



**2010 ANNUAL PROGRESS REPORT FOR PROJECT
IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)**

<p>Participating UN Organization: UNFPA (lead), WHO, UNICEF</p>	<p>Old Cluster: Health Cluster New Sector: Health and Nutrition SOT</p>
<p>Project No. and Project Title: D2-31a Adolescents and Youth Friendly Health Services at Primary Health Care Level</p>	<p>Report Number: ATLAS Project Number: (00074977) ATLAS Award Number: (00074977)</p>
<p>Reporting Period: Apr 28, 2010 – Dec 31, 2010</p>	<p>Project Budget: US \$1,535,659 UNFPA: US \$ 1,000,716 WHO: US \$ 384,891 UNICEF: US \$ 150,052</p>
<p>List Implementing Partners:</p> <ul style="list-style-type: none">• UNFPA, WHO, and UNICEF• Ministries of Health in Iraq and KRG, jointly with MoE, MoHE, MoYS, MoLSA (central and KRG)	<p>Geographic Coverage/Scope: Governorates: Baghdad, Erbil, Missan and Babel Districts: Karkh and Rusafa (Baghdad) Towns: Erbil, Missan and Babel</p>
<p>Abbreviations and Acronyms:</p> <p>AYFHS: Adolescents and Youth Friendly Health Services. PHC: Primary Health Care MoHE: Ministry of Higher Education MoE: Ministry of Education MoYS: Ministry of Youth and Sports MoLSA: Ministry of Labour and Social Affairs KRG: Kurdistan regional Government CBI: Community Based Initiative PTA: Parent-teachers associations PSC: Programme Steering Committee GSM: General Service Management</p>	<p>Project Status: Duration/ Timeline Extension/Closed Project:</p> <ul style="list-style-type: none">- April 28, 2010 –Oct 28, 2011- No extensions were requested for this JP- The JP is still ongoing

NARRATIVE REPORT FORMAT

I. Purpose

- a.** 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:
1. PHC managers and providers have improved capacities to provide /Youth-Friendly Health Services in targeted governorates.
 2. Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services
- b.**
- 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.

II. Human Resources

- a.** National Staff & Consultants: National Programme Officer – UNFPA, located in Baghdad.
- b.** International Staff: Provide the number and role (operation/programme): N/A

III. Methods of Operating

- a.** The programme is being implemented by the Iraqi Ministry of Health, jointly with MoH of Kurdistan Region, a Programme Steering Committee (PSC) was established, including representatives from both ministries, the MoH is leading the programme, partners such as Ministries of Youth and Sports (MoYS), Ministry of Education (MoE), Ministry of higher education (MoHE), Ministry of Labour 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.
- B** No procurement activities had taken place during the reporting period.
- c.** The PSC will, in close partnership with the Ministry of Health and other concerned ministries, with UNFPA, WHO and UNICEF, will provide ongoing monitoring to the programme’s activities. 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.

During the reporting period, several meetings were conducted by UNFPA with the national counterparts to assess the impact of the implemented activities, in addition to monitor project’s progress and correct any deviations from the plan.

- d. A final evaluation report and a satisfaction study will be carried out at the end of the project. During the reporting period, UNFPA started the development and a design of the assessment criteria to select a number of PHCCs for the implementation of the AYPHS activities.

IV. Results

UNFPA

Output 1: PHC managers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates		
<i>Sub Output 1.1: An Adolescent/Youths Health package and its manuals and tools are defined</i>		
<i>Major activities</i>	<i>Activities</i>	<i>% completion</i>
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 AYPHS in Iraq, in addition to writing a report on the youth needs and analyzing the situation of Iraqi health facilities, where the AYPHS will be put into action.	100%
	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.	
	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 AYPHS, and participants from UNFPA Lebanon and Palestine Offices.	
	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.	
	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>	<p>With AUB technical assistant a workshop in Erbil 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>During this workshop an assessment tool or criteria for PHCCs selection was designed.</p> <p>A questionnaire was developed in the same workshop to be used to collect information from youth inside Iraq.</p>	<p>100%</p>
<p>3. Prepare norms, standards and guidelines for Youth Friendly Health services</p>	<p>Between July-October 2010, 17 modules agreed on at July workshop were sent by AUB to MOH to be reviewed, made comments and adjusted to special Iraq circumstances, which lead to a validation workshop held in Beirut in collaboration with the American University in Beirut (AUB) on October 20-22 with participation of the MOH Bagdad and KRG representatives of youth programs and all future trainers from AUB. Just Youth committee from both Bagdad and Erbil attended this workshop.</p> <p>Between October and end of December AUB team had worked on the same activity (Part 2) and designed a toolkits for TOT workshop.</p>	<p>100%</p>
<p>4. Develop a training manual for Youth health providers, based on WHO/UNFPA modules</p>	<p>At the end of the last quarter of 2010, all 17 modules, norms, standards, toolkits and manuals were developed and are ready to be utilized and printed for the upcoming TOT.</p> <p>Trainers from both MOH and universities were selected.</p>	<p>100%</p>
<p>5-Define a Youth-Friendly referral system from established YFHS to selected specialized services in hospitals</p>	<p>Several meetings held between YFHS, PHCCs, hospitals, district and DOH manager identified referral system procedure, registration, information feedback, follow up, monitor and evaluation for referral process.</p>	<p>50%</p>
<p><i>Sub-Output 1.2: 10 YFHS are created within existing PHC centers</i></p>		
<p><i>Major activities</i></p>	<p><i>Activities</i></p>	<p><i>% completion</i></p>
<p>1. Select 10 PHC centres in designated 4 governorates based on defined criteria</p>	<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> <p>Defined health providers as trainees from PHCCs.</p> <p>Minor rehabilitation and equipments for selected 10 PHCCs was defined.</p>	<p>70%</p>

WHO

Output 1.1 PHC managers and providers have improved capacities to provide Youth -Friendly Health Services in targeted governorates	<ul style="list-style-type: none">○ 4 days Orientation workshop for 24 doctors working at central and the 4 selected governorates to discuss the project activities and plan of action○ two participants from MoH/Directorate of Public Health were trained in Sana'a , Yemen 6-9 December on adolescents health and social mobilization	15 %
Output 1.2: Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services	WHO <ul style="list-style-type: none">○ one meeting with community Based Initiative Volunteers in Missan on the main health issues	10%

a.

WHO

1. Main challenges are the finalization of the training manuals on adolescents' health in January as this package will be used by the partner agencies for training of doctors and health worker.
2. The delay in implementation of the project was due to the introduction of the new financial system (GSM) and obligation of funds was not possible until May 2010.
3. Change of Iraqi government and ministerial authorities

UNFPA

The main challenge at this stage is to involve other ministries, agencies and youth groups, to develop and integrate their activities (Output 2).

Although involvement of other ministries was consider as a challenge, it was an opportunity to incorporate their contribution in the project's implementation, to design a future youth strategy.

b. GoI, MoH/Iraq is the main implementing partner. 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.

The American University of Beirut – Regional External Programs Unit (AUB-REP), is a main partner to UNFPA, the role of this partner is to develop and produce the norms and standards, in addition to training manuals to be utilized for the TOT.

c. Cross cutting issues:

1. Security: The unfavourable security situation and its consequential impact remained to be the prime factor affecting the timely implementation of the project activities.
2. Gender: Gender equality will be emphasized 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.

3. 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.
4. Employment: 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)
5. Environment: This programme has no impact on the environment.

Future Work Plan UNFPA

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 2011				Implementing partners
		Q1	Q2	Q3	Q4	
JP Output 1: PHC managers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates						
20 YFHS are created within existing PHC centres	Conduct training of trainers on norms, standards and guidelines for Youth Friendly Health services	X				UNFPA, MOH,WHO
	Training modules designs		X			UNFPA, MOH, WHO
	Select 10 PHC centres in designated 4 governorates based on defined criteria.		X			MOH ,UNFPA
	Conduct minor rehabilitation of selected centres, and provide necessary additional equipment and furniture		X	X		MOH ,UNFPA
	Conduct training of providers teams (medical, psychologist and paramedical staff)			X		MOH, UNFPA
	Develop and validate procedure guidelines including information system.		X	X		AUB, MOH, UNFPA
	Conduct follow-up sessions for trained providers			X		MOH, UNFPA
Monitoring system of quality of care is defined and operational, with youth	Develop a data collection tools for YFHS and support its utilization within established 20 YFHS		X	X		UNFPA, MOH
	Conduct a study tour for health providers and managers to expose them to				X	MOH, UNFPA

participation	regional experiences in provision of YFHS					
	Setup up an internal monitoring system and tools of YFHS and train of service providers, managers, and youth volunteers			X		MOH ,UNFPA
	Conduct quarterly visits to YFHSs and Organize quarterly meetings with health providers at governorate level			X		MOH, UNFPA
National Youth Health Strategy developed	Workshops for integration between different sections contribute for youth health strategy.		X	X		MOH, UNFPA, MOE
JP Output 1.2: Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services						
Youth mobilization and psychosocial support is intensified in Intermediate and secondary schools in catchment areas of established 20 YFHS	Select three (3) Intermediate and secondary schools within catchment area of the selected 20 PHC centres			X		MoH, MoE UNFPA, WHO
	Support intermediate and secondary schools to establish Youth /Health clubs in each selected schools			X		MOH, MOE, UNFPA, WHO
	Orientation workshops for administrative staff of schools at PHCCs catchment area.		X	X		MOH, MOE, UNFPA, WHO

V. Six monthly Performance Indicators assessment

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
IP Outcome 1 : Enhanced Capacities of Iraqi Health system to adequately address Youth Health needs and well being challenges						
Output 1.1 PHC managers and providers have improved capacities to provide Youth -Friendly Health Services in targeted governorates	Number of DoH and PHC centres provided with norms and procedure on YFHS	0	20		Programme progress report	WHO Activities under this output is ongoing by all partner agencies. Consultative meetings has been conducted to finalize the process
	Number of YFHS created	0	20	0	No. of PHCCs delivered YFHS	During the second quarter 10 PHCCS will be ready to provide YFHS.
	Number of health teams trained on YFHS package	0	20	0	No. of training courses	Eight courses for health providers will conduct during 2ed and 3 rd quarter including operational training courses.
	% of trainees satisfied with the quality of training in terms of relevance and usefulness	NA	80%	75%	TOT workshop evaluation	TOT workshop achieved all planned objectives.
	Number of Youth volunteers trained on youth health education and mobilization	0	10 per each YFHS (200 in total)	20 out of 200	MoH and WHO progress report	
	National youth health strategy drafted	0	1		National youth strategy document	In process
	A monitoring system for YFHS in place	No	Yes	Monitoring team established	Visits reports	The process is ongoing with evaluation tools.

Output 1.2: Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services	Number of sensitization sessions organized for parents and teachers in AYFHS 20 targeted schools	0	60	2	Programme progress report	WHO Activities under this output is ongoing by all partner agencies.
	Number of sensitization sessions organized for community leaders	0	40	2	Programme progress report	
	Number of teachers trained on Psychosocial support (PSS)	0	120 teachers	24	Training report	
	% of trainees satisfied with the quality of training in terms relevance and usefulness	NA	80%	20%	Pre-post participants' assessment	WHO jointly with UNFPA are working together to finalize the training manuals on AYFHS(In process)
	Number of school health clubs created	0	40	0		
	Number of in school peer educators trained on promoting utilization of YFHS	0	400	0		
	% of trainees satisfied with the quality of training in terms of relevance and usefulness	N/A	80%	0		
	# of peer educators trained	0	400	0		
	# of awareness activities/ school / Quarter	0	2 activities / school / quarter	0		