progress of programme's implementation, identify gaps, take corrective action when necessary, and assess quality and interim impact of programme interventions. The programme monitoring and evaluation system includes the following:

8.1. Monitoring and Evaluation processes

A specific Monitoring and Evaluation System will include the following:

- Quarterly review of programme work plan to track implementation of programme activities. The review will be conducted by the MoH management team, jointly with representatives of the three involved UN agencies.
- Regular reports will be submitted by the National programme Manager to the Programme Steering Committee, and will include quarterly narrative reports, financial expenditures;
- Bi annual meetings of The Programme Steering Committee in order to:
  - Review programme's implementation rate and its financial status, and provide budgetary revisions accordingly.
  - Ensure that all technical support is provided.
  - Take action over any contingencies and risks that may delay/hinder programme implementation,
  - Assess at the end of each year, progress achieved in programme yearly plan and make recommendations on corrective action and lessons learned.
- Before the end of the programme, an assessment will be conducted and would include: a) review of clinic records; b) interviews with clinic managers and staff; c) examination of clinic layout and environment; d) interviews with clients, observation of client-provider interaction
- An external Programme evaluation will be conducted

8.2 Reporting:

Reporting will be in accordance with UNDG ITF rules and regulations in addition to UNFPA's rules and regulations. Accordingly, all financial reports, annual narrative progress reports, quarterly fiches, and project completion report will be prepared and directly submitted to the MDTF office.

Reporting will include:

- Annual Narrative progress reports.
- Results of the monitoring and evaluation activities.
- Monthly report by the PHC centres, to be collected and compiled by each Directorate's responsible department; a national report is expected bi- annually.
- A final narrative and financial report, after Programme completion
- Certified financial statement submitted to the ITF on semi annual basis.
- Monitoring field reports will be prepared by various agencies staff in the field on a regular basis reflecting timely completion and quality of activities, which will also include quantitative and qualitative data feeding into the programme results framework matrix.

9. Work Plans and Budgets

Name of Programme: Adolescent and Youth Friendly Health Services at Primary Health Care level **Period covered:** 01 June 2010 – 31 November 2011

Sector Outcome 1: Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services										
JP Outcome(s): Families and communities, with specific emphasis on vulnerable groups and those affected by ongoing emergencies, have improved access to and utilization of quality health and nutrition services										
UN Organization-specific Annual targets	**Major Activities**	**Time Frame (by activity)**						**Implementing Partner**	**Planned Budget (by output)**
		Q1	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**		
JP Output 1: PHC mangers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates									
An Adolescent/Youths Health package and its manuals and tools are defined	1. Conduct research on youth health/psychological needs and perceptions among in and out-of-schools youth, and determinants of youth health seeking behaviour.	**X**						MOH ,UNFPA,	**UNFPA ($705,404)** **WHO (179,306)**
	2. Organize workshop to define an Iraqi adapted Health service package addressing adolescent/Youth health and wellbeing needs	**X**						UNFPA, MOH WHO	
	3. Prepare norms, standards and guidelines for Youth Friendly Health services, including list of drugs provided to PHCCs level, based on WHO/UNFPA modules	**X**	**X**					UNFPA, MOH, WHO	
	4. Prepare training manuals for service providers and managers based on International and regional experiences		**X**					UNFPA, MOH WHO	
	5. Define a Youth-Friendly referral system from established YFHS to selected specialized services in hospitals		**X**					MOH ,UNFPA,	
20 YFHS are created within existing PHC centres	6. Conduct training of trainers on norms, standards and guidelines for Youth Friendly Health services		**X**					UNFPA, MOH WHO	
	7. Select 20 PHC centres in designated 4 governorates based on defined criteria	**X**						MOH ,UNFPA,	
	8. Conduct minor rehabilitation of selected centres, and provide necessary additional equipment and furniture		**X**					MOH ,UNFPA,	
	9. Identify a team of health providers from each selected PHC centres		**X**					MOH ,UNFPA,	
	10. Conduct training of providers teams (medical, psychologist and paramedical staff)			**X**				MOH, UNFPA	
	11. Conduct follow-up sessions for trained providers					**X**		MOH, UNFPA	
Monitoring system of quality of care is defined and operational, with youth participation	12. Develop a data collection tools for YFHS and support its utilization within established 20 YFHS		**X**	**X**	**X**	**X**	**X**	UNFPA, MOH	
	13. Conduct a study tour for health providers and managers to expose them to regional experiences in provision of YFHS				**X**			MOH, UNFPA	
	14. Setup a Youth Participatory mechanism in each YFHS (youth volunteers) to assist health providers and coordinate sensitization in schools and youth centres			**X**				MOH ,UNFPA,	

	15. Identify a group of Youth volunteers and train them on administrative tasks and health education techniques.	**X**		**X**				MOYS, MOH UNFPA	
	16. Set up a motivation system for youth volunteers.			**X**	**X**	**X**	**X**	MOH ,UNFPA,	
	17. Setup up an internal monitoring system and tools of YFHS and train of service providers, managers, and youth volunteers				**X**			MOH ,UNFPA,	
	18. Conduct quarterly visits to YFHSs and Organize quarterly meetings with health providers at governorate level			**X**	**X**	**X**	**X**	MOH, UNFPA	
Relevant information and data made available to support MoH in drafting a Youth Health Policy and Strategy	19. Establish data base and collect information on youth health practices, needs and expectations	**X**	**X**	**X**	**X**	**X**		MOH, UNFPA, WHO, UNICEF	
	20. Conduct a satisfaction study among providers and youth			**X**			**X**		
	21. Conduct a workshop to assist MoH in finalising Adolescent/youth Health Strategy						**X**		
	22. Conduct Programme Evaluation						**X**		
	23. Conduct workshop to present the findings of the study and the project evaluation, lessons learned and provide recommendations for moving forward						**X**	MOH, UNFPA, WHO, UNICEF	
JP Output 1.2: Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services									
Community leaders, families, teachers are supporting the established YFHS	1. Conduct sensitization meetings with families, community leaders, teachers, local NGOs on importance of YFHS		**X**	**X**	**X**			WHO, MOH, MOYS, MOE	**UNFPA ($295,312)** **WHO (205,485)** **UNICEF (150,052)**
	2. Advocacy meetings with community leaders on psychosocial support and key health education messages		**X**	**X**				WHO	
	3. Train community volunteers, on Adolescent/youth needs, based on CBI initiative and Follow up trainees		**X**	**X**	**X**			WHO, MoH, MoE	
	4. Develop positive relations between schools, community and PHC centre (with YFHS)			**X**	**X**	**X**	**X**	WHO, MoH, MoE	
Youth mobilization and psychosocial support is intensified in Intermediate and secondary schools in catchment areas of established 20 YFHS	5. Select three (3) Intermediate and secondary schools within catchment area of the selected 20 PHC centres	**X**						MoH, MoE UNFPA, WHO,	
	6. Support intermediate and secondary schools to establish Youth /Health clubs in each selected schools		**X**	**X**	**X**	**X**	**X**	MOH, MOE, UNFPA, WHO	
	7. Identify and train youth peer volunteers within Intermediate and Secondary schools in catchment area of established YFHS			**X**	**X**			MOH, MOE, MOLSA, UNFPA,	
	8. Develop and print IEC materials for youth peer educators, based on those used in other countries.			**X**	**X**			MoE, MoH, MoYS UNFPA, UNICEF,	
	9. Provide support to school health clubs and School peer educators to conduct awareness/ sensitization activities			**X**	**X**	**X**	**X**	UNFPA, MoE, MoH	
	10. Train doctors and teachers on HPS and psychosocial support and Provide psychosocial support to students		**X**	**X**				WHO, MoH, MoE	
	11. Develop and print IEC and other materials for use of doctors and teachers and support school awareness campaigns.			**X**	**X**	**X**		WHO, MoH, MoE	

	12. Introduce key health education messages and first aid psychological support into school curriculum (intermediate)			**X**	**X**	**X**		WHO, MoE	
Community-based Youth mobilization is intensified in catchment areas of 20 YFHS	13. Create community youth network to mobilize youth for utilization of YFHS and build their capacity in peer education.	**X**	**X**	**X**	**X**	**X**	**X**	UNICEF, MoYS, MoH	
	14. Conduct outreach activities targeting out-of-school youths, through existing youth-peer volunteers programme.		**X**	**X**	**X**	**X**	**X**	UNICEF, MoYS, MoH	
Total UNFPA									**1,000,716**
Total WHO									**384,891**
Total UNICEF									**150,052**
Total Planned Budget									**$1,535,659**

UNFPA have used its core resources in the following activities:

1. Consultative meeting on Iraq Youth health and psychological well being was conducted with the Iraqi counterparts (MoH and MoHK) in late 2009.
2. Conduct a study on, Status of services for young people in Iraq, Needs, perceptions and expectations of young people in Iraq for health services tailored to their needs (January 2010), the study was conducted by two Iraqi consultants, and in the stage of drafting the final report.
3. American University of Beirut (AUB) was contracted to provide assistance over three phases, the first phase include:

- Organizing a workshop in Beirut 24-26 March 2010 to discuss the service module developed by the AUB with the national partners, presentations of other regional countries experiences in this respect will be discussed during the workshop as well.

4. Conducting training for in school Y peer education as well as for peer education at youth centres.

Consolidated Programme Budget – ITF Contribution

PROGRAMME BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US$)	
CATEGORY	**AMOUNT (US$)**	**2010**	**2011**
1. Supplies, commodities, equipment and transport	170,000	70,000	100,000
2. Personnel (staff, consultants and travel)	206,000	114,500	91,500
3. Training of counterparts	585,500	381,000	204,500
4. Contracts	415,000	315,000	100,000
5. Other direct costs (M&E)	68,825	46,425	22,400
Total Programme Costs	1,445,325	926,925	518,400
Indirect Support Costs	90,334	60,934	29,400
TOTAL Programme Budget	**1,535,659**	**987,859**	**547,800**

UNFPA - ITF contribution

PROGRAMME BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US$)	
CATEGORY	AMOUNT (US$)	2010	2011
1. Supplies, commodities, equipment and transport	110,000	20,000	90,000
2. Personnel (staff, consultants and travel)	149,000	65,500	83,500
3. Training of counterparts	343,000	186,000	157,000
4. Contracts	295,000	215,000	80,000
5. Other direct costs (M&E)	44,850	24,325	20,525
Total Programme Costs	**941,850**	**510,825**	**431,025**
Indirect Support Costs (6.25%)	58,866	31,927	26,939
TOTAL Programme Budget	**1,000,716**	**542,752**	**457,964**

Budget Narrative for ITF funds to UNFPA

Budget Category	Item Description	Unit	Unit Cost	Qty	Total Budget US$	Estimated Utilization of Resources US$	
						2010	2011
1. PERSONNEL					**134,000**	**52,000**	**82,000**
1.1 National Programme Personnel							
National coordinator based in Baghdad		1	2,000	18	36,000	12,000	24,000
1.2 International Programme Personnel							
1.3 National Consultants							
Local training of health providers		1	3,000	11	33,000	24,000	9,000
Local training of School peer educators		1	3,000	16	48,000	16,000	32,000
Develop a draft Adolescent/Youth Health Strategy		1	3,500	2	7,000		7,000
1.4 International Consultants					0		0
Develop Adolescent/Youth Health strategy		1	10,000	1	10,000		10,000
2. CONTRACTS					**295,000**	**215,000**	**80,000**
Studies on youth Perceptions and needs		1	7,500	2	15,000	15,000	0
Studies on satisfaction of youth and providers		1	7,500	2	15,000		15,000
Develop Youth Health Package and norms		1	25,000	1	25,000	25,000	0
Develop training materials for health providers		1	25,000	1	25,000	25,000	0
TOT for health providers		1	20,000	1	20,000	20,000	0
Development of Peer Educators manuals		1	30,000	1	30,000	30,000	0
TOT for School Peer educators		1	20,000	1	20,000	20,000	0
Development of Monitoring system		1	15,000	1	15,000		15,000
Develop IEC materials for Peer educators		1	25,000	1	25,000		25,000
Minor rehabilitation of selected sites		1	4,000	20	80,000	80,000	0
Programme evaluation		1	25,000	1	25,000		25,000
3. TRAINING					**343,000**	**186,000**	**157,000**
TOT (health providers and Peer educators)		1	35,000	2	70,000	70,000	0
Initial training of Health Providers teams		1	15,000	4	60,000	40,000	20,000

follow up training of health providers	1	6,000	4	24,000		24,000
Training of school Peer educators	1	1,800	40	72,000	24,000	48,000
Training of YFHS Youth volunteers	1	1,600	20	32,000	32,000	0
Study tour for health managers and providers	1	25,000	1	25,000		25,000
Training on Monitoring system	1	5,000	4	20,000		20,000
Community Sensitization at 20 YFHS	1	1,000	40	40,000	20,000	20,000
4. EQUIPMENT				**80,000**	**20,000**	**60,000**
Equipment for 20 YFHS	1	4,000	20	80,000	20,000	60,000
5. SUPPLIES and COMMODITIES				**30,000**	**0**	**30,000**
	1	50	600	30,000	0	30,000
6. TRANSPORT (ONLY for WFP programmes)				0		0
7. TRAVEL	1	1,500	10	**15,000**	**7,500**	**7,500**
8. PROGRAMME/PROGRAMME SUB-TOTAL				**897,000**	**480,500**	**416,500**
9. MISCELLANEOUS (Not Exceed 3% of BL 8)				26,910	14,415	12,495
10. SECURITY (Not Exceed 2% of BL 8)				17,940	9,610	8,330
11. AGENCY MANAGEMENT SUPPORT COST (Including Monitoring and Reporting)				58,866	31,533	27,333
12. PROGRAMME BUDGET TOTAL				**1,000,716**	**536,058**	**464,658**

1. Supplies, commodities, equipment and transport	110,000	• Purchase of equipment for 20 YFHS (medical, Audio/visual and furniture • Supplies and printed materials for Peer educators
2. Personnel (staff, consultants and travel)	149,000	• 1 programme manager based in Baghdad, to be responsible to liaise with counterparts inside Iraq, and UNFPA's Chief of Operations in the IZ • National consultants to conduct the following:. o A study on perceptions among in- and out-of-schools youth; o Develop monitoring and evaluation tool specific to YFHS o Develop IEC materials for Youth Peer educators and YFHS volunteers o Conduct a satisfaction study among providers and beneficiaries o Conduct training sessions for health providers, youth volunteers and school peer educators
3. Training of counterparts	343,000	• Workshop to define Youth Health package and its norms and standards • TOT Workshop on developed norms, standards and guidelines for YFHS • Local workshops to train 20 health providers teams • Follow-up training sessions on for 20 teams of health providers • Study tour for health providers and managers to regional experiences in area of Youth Friendly Health services • Workshops for health providers and managers, and youth volunteers on monitoring quality of care in YFHS • Conduct quarterly visits to established YFHS and Organise quarterly meetings with Health providers and Youth volunteers of YFHSs • Conduct sensitization meetings with families, community leaders, schools teachers, local NGOs on importance of YFHS
4. Contracts	295,000	• Contracts with local and regional institutions to conduct the following: o Conduct research on youth health and psychological needs, based on 2009 National Youth Survey o Define a health service package addressing youth health and wellbeing concerns, and develop necessary norms and tools o Develop a training manual for Youth health providers o Develop a data collection instrument specific to youth services o Conduct Programme Evaluation • The cost of rehabilitation contracts.

Budget:

WHO - ITF contribution

PROGRAMME BUDGET -		ESTIMATED UTILIZATION OF RESOURCES (US$)	
CATEGORY	**AMOUNT (US$)**	**2010**	**2011**
1. Supplies, commodities, equipment and transport	20,000	20,000	0
2. Personnel (staff, consultants and travel)	45,000	37,000	8,000
3. Training of counterparts	160,000	140,000	20,000
4. Contracts	120,000	100,000	20,000
5. Other direct costs (M&E)	17,250	17,250	0
Total Programme Costs	362,250	314,250	48,000
Indirect Support Costs	22,641	22,641	0
TOTAL Programme Budget	**384,891**	**336,891**	**48,000**

Budget Category	Item Description	Unit	Unit Cost	Qty	Total Budget US$	ESTIMATED UTILIZATION OF RESOURCES US$	
						2010	2011
1. PERSONNEL							
1.1 National Programme Personnel		person	1500	10 months	15,000	12,000	3000
1.2 International Programme Personnel							
1.3 National Consultants		person	5000	6	30,000	25,000	5000
1.4 International Consultants							
2. CONTRACTS		LS	6000	20	120,000	100,000	20,000
3. TRAINING		workshop	10,000	16	160,000	140,000	20,000
4. EQUIPMENT							
5. SUPPLIES & COMMODITIES		packages	4,000	500	20,,000	20,000	0
6. TRANSPORT (ONLY FOR WFP PROGRAMMES)							
7. TRAVEL							
8. PROGRAMME/PROGRAMME SUB-TOTAL					**345,000**	**294,000**	**51,000**
9. MISCELLANEOUS (Should Not Exceed 3% of BL 8)					10.350	8,910	1,440
10. SECURITY (Should Not Exceed 2% of BL 8)					6,900	5,940	960
11. AGENCY MANAGEMENT SUPPORT COST (Including Monitoring and Reporting)					22, 641	19,491	3,150
12. PROGRAMME BUDGET TOTAL					**384,891**	**331,341**	**53,550**

Budget Narrative for ITF funds to WHO

Category	Budget USD	Remarks
1. Supplies, commodities, equipment and transport	20,000	This line covers the purchase of supplies and equipment for the 20 schools regarding the supplies needed for the special mental health room at schools. (1000 $ for each school)
2. Personnel (staff, consultants and travel)	45,000	One National Programme Personnel will be recruited in Baghdad, and will be handling the responsibility of liaising with the counterparts inside Iraq($15,000), and one national consultant for 6 months($30,000) who will be following on the psychosocial component of the programme at Schools
3. Training of counterparts	160,000	The training component will cover the following activities: • ToT for doctors and Teachers on HPS and psychosocial • Training of community volunteers at CBI areas on Adolescent/youths and youth needs • Advocacy meetings with community leaders on psychosocial support and youth health education • Training of teachers on introducing key health education messages and first aid psychological support in to school curriculum
4. Contracts	120,000	This cost will cover : • Printing of IEC materials • Conduct school awareness campaigns. • Follow up trainees • Supervisory visit • PTAs meeting
5. other costs	39,891	The cost will cover the activities on monitoring and supervision
Total	**384,891**	

Budget: UNICEF – ITF contribution

PROGRAMME BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US$)	
CATEGORY	AMOUNT (US$)	2010	2011
1. Supplies, commodities, equipment and transport	40,000	30,000	10,000
2. Personnel (staff, consultants and travel)	12,000	12,000	-
3. Training of counterparts	82,500	55,000	27,500
4. Contracts			
5. Other direct costs (M&E)	6,725	4,850	1,875
Total Programme Costs	141,225	101,850	39,375
Indirect Support Costs	8,827	6,366	2,461
TOTAL Programme Budget	**150,052**	**108,216**	**41,836**

Budget Narrative for ITF funds to UNICEF

Budget Category	Item Description	Unit	Unit Cost	Qty	Total Budget US$	ESTIMATED UTILIZATION OF RESOURCES US$	
						2010	2011
1. PERSONNEL							
1.1 National Programme Personnel		National assistance	1,000	12 months	12,000	12,000	0
1.2 International Programme Personnel							
1.3 National Consultants							
1.4 International Consultants							
2. CONTRACTS			0	0	0	0	0
3. TRAINING			0				
Workshop for peer educators			6000	4 gov.	24,000	24,000	0
Community based orientation meetings			570	50	28,500	11,000	17,500
Outreach activities			2000	15	30,000	20,000	10,000
4. EQUIPMENT			0	0	0		
5. SUPPLIES & COMMODITIES							
Development/ printing of IEC materials			4000	10	40,000	30,000	10,000
6. TRANSPORT (ONLY FOR WFP)							
7. TRAVEL							
8. PROGRAMME SUB-TOTAL					**134,500**	**96,000**	**37,500**
9. Miscellaneous (Not Exceed 3% of BL 8)					4,035	2,880	1,125
10. SECURITY (Not Exceed 2% of BL 8)					2,690	1,920	750
11. Agency Management Support Cost (Including Monitoring and Reporting)					8,827	6,300	2,461
12. PROGRAMME BUDGET TOTAL					150,052	108,216	41,836

Annex A: Agency Programme Status Profile

Sl. #	Project ID #	Project Title	Total Budget (US$)	Implement Rate % complete	Commit % as of 1/11/2009	Disburs % as of 1/11/2009	Remarks
UNFPA							
1	C9-23	Capacity Development in Census and Surveys	5,064,268	150%	56%	64%	
2	F8-10	Strengthening protection and justice for children and young people in Iraq	1,092,821	0	0	0	The project started the implementation in 2010
3	F8-11	Combating Violence Against Women in Iraq	4,500,000	17%	23%	0	Funds were received med December 2009 and therefore there were no expenditures from the ITF during the identified period.
4	B1-34	Promoting civic values and life skills for adolescents (12-19 years old) through educaion	1,159,134	0	0	0	The project started the implementation in 2010
		TOTALS (US$)	11,816,223				
WHO							
1	D2-11	Provision of Emergency Medical Oxygen Supply in Mosul, Baghdad and Kirkuk	2,824,760	82%	97%	68%	
2	D2-17a	Rebuilding Food Safety and Food Processing Industry Capacity	3,015,117	94%	95%	93%	
3	D2-25a	Strengthening of the Primary Health Care System in Iraq – Phase II	5,930,368	14%	21%	7%	Funds received in Jan 2009 for 2 yrs
4	C10-09e	Area Based Development Programme- Local Area Development Plans (LADP)	3,210,675	65%	88%	42%	
5	E3-16b	Water Security and Safety for vulnerable communities in Suleimaniyah City	860,639	58%	88%	27%	
6	B1-33d	Developing Capacity of Iraqi Education Sector by enhancing learning environment in vulnerable areas for meeting EFA Goals	810,183	10%	13%	6%	Funds received in Jan 2009 for 2 yrs
TOTALS (US$)			13,441,067	53%	67%	41%	
UNICEF							
1	D2-25b	Strengthening of PHC system in Iraq	5,987,632	1%	70%	17%	PHCs construction delayed due to allocation of land
TOTALS (US$)			5,987,632		70%	17%	