

**2011 ANNUAL PROGRESS REPORT FOR PROJECT
IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)**

Participating UN Organization:
UNFPA (lead), WHO, UNICEF

Old Cluster: Health Cluster

New Sector: Health and Nutrition SOT

Project No. and Project Title:
D2-31a

Adolescents and Youth Friendly Health Services at
Primary Health Care Level

Report Number:
ATLAS Project Number: (00074977)
ATLAS Award Number: (00074977)

Reporting Period:

1 January – 31 December 2011

Project Budget: US \$1,535,659
UNFPA: US \$ 1,000,716
WHO: US \$ 384,891
UNICEF: US \$ 150,052

List Implementing Partners:

- UNFPA, WHO, and UNICEF
- Ministries of Health in Iraq and KRG, jointly with MoE, MoHE, MoYS, MoLSA (central and KRG)

Geographic Coverage/Scope:
Governorates: Baghdad, Erbil, Missan and Babel
Districts: Karkh and Rusafa (Baghdad)
Towns: Erbil, Missan and Babel

Abbreviations and Acronyms:

- 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
- YHAP: youth health advisory panel (youth NGOS, peer educators, MOH and UNFPA.)
- IRHFPA: The Iraqi Reproductive Health and Family Planning Association.

**Project Status: Duration/ Timeline
Extension/Closed Project:**

- April 27, 2010 -31 November 2011
- 1st extension of project(for 12 months) till 28 October 2012

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. Explain how the programme/project is relevant to the following benchmarks:

- UN Assistance Strategy for Iraq, MDGs, Iraq NDS and ICI
- 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. Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the challenging operating context.

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. Provide details on the **procurement** procedures utilized and explain **variances** in standard procedures.

No procurement activities had taken place during the reporting period.

- c. Provide **details on the monitoring system(s)** that are being used and how you identify and incorporate lessons learned into the ongoing programme/project.

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. As part of the project evaluation, 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 technical meetings were conducted by UNFPA with the national counterparts and UN partners, to follow up and assess the impact of the implemented activities, in addition to monitor the project’s progress and underline the changes in plan, to ensure that the activities implemented are in line with the actual needs.

- d. **Report on any assessments, evaluations or studies undertaken** relating to the project and how they were used in support of the project(s).

A final evaluation report and a satisfaction study will be carried out at the end of the project. In addition to the assessment criteria which was designed to help in selecting the suitable PHCCs, a plan of monitoring was developed for the purpose of evaluating the ToT and training courses, sub committees were established to follow up on the minor rehabilitation activities, the established YHAP committee oversaw the youth participation element within the context of the project

IV. Results

- a. Report on the key **outputs achieved in the six month period** including # and nature of the activities (inputs), % of completion and beneficiaries. Please also fill the table in section VI on annual performance indicators assessment.

UNFPA

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| Output 1: PHC managers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates | | |
| <i>Sub Output 1.2: 20 YFHS facilities are created within existing PHC centers</i> | | |
| <i>Major activities</i> | <i>Activities</i> | <i>% completion</i> |
| 1- Conduct training of trainers on norms, standards and guidelines for Youth Friendly Health services | <ul style="list-style-type: none"> • A 7-day workshop was conducted to create a core of trainers at the central and the KRG levels. • With the participation of the MOHE, a team of academicians from Iraqi universities, and technical support provided by the American University of Beirut, a high quality workshop was conducted on YFHS modules, communication skills, facilitation, and guidelines for both managers and health providers • One training course on operational guidelines was conducted. | 100% |

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| <p>2. Select 20 PHC centers in designated 4 governorates based on defined criteria</p> | <ul style="list-style-type: none"> • Several visits were conducted, through which the following objectives were achieved: <ul style="list-style-type: none"> - Assessment tools and criteria had been developed to be used for the selection of PHCCs to implement the YFHS program. - Depending on the design criteria, 7 PHCCs were selected to implement YFHS: two in Erbil and two in Baghdad-Kharh, one for Baghdad-Rusafa, Babil and Missan. - An agreement was reached with the MoH and other partners to expand the implementation of the YFHS in additional 13 PHCCs. | <p>50%</p> |
| <p>3. Conduct minor rehabilitation of selected centers, and provide necessary additional equipment and furniture</p> | <ul style="list-style-type: none"> • Minor rehabilitation plan for these 7 PHCCs was designed including budget estimation, necessary equipment and furniture. | <p>60%</p> |
| <p>4. Identify a team of health providers from each selected PHC centers</p> | <ul style="list-style-type: none"> • All partners agreed to train all health providers at selected PHCCs on YFHS services which will lead to an increase in the utilization of services • Technical meetings were held at UNFPA office to follow up the plan's implementation • All training modules were agreed upon, and a final version is ready for editing. • Several consensus meetings with Public Clinics Directorate director general and The Iraqi Reproductive Health and Family Planning Association (IRHFPA) to explore YFHS implementation in 5 PHCCs and 3 IRHFPA clinics. | <p>100%</p> |
| <p>5- Conduct training of providers teams (medical, psychologist and paramedical staff)</p> | <ul style="list-style-type: none"> • Eight training courses for health providers were conducted in Erbil and Baghdad • One training course for managers on operational guideline was conducted. • A plan to train doctors from both Public Clinics Directorate and IRHFPA on YFHS manuals was developed in preparation to expand the project, and provide services at afternoon time. | <p>70%</p> |
| <p>6- Conduct follow-up sessions for trained providers</p> | <ul style="list-style-type: none"> • Tools for M&E of training courses were developed and used during the courses. (Pre and post-test, trainer evaluation and | <p>60%</p> |

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| | <p>courses evaluation).</p> <ul style="list-style-type: none"> IEC materials for YFHS marketing were developed and the design is in the approval process by the youth committee at MoH. | |
| <p><i>Sub-Output 1.3:</i> Monitoring system of quality of care is defined and operational, with youth participation</p> | | |
| <i>Major activities</i> | <i>Activities</i> | <i>% completion</i> |
| 1. Develop a data collection tools for YFHS and support its utilization within established 20 YFHS | <ul style="list-style-type: none"> Client registration Form was developed and agreed on with MoH. Several technical meetings were conducted to develop the data collected from YFHS to the Health Information System that is already being used by MoH. | 70% |
| 2- Conduct a study tour for health providers and managers to expose them to regional experiences in the provision of YFHS | <ul style="list-style-type: none"> An agreement with the Moroccan MoH to conduct a study tour as part of the south-south cooperation and to explore successful practices in the Arab region. | 50% |
| 3- Setup a Youth Participatory mechanism in each YFHS (youth volunteers) to assist health providers and coordinate sensitization in schools and youth centres | <ul style="list-style-type: none"> Develop Youth participation action plan in collaboration with MoH, MoE, MoY and local NGOs. Panel for youth participation defined with members from MoH, MoE, MoYS, youth peers, NGOs and UNFPA coordinator. Action plan for youth participation was developed throughout technical meetings between all partners. Final version of youth participation plan (YHAP) including budgets was sent to MoH for validation | 50% |
| 4- Identify a group of Youth volunteers and train them on administrative \ tasks and health education techniques. | <ul style="list-style-type: none"> Group of youth volunteers identified and an orientation meeting conducted. A plan was developed and a meeting was held with youth volunteers to discuss the modality of implementation. | 80% |
| 5- Set up a motivation system for youth volunteers. | <ul style="list-style-type: none"> Modalities were discussed to express mechanism for volunteer motivation and different suggestions presented. | 50% |
| 6- Setup up an internal monitoring system and tools of YFHS and train of service providers, managers, and youth volunteers | <ul style="list-style-type: none"> Monitoring and quality control on training course throughout usage of several forms(pre, post test, trainers evaluation, course evaluation and supervisory visits) Consensus meeting to follow up on the implementation plan | 50% |

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| Output 2 :Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services | | |
| Sub output 2.3: Community-based Youth mobilization is intensified in catchment areas of 20 YFHS | | |
| 1- Create community youth network to mobilize youth for utilization of YFHS and build their capacity in peer education. | <ul style="list-style-type: none"> • Two technical meetings were conducted to discuss the youth involvement mechanism • Establishing a network to be presented to the YHAP review. | |
| 2- Conduct outreach activities targeting out-of-school youths, through existing youth-peer volunteers programme. | <ul style="list-style-type: none"> • Manuals and modules for peer education were designed and developed to match with Iraq tradition and culture • Dialogue and channels opened with MoE, MOLSA and MoYS to facilitate and promote outreach activities | |

WHO

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| <p>Output 1.1</p> <p>PHC mangers and providers have improved capacities to provide Youth -Friendly Health Services in targeted governorates</p> | <ul style="list-style-type: none"> ○ Close coordination with MoH/ Department of Health Promotion to discuss the health education massages and IEC materials for the project ○ Meeting were conducted with school health programme managers at MoH and DoH to discuss the plan of action for the coming 6 months for the project including the training package for teachers and students ○ Six national training activities for 122 doctors and paramedics working in the pilot PHC centers were trained on Adolescents and Youth friendly health services. ○ 2 training courses for teachers and students at secondary schools on reproductive health and HIV/Aids and sexually transmission diseases ○ - 2 training courses for youth at secondary schools on healthy life style, tobacco cessation and non communicable diseases related to smoking ○ 2 days orientation workshop for teachers at secondary schools on healthy life style, tobacco cessation and non communicable diseases related to | 75% |
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| | <p>smoking</p> <ul style="list-style-type: none"> ○ Two meetings with programme focal points at the selected governorates to discuss the plan of action for adolescents and youth friendly services within the coming biennial work plan for 2012-2013. ○ Close coordination with MoH/ Department of Primary Health care/Maternal ,child and Reproductive Health to discuss the health education messages and IEC materials for the project in relation to youth and Adolescents ○ 2 days technical meeting with MCH/RH ,HIV/AIDs and school health programme focal points at the central level(MOH) to discuss the joint activities targeting the adolescents age group at PHC centers and secondary school and agree on the main topics that need to be handled during the training course and advocacy meeting at community level for adolescents and youth friendly services within the coming biennial work plan for 2012-2013. | |
| <p>Output 1.2: Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services</p> | <ul style="list-style-type: none"> ○ 12 advocacy meetings for 135 community and religious leaders, teachers and parents in the targeted areas of the piloted PHC centers to provide information related to Adolescents health and the main health issues that are facing them in the community which are considered as top priority for consideration in training of youth at secondary schools. ○ 2 training courses for 54 community volunteers, on Adolescent/youth needs, based on CBI initiative in Baghdad and Missan ○ Two focused group discussion session at 2 PHC to assess the knowledge of families on youth needs ○ one training course for 35 teachers at | <p>50%</p> |

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| | secondary on mental health issue and psycho social support for students with behavior changes | |
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UNICEF

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| Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services | Based on the researches/studies that have been done on youth health/psychological needs and perceptions among in and out-of-schools youth, and determinants of youth health seeking behaviour and subsequent workshops and meetings with MOH focal points, as well as, the selected governorates and PHCs to implement the - pilot project – as a first step; the essential package of services to be delivered and presented have been identified in line with the cultural context of Iraq. UNICEF initiated the discussion with the youth focal point in collaboration with health promotion department; the first proposal submitted in July on supporting training of peer educators at youth and PHC centres level and the second one submitted in October for peer educators at school level. | 15 % |
| | UNICEF negotiated with MOH the development /adoption of training and IEC materials and toolkits for youth peer educators including the number per module per governorate, the material content were developed and UNICEF assist MOH in designation of the of it, printing will be finish very soon. | 70 % |
| | UNICEF will implement training sessions for the peer educators at the youth and vocational training centres level in the 2nd quarter of 2012(awaiting receiving government proposal very soon). | 5 % |
| | As UNICEF is traditionally the lead in social mobilization activities, hence, it support MOH to create community youth network to mobilize youth / advocate for utilization of the available services through conducting outreach activities targeting out-of-school youths, as well as in monitoring the implementation, the proposal delayed due to busyness of MOH with other competing priorities. | 5 % |

b. Explain, if relevant, delays in programme/project implementation, the nature of the **constraints** and **actions taken to mitigate** future delays and **lessons learned** in the process.

WHO

1. The finalization of the training manuals on adolescents' health as this package will be used by the partner agencies for training of doctors and health worker.

2. Main challenges are the conducting of training activities and awareness campaign during summer holiday. Most of the activities were postponed to the next term 2011-2012
3. Turnover of staff and change of the programme focal point at MoH

UNFPA

During the reporting period, the main challenge that UNFPA had faced, is the delay in the identification of the centers for rehabilitation, which was caused by the MOH's administrative processes. These delays have also affected the start of data collection for the client satisfaction survey.

UNICEF

Although MOH have the capacity and UNICEF dedication to succeed the project but the competing priorities of MOH and a lot of national activities like surveys, campaigns interfere with the timetable of the project and lead to lot of changes in appointments.

c. List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

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.

d. Summarize achievements against planned results for **cross cutting issues**: security, gender, human rights, employment (including # of short and/or long-term jobs created), and environment.

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

| Planned activities | | 2012 | | | | Responsible Agency |
|--------------------|--|------|----|----|----|--------------------|
| | | Q1 | Q2 | Q3 | Q4 | |
| 1 | Conduct minor rehabilitation for 7 selected PHCCs.(2011) | X | | | | UNFPA |
| 2 | Launching of YFHS at PHCCs throughout two conferences at Baghdad and Erbil.(2011) | X | | | | UNFPA |
| 3 | Conduct study tour to Morocco to explore successful practice.(2011) | X | | | | UNFPA |
| 4 | Edit, design, prints and distributes YFHS training manuals. | X | | | | UNFPA |
| 5 | Select 13 PHC centers in designated 4 governorates Based on defined criteria(totally 20). | | X | | | UNFPA |
| 6 | Conduct minor rehabilitation of selected centers, and Provide necessary additional equipment and furniture | | X | | | UNFPA |
| 7 | Conduct training courses for providers teams (medical, Psychologist and paramedical staff). | X | X | X | | UNFPA |
| 8 | Conduct follow-up visits for training courses. | | X | | | UNFPA |
| 9 | Workshops for services integration, one package feedback into youth health strategy. | | X | X | | UNFPA |
| 10 | Develop a data collection tools for YFHS and support its utilization within established 20 YFHS | | X | X | | UNFPA |
| 11 | Setup up an internal monitoring system and tools for YFHS and train service providers and managers on developed tools. | | | X | | UNFPA |
| 12 | Conduct quarterly visits to YFHS and Organize biannual meetings with health providers at governorate level. | | X | | X | UNFPA |
| 13 | Advocacy meetings with community leaders on psychosocial support and key health education messages | X | | | | WHO |
| 14 | Develop positive relations between schools, community and PHC centre (with YFHS) | | X | X | X | WHO |
| 15 | Conduct biannual meeting for all partners including UN agencies. | | X | X | | UNFPA |
| 16 | Setup a Youth Participatory mechanism in each YFHS (youth volunteers) to assist health providers and coordinate sensitization I schools and youth centers. | X | X | | | WHO / UNFPA |
| 17 | Identify a group of Youth volunteers and train them on administrative tasks and health education techniques. | | X | X | X | WHO / UNFPA |

| Planned activities | | 2012 | | | | Responsible Agency |
|--------------------|--|------|----|----|----|-------------------------|
| | | Q1 | Q2 | Q3 | Q4 | |
| 18 | Establish data base and collect information on youth health practices, needs and expectations | X | X | | | UNFPA |
| 19 | Select three (3) Intermediate and secondary schools within catchments area of the selected 20 PHCCs. | | X | X | | UNFPA |
| 20 | Identify and train youth peer volunteers within Intermediate and Secondary schools in catchments area of established YFHS. | | X | X | | UNFPA |
| 21 | Develop and print IEC materials for youth peer educators, based on those used in other countries. | | X | X | | UNICEF/WHO/UNFP A |
| 22 | Provide support to School peer educators to conduct awareness/ sensitization activities (including universities PHCC). | | | X | X | UNFPA |
| 23 | Train teachers on YFHS manuals and psychosocial support at selected schools. | | | X | X | UNFPA |
| 24 | Develop and print IEC and other materials for use of doctors and teachers and support school awareness campaigns. | | X | X | | UNICEF / WHO |
| 25 | Prepare a draft Adolescent/youth Health Strategy. | | | X | | UNICEF |
| 26 | Conduct a satisfaction study among providers and youth. | | | X | | UNICEF / UNFPA |
| 27 | Conduct a workshop to assist MoH in finalizing Adolescent/youth Health Strategy. | | X | X | | UNICEF / UNFPA |
| 28 | Create community youth network to mobilize youth for utilization of YFHS and build their capacity in peer education. | | | X | X | UNICEF / UNFPA |
| 26 | Conduct outreach activities targeting out-of-school youths, through existing youth-peer volunteers programme. | | | | X | UNICEF / UNFPA |
| 29 | Conduct Programme Evaluation. | | | | X | UNICEF / WHO / UNFPA |
| 30 | Conduct workshop to present the findings of the study and the project evaluation, lessons learned and provide recommendations for moving forward | | | | X | WHO |

V. Annual 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 | 10 | 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 | 10 | No. of PHCCs delivered YFHS | By the end of programme implementation the other 10 PHCCS will be ready to provide YFHS. |
| | Number of health teams trained on YFHS package | 0 | 20 | 36 | No. of training courses | Eight courses for health providers were conducted |
| | % 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. |

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| 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 | 26 | 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 | 84 | Training report | |
| | % of trainees satisfied with the quality of training in terms relevance and usefulness | NA | 80% | 60% | 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 | 4 awareness campaigns | Progress reports | Awareness campaigns were conducted in 4 governorates for parents and teachers |