

**United Nations Development Group - Iraq Trust Fund**  
**Project #: D2- 31**  
**Date and Quarter Updated: July – September 2010 (3<sup>rd</sup> Quarter)**

**Participating UN Organisation:** UNFPA (Lead agency), WHO, UNICEF **Sector:** Health and Nutrition  
**Government of Iraq – Responsible Line Ministry:**  
 Ministry of Health in Iraq, Ministry of Health-KRG, in collaboration with MoE, MoHE, MoYS, MoLSA (Central & KRG)

<b>Title</b>	<b>Adolescents &amp; youth friendly health services at PHC level</b>				
<b>Geographic Location</b>	Baghdad, Erbil, Missan and Babel				
<b>Project Cost</b>	UNFPA US \$ 1,000,716 WHO US\$ 384,891 UNICEF US\$ 150,052				
<b>Duration</b>	18 months				
<b>Approval Date (SC)</b>	11 Apr 2010	<b>Starting Date</b>	28 Apr 2010	<b>Completion Date</b>	29 Oct 2011
<b>Project Description</b>	<p>The main purpose of this project is to create a youth friendly health services package within the PHC setting to better respond to adolescents and youth's health needs; thereby filling the gaps in planning for these services. Being a pilot project, the planned services will build on and develop the existing services at the PHCCs to become more accessible to the Iraqi youth, a service package will be developed in collaboration with The American university of Beirut, using the successful experiences of providing such services in the region; the package will be based on WHO/UNFPA modules. Using the results of the 2004 youth KAP Survey and the 2009 National Youth survey, an in depth research on youth health and psychological needs was conducted. The project will also cover the generation of 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 drawing a National Youth Health Strategy, which is currently taking place in Iraq.</p>				

<b>Development Goal and Immediate Objectives</b>	
<p>The Integrated Programme/Project Outcome(s):          Enhanced Capacities of Iraqi Health system to adequately address Youth Health needs and wellbeing challenges</p> <p>The proposed project will target in and out of school Adolescents and Youth of the age group (12-24); existing within the catchments areas of 20 PHC centres in the following governorates; Baghdad (Karkh and Rusafa) Babel, Missan and Erbil. The project activities will be implemented as a pilot project at the PHC centres including health clinics within universities at the above mentioned governorates.</p>	

<b>Outputs, Key activities and Procurement</b>	
<b>Outputs</b>	<p>Output 1: 20 Adolescents &amp; Youth-Friendly Health Services are operational within existing PHC centers in 4 governorates</p> <p>Output 2 : Demand and use of youth friendly health services is increased through community participation</p>
<b>Activities</b>	<p><b>Key activities for output 1 (UNFPA &amp; WHO)</b></p> <p>a. Conduct In-depth research on youth health and psychological needs, using results of the 2005 youth KAP Survey and the 2009 National Youth Survey, and define a Health service package addressing adolescents/youth health and wellbeing needs to be provided through existing PHC centres, taking into account age and sex of target group, as well as interventions of other actors in this area;</p>

	<p>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</p> <p>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 AYFH services;</p> <p>d. Setup up an internal monitoring system of Youth Friendly Health services, in close involvement of a group of Youth volunteers</p> <p>e. Prepare a draft Adolescents &amp; Youth Health Strategy, reflecting MoH contribution to the multi-sectoral/multi-dimensional National Youth Strategy.</p> <p><b>Key activities for output 2:( UNFPA,WHO,UNICEF)</b></p> <p>f. Conduct sensitization meetings with families, community leaders, community volunteers with in the Community Based Initiative District (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;</p> <p>g. Review existing IEC materials, manuals, including those used in other countries in the region, develop and produce adapted versions, and conduct outreach activities for youth through existing youth peer volunteer’s programme.</p> <p>h. Create a healthy psycho-social environment to help teachers, students and parents to develop a positive psycho-social climate through implementing school-based interventions to raise awareness of teachers on their role in providing proper emotional development of students, provide psychosocial support to students and to develop positive relations between the schools, community and PHC centre.</p> <p>i. Enhance self esteem of youth and decrease the negative impact of living in war situation.</p> <p>j. Create community youth network to mobilize youths towards utilization of youth friendly health services, and build their capacity in peer education.</p>
<b>Procurement</b>	NA

#### WHO

<b>Funds Committed</b>	22,641	% 5.8 of approved	
<b>Funds Disbursed</b>	22,641	% 5.8 of approved	
<b>Forecast final date</b>	April 30, 2011	<b>Delay (months)</b>	No delay

#### UNFPA

<b>Funds Committed</b>	14,408	% 1.4 of approved	
<b>Funds Disbursed</b>	8,860	% 1 of approved	
<b>Forecast final date</b>	November 30, 2011	<b>Delay (months)</b>	No delay

#### Quantitative achievements against objectives and results

Output 1: PHC managers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates		
1. Conduct research on youth health/psychological needs and perceptions among in and out-of-schools youth, and determinants of youth health seeking behaviour.	In preparation for the launching of the Adolescents Youth friendly Health services, UNFPA has entered into agreement with the American University of Beirut – Regional External Programs Unit (AUB-REP) in December 2009, to identify a culturally sensitive model, and a suitable modality for AYFHS in Iraq, in addition to writing a report on the youth needs and analyzing the situation of Iraqi health facilities, where the AYFHS will be put into action.	
	- UNFPA with MOH and 3 national consultants have conducted a research in both Bagdad and Erbil, on perceptions and needs of the Iraqi youth; the report on the findings of the study was finalized in close coordination between the implementing parties.	

	<p>- The results of the study were presented in a workshop that was held in Beirut – Lebanon from 4 to 7 March 2010 with the participation of UNFPA, MOH, AUB, representatives from 3 countries (Morocco, Tunisia and Egypt) with experiences on AYFHS, and participants from UNFPA Lebanon and Palestine Offices.</p> <p>During the 3-days workshop, the participants identified the essential package of services to be delivered and presented an adequate model commensurate with the situation and the cultural context of Iraq.</p> <p>The above mentioned activities took place before the final approval of the project and the transfer of funds. UNFPA along with its partners had taken the necessary steps to set grounds in preparation for the project's start.</p>	
2. Organize workshop to define an Iraqi adapted Health service package addressing adolescent/Youth health and wellbeing needs	<p>A workshop in Beirut took place in July 2010 to Prepare norms, standards and guidelines for Youth Friendly Health services, including list of drugs provided to PHCCs level, based on WHO/UNFPA modules, in the workshop the titles and chapters of the modules were identified.</p> <p>A questionnaire was developed in the same workshop to be used to collect information from youth inside Iraq.</p> <p>A validation workshop will take place in mid October to finalize the modules.</p>	
4. Select 20 PHC centres in designated 4 governorates based on defined criteria	<p>Visits were conducted by MOH (Baghdad and KRG) to PHC centres using an assessment tool that was agreed upon.</p> <p>The assessment resulted in identifying a list of PHC centres to implement the project's activities.</p>	
	WHO had conducted a 4-day Orientation workshop for 24 doctors working at central and the 4 selected governorates to discuss the project activities and plan of action.	2%

#### **Qualitative achievements against objectives and results**

Project is still in its early implementation stage.

#### **Main implementation constrains & challenges (2-3 sentences)**

Project is still in its early implementation stage, and no visible challenges have been noticed.