

**United Nations Development Group - Iraq Trust Fund**

**Project #: D2- 31a**

**Date and Quarter Updated: 1 April – 30 June 2012**

**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>Geo. 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 + 12 months delay				
<b>SC Approval Date</b>	11.04.2010	<b>Starting Date</b>	28.04.2010	<b>Completion Date</b>	28.10.2011 extended 28.10.2012
<b>Project Description</b>	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.				

**Development Goal and Immediate Objectives**

The Integrated Programme/Project Outcome(s):  
Enhanced Capacities of Iraqi Health system to adequately address Youth Health needs and wellbeing challenges

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.

**Outputs, Key activities and Procurement**

<b>Outputs</b>	Output 1: 20 Adolescents & Youth-Friendly Health Services are operational within existing PHC centres in 4 governorates  Output 2 : Demand and use of youth friendly health services is increased through community participation
<b>Activities</b>	<p><b>Key activities for output 1 (UNFPA &amp; WHO)</b></p> <ol style="list-style-type: none"> <li>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;</li> <li>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</li> <li>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;</li> <li>d. Setup up an internal monitoring system of Youth Friendly Health services, in close involvement of a group of Youth volunteers</li> </ol>

	<p>e. Prepare a draft Adolescents &amp; Youth Health Strategy, reflecting MoH contribution to the multi-sectoral/multi-dimensional National Youth Strategy.</p> <p>f. Conduct training of YFHS and PHCCs managers on operational guidelines developed by AUB with the support of MoH and UNFPA.</p> <p>g. Ongoing trainings on YFHS manuals for MOH's medical and paramedical staff.</p> <p>h. During the reporting phase, UNFPA had been working on the preparation of an action plan with peer educators networks, in collaboration with the MOH and the Iraqi Reproductive Health and Family Planning Association. This action plan aims at the implementation of the AYFHS at the designated PHCCs and IRHFPA clinics.</p> <p>i. The Projects Directorate at MoH had agreed to provide minor rehabilitation for selected PHCCs.</p> <p><b>Key activities for output2 :( UNFPA,WHO,UNICEF)</b></p> <p>a. 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>b. 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>c. 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>d. Enhance self-esteem of youth and decrease the negative impact of living in war situation.</p> <p>e. Create community youth network to mobilize youths towards utilization of youth friendly health services, and build their capacity in peer education.</p> <p>f. UNFPA had approved a request to print and disseminate IEC materials for the training of MOH health promotion staff on YFHS, the training toolkits had been edited and finalized.</p>
<b>Procurement</b>	NA

#### WHO

<b>Funds Committed</b>	284,426	% of approved	74%
<b>Funds Disbursed</b>	209,332	% of approved	54%
<b>Forecast final date</b>	October 28, 2012	<b>Delay (months)</b>	12

#### UNFPA

<b>Funds Committed</b>	651,168	% of approved	65%
<b>Funds Disbursed</b>	544,274	% of approved	54%
<b>Forecast final date</b>	October 28, 2012	<b>Delay (months)</b>	12

#### UNICEF

<b>Funds Committed</b>	67,425.00	% of approved	45%
<b>Funds Disbursed</b>	0	% of approved	0%
<b>Forecast final date</b>	October 28, 2012	<b>Delay (months)</b>	12

### Quantitative achievements against objectives and results

#### Output 1.1: PHC managers and providers have improved capacities to provide Youth-Friendly Health Services in targeted governorates

##### UNFPA input

Conduct research on youth health/psychological needs and perceptions among in and out-of-schools youth, and determinants of youth health seeking behaviour.	<p>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 analysing the situation of Iraqi health facilities, where the AYFHS will be put into action.</p> <p>- 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</p>	100%
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	<p>close coordination between the implementing parties.</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>	
Organize workshop to define an Iraqi adapted Health service package addressing adolescent/Youth health and wellbeing needs	<ul style="list-style-type: none"> <li>- 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.</li> <li>- A questionnaire was developed in the same workshop to be used to collect information from youth inside Iraq.</li> </ul>	100%
Select 20 PHC centres in designated 4 governorates based on defined criteria	<ul style="list-style-type: none"> <li>- Visits were conducted by MOH (Baghdad and KRG) to PHC centres using an assessment tool that was agreed upon.</li> <li>- The assessment resulted in identifying a list of PHC centres to implement the project's activities. 7 of these PHCCs will implement YFHS.</li> </ul>	100%
Prepare norms, standards and guidelines for Youth Friendly Health services	<ul style="list-style-type: none"> <li>- A validation workshop was held in Beirut in collaboration with the American University in Beirut (AUB) on October 20-22 with participation of the MOH Baghdad and KRG representatives of youth programs and all future trainers from AUB.</li> <li>- Between October and end of December AUB team had worked on the same activity (Part 2)</li> </ul>	100%
Develop a training manual for Youth health providers, based on WHO/UNFPA modules	<ul style="list-style-type: none"> <li>- At the end of the last quarter of 2010, all norms, standards and manuals were developed and are ready to be utilized for the upcoming TOT.</li> <li>- 2 days workshop held at Erbil to discuss and develop operational guidelines and topics discussed in details(mission, organization, route, horary, responsible, registration, M&amp;E, integration and communication)</li> <li>- Operational guideline draft sent to MoH and waiting for final comments for finalization.</li> <li>- All modules designed and edited in preparation for printing, the Logo for YFHS designed and tested by a group of youth.</li> <li>- Youth committee at MoH designed a cover page for modules and agreed on final design of operational and training manuals, the printing of which will take place in Q2 2012.</li> <li>- YFHS design tested by youth groups and some modifications were done based on youth opinions.</li> </ul>	100%
Conduct a training of trainers on norms, standards and guidelines for Youth Friendly Health services	<ul style="list-style-type: none"> <li>- A 7-day workshop was conducted to create a core of trainers at the central and the KRG levels.</li> <li>- With MOHE participation through a team of academicians of Iraqi universities and technical assistants from the AUB, a high quality workshop was conduct on YFHS modules, communication skills, facilitation, and guidelines for both managers and health providers</li> <li>- Training on operational guidelines had taken place during the reporting phase</li> </ul>	100%

<p>Select 6 PHC centres in selected 4 governorates based on defined Criteria</p>	<ul style="list-style-type: none"> <li>- Several visits were conducted, through which the following objectives were achieved:</li> <li>- Depending on the design criteria, 6 PHCCs were selected to implement YFHS: two in Erbil and one for each DOH in Baghdad-Kharh, Baghdad-Rusafa, Babil and Missan.</li> <li>- At the same time minor rehabilitation plan for these PHCCs was designed.</li> <li>- Budget estimated and process is on-going</li> <li>- New PHCC was selected at Baghdad Al-Khark to implement YFHS, budget estimated and process ongoing, total number will be 7 PHCCs.</li> <li>- The MOH had approved the rehabilitation to be undertaken by UNFPA, the selection of the suppliers is taking place in collaboration with the Director of projects at the MOH, and in accordance with the MOH's rules and regulations.</li> <li>- Rehabilitation of 5 out of the 7 PHCCs was completed, the remaining two PHCCs are still in the process.</li> </ul>	<p>75%</p>
<p>Identify a team of health providers from each selected PHC centres</p>	<ul style="list-style-type: none"> <li>- 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</li> <li>- A Technical meeting was held at UNFPA office to plan for the next steps in project implementation.</li> <li>- All training modules were agreed upon, and a final version is ready for editing.</li> <li>- Several consensus meetings with PCD direct general and IRHFPA manager to explore YFHS implementation at 5 PC centres and 3 IRHFPA clinics.</li> <li>- All measures had been defined to implement YFHS at the clinics of the Iraqi Reproductive Health and Family Planning Association, a Memorandum of Understanding was signed to this effect, and a plan of action was agreed upon.</li> <li>- 3 IRHFPA clinics and 5 public clinics had been assessed and chosen to provide YFHS during afternoons, a change that aims at enhancing the utilization of the available services.</li> </ul>	<p>90%</p>
<p>Conduct training of providers teams (medical, psychologist and paramedical staff)</p>	<ul style="list-style-type: none"> <li>- Six training courses for health providers were conducted at Erbil and Baghdad and another two courses for managers were planned.</li> <li>- Operational guideline training for mangers was conducted.</li> <li>- A 10 days training course for doctors from PCD and IRHFPA staff on YFHS manuals had taken place.</li> <li>- Six training course were conducted during the second quarter of 2012 including (IRHFPA and Public Clinics employees).</li> </ul>	<p>80%</p>
<p>Conduct follow-up sessions for trained providers</p>	<ul style="list-style-type: none"> <li>- Tools for M&amp;E of training courses was developed and used during courses. (Pre and post-test, trainer evaluation and courses evaluation).</li> <li>- Fund transferred to conduct orientation course for health promotion managers at DoH with YFHS.</li> <li>- IEC material for YFHS marketing developed and quotation in process after design approval from youth committee at MoH</li> <li>- A workshop for the health promotion department was conducted to advocate for new service implementation.</li> </ul>	<p>60%</p>
<p>Monitoring system of quality of care is defined and operational, with youth participation</p>	<ul style="list-style-type: none"> <li>- Youth participation mechanisms were discussed during a 2 day "Operational guidelines" work shop that was held in Erbil.</li> <li>- A 5 day study tour took place in Morocco for 12 providers and managers from MoH (Baghdad and Erbil), the aim of this study tour is to expose the Iraqi participants to successful practices to similar experiences in a country with shared similarities, and as part of a south-south cooperation.</li> <li>- Youth participation was taken into consideration and periodic meetings with youth groups were conducted.</li> </ul>	<p>60%</p>

<p>Develop a data collection tools for YFHS and support its utilization within established 20 YFHS</p>	<ul style="list-style-type: none"> <li>- Client registration Form was developed and agreed on with MoH.</li> <li>- Several technical meetings were conducted to match the data collected from YFHS to the Health Information System that is already being used by MoH.</li> <li>- Develop Youth participation action plan in collaboration of MoH, MoE, MoY and local NGOs.</li> <li>- A panel for youth participation was defined by members from MoH, MoE, MoYS, Y-peers, NGOs and UNFPA coordinator.</li> <li>- An action plan for youth participation was developed throughout technical meetings between all concerned partners.</li> <li>- A final version of youth participation (YHAP) program was sent to the MoH for endorsement.</li> <li>- Registration forms were developed based on the national system.</li> <li>- YHAP plan agreed and validated by partners.</li> </ul>	<p>70%</p>
<p>Identify a group of Youth volunteers and train them on administrative Tasks and health education techniques.</p>	<ul style="list-style-type: none"> <li>- Group of youth volunteers identified and an orientation meeting conducted.</li> <li>- A plan was developed and a meeting was held with youth volunteers to discuss the modality of implementation.</li> <li>- A technical meeting was conducted and a focal person for each PHCC was nominated, to carry out the role of a coordinator between PHCC and the catchment areas' local communities.</li> <li>- Another technical meeting was held with the aforementioned coordinators to identify the responsibilities and outline the coordination mechanism with the MoH.</li> <li>- A 4 days workshop was held in Erbil and a group of youth were trained on certain skills: speech, meeting management, IEC design and communication.</li> </ul>	<p>40%</p>
<p><u>WHO input</u></p>		
<p>20 Adolescents &amp; Youth-Friendly Health Services are operational within existing PHC centres in 4 governorates</p>	<ul style="list-style-type: none"> <li>- 2 days technical committee meeting to discuss the workplan for the programme implementation at the selected governorates. A plan of action was developed which included capacity building activities for teachers and students.</li> <li>- Two training courses in Erbil and Baghdad on Adolescents and Youth friendly services for 45 doctors and Paramedicals working at the selected PHC centers.</li> <li>- one training course for 35 teachers at secondary school on mental health issue and psycho social support for students with behaviour changes</li> </ul>	<p>75%</p>
<p>Demand and use of youth friendly health services is increased through community participation</p>	<ul style="list-style-type: none"> <li>- advocacy meetings for 40 community and religious leaders ,in the targeted areas of the piloted PHC centres to provide information related to Adolescents health and the main key health issues</li> <li>- Two meeting of PTA's with active participation of 60 parents and teachers on the importance of Adolescents Youth Friendly services and special needs</li> </ul>	<p>65%</p>
<p><u>UNICEF input</u></p>		
<p>Community leaders, families, and teachers, are better able to promote utilization of youth friendly health services</p>	<p>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.</p>	<p>15 %</p>
	<p>UNICEF negotiated with MOH the development /adoption of training and IEC materials and toolkits for youth peer educators</p>	<p>70%</p>

	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 finished very soon.	
	UNICEF will implement training sessions for the peer educators at the youth and vocational training centres level in the third quarter of 2011 (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%

**Output 2.1 : Community leaders, families, teachers, and peer educators are better able to promote utilization of youth friendly health services**

**UNFPA input**

Youth mobilization and psychosocial support is intensified in Intermediate and secondary schools in catchment areas of established 20 YFHS

1- Select three (3) Intermediate and secondary schools within catchment area of the selected 20 PHC centers	<ul style="list-style-type: none"> <li>- The work plan on YHAP included the activity of mapping the catchment areas, a task to be carried out by the assigned coordinators.</li> <li>- The activity's implementation was initiated in 2 schools for each selected PHCC, for each school 2 persons (1 male and 1 female) were assigned as focal points for the programme, to serve in overcoming tradition barriers and encourage community acceptance.</li> <li>- A 3-day workshop was conducted with the participation of MoY, MoE and MoH to strength partnership among these partners, and establish better communication channels.</li> </ul>	70%
2- Support intermediate and secondary schools to establish Youth /Health clubs in each selected schools	<ul style="list-style-type: none"> <li>- A dialogue with resource persons from both MoH and MoE had taken place, to establish and construct such clubs, which in turn is dependent on the existence on certain health and environment committees.</li> </ul>	10%
3- Develop and print IEC materials for youth peer educators, based on those used in other countries.	<ul style="list-style-type: none"> <li>- IEC materials from both Morocco and Lebanon had been received, and are under consideration for modifications to be in agreement with the Iraqi culture.</li> <li>- All IEC materials will be developed with youth active participation and will be tested by youth groups to enrich its content.</li> </ul>	30%
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"> <li>- An announcement on Peer educator training was disseminated between the relevant partners, to build and construct a Y-Peer network at the PHCCs catchment areas.</li> </ul>	20%
2- Conduct outreach activities targeting out-of-school youths, through existing youth-peer volunteers programme.	<ul style="list-style-type: none"> <li>- Many channels were established to advocate for youth participation through the involvement of youth in project implementation, including sharing the design and planning of outreach activities.</li> </ul>	20%

**Qualitative achievements against objectives and results**

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  
Identify group of Peer educators and volunteers to elaborate youth participation through community mobilization.  
Capacity building of teachers and paramedicals on youth friendly services  
Advocacy meeting for religious and community leaders

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

WHO:

Main challenge is to complete the remaining activities by the end of the project through active involvement of all stakeholders(MoH and MoE)

UNFPA:

The main challenges at this stage are:

- Although the rehabilitation process had progressed during this stage, but the this activity is still facing hindrances due to the administrative processes of the MoH.
- During the reporting period the National counterparts involved in this programme are overburdened with other activities, and are facing several conflicts regarding prioritizing their work.