



FINAL NARRATIVE REPORT IRFFI/UNDG IRAQ TRUST FUND (UNDG ITF)

Participating U	JN Organization(s)	Sector(s)/Area(s)/Theme(s)		
UNICEF		Education Sector Outcome Team (SOT)		
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Programme/Project Title		Programme/Project Number		
Integrated Community-Based Services in Basra		B1-32		
		ATLAS Project Number: 66865		
		ATLAS Award Number: 54865		
Programme	/Project Budget	Programme/Project Location		
UNDG ITF:	US\$ 1,755,155	Region (s): South Iraq		
Govt. Contribution:		Governorate(s): Basra		
Agency Core:				
Other:		District(s): Basra Central, Al Zubair, Al Qurna, and		
TOTAL:	USD 1,755,155	Shat Al Arab		
		•		
Final Programme/ Project Evaluation		Programme/Project Timeline/Duration		
	•	Overall Duration		
Evaluation Done	☐ Yes ☑ No	15 Oct 2007 – 30 Jun 2009 (20 months)		
		13 Oct 2007 – 30 Juli 2009 (20 months)		
Evaluation Report A	ttached ☐ Yes ☑ No	Original Duration		
		15 Oct 2007 – 15 Oct 2008 (12 months)		
		Programme/ Project Extensions		
		First extension: 15 Oct 2008 - 31 Dec 2008		
		Second extension: 31 Dec 2008 - 15 Apr 2009		
		Third extension: 15 Apr 2009 - 30 Jun 2009		

FINAL NARRATIVE REPORT

I. PURPOSE

a. Provide a brief introduction to the programme/ project (one paragraph)

The main project goal is to improve access to and quality of basic social services in disadvantaged communities through an integrated community approach. In selected communities in Basra governorate, Iraqi authorities will be able to fulfil their obligations towards vulnerable populations in terms of responding to their immediate needs for basic social services in a transparent and equitable manner in line with democratic principles and international human rights standards, contributing to the achievement of the following Millennium Development Goals (MDGs): enrolling all children in primary school (MDG2), eliminating gender disparities in primary and secondary education (MDG3), reducing by half the proportion of people without access to safe drinking water (MDG7), reducing child mortality (MDG4), and poverty reduction (MDG1).

b. List programme/project outcomes and associated outputs as per the approved Project Document.

Immediate Objectives:

- 1. Improve participation and retention as well as access to and quality of education in 13 schools in Basra Governorate;
- 2. Improve access to potable water and sanitation services in the communities around the selected schools;
- 3. Improve the quality of basic primary health and nutrition services in the communities around the selected schools;
- 4. Assist parents, teachers, health workers, youth volunteers and other community members to provide psychosocial wellbeing for children.

Outputs:

The overarching output will be to upgrade 13 schools to Child-Friendly status;

- 1.1 School participation and retention as well as access of primary school children will improve;
- 2.1 Availability and improved quality of water and wastewater disposal will increase;
- 2.2 Sanitary facilities for school children, especially for girls will be available;
- 3.1 Selected Primary Health Care (PHC)/Maternal Child Health (MCH) units will be equipped with essential vaccines, basic medicines, and medical supplies/equipment;
- 3.2 Two PHC Centres (PHCCs) serving the 13 local communities will be physically rehabilitated;
- 3.3 The quality of health and nutrition services will be enhanced through high quality training courses for 100 health workers serving the local communities;
- 4.1 Quality psychosocial interventions will be available in child friendly spaces to support the holistic well-being of children in 13 communities;
- 4.2 Local authorities' capacities for planning, managing and monitoring the project will be strengthened, and communities will exercise ownership of the project. Parent Teacher Associations (PTAs) will be engaged in project implementation.
- c. List the UN Assistance Strategy Outcomes, MDGs, Iraq National Development Strategy (NDS)
 Priorities, International Compact with Iraq (ICI) benchmarks relevant to the programme/ project

UN Assistance Strategy for Iraq: The project is fully in line with the UN Country Team (UNCT) Strategic Cooperation with Iraq and the Joint Priority Action Plan and conforms closely to the priorities expressed by the Iraqi Authorities during the March 2007 Donors' conference - embracing education, water and sanitation and health needs, contributing to the overall targets of reducing

morbidity and mortality.

Specifically the project addresses the following clusters and matrix outcomes from the Joint UN-Iraq Assistance strategy:

Cluster-B	 To enhance access to all levels of education with special reference to
(Education and	disparity reduction (gender, geographic, ethnic, socio-cultural, economic
Culture)	and other disparities);
	- To improve rates of retention, completion and participation at all levels of
	education;
	 To improve learning outcomes at all levels of education.
Cluster-D	- 50% reduction in under-five and infant mortality;
(Health and	- 15% reduction in maternal mortality;
Nutrition)	Increase access to quality health care services especially for vulnerable
	groups and un-reached populations;
	 Enhance disease prevention and control including HIV/AIDS.
Cluster-E	 Availability of stable and safe drinking water and improved sanitation
(Infrastructure	
Rehabilitation)	

MDGs: The project contributes to the attainment of the following MDGs:

- Enrolling all children in primary school (MDG2)
- Eliminating gender disparities in primary and secondary education (MDG3)
- Reducing the proportion of people without access to safe drinking water by half (MDG7)
- Halting and reversing the incidence of malaria (MDG6)
- Reducing child mortality (MDG4)
- Poverty reduction (MDG1)

NDS Goals: The project relates to the following goals:

Goal (2): Achieve primary education for all

- "Everyone will have the opportunity for education and necessary skills to be able to enter world economy and have citizen rights and obligations."
- Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal (7.2): Eradicate Extreme Poverty and Undertake Area Based Development:

• "Diversify social protection programmes to increase effectiveness in addressing needy people at the local level, decentralize processes and involve NGOs in assisting the poor with sociomedical services"

ICI:

- The project relates to ICI Goal 4.4.1 of delivering basic services in order to achieve its interim 2011 MDGs in an efficient and sustainable way, through improvement of adult literacy and school completion rates by 25%, achieving gender parity at all levels of education and increasing the education budget from 3.5% to a minimum of 5% of GDP;
- The project will also enable effective coordination between national and sub-national governance units on service delivery with specific regard to the function of planning and service management;
- Promote area-based development strategies which:
 - 1. Ensure service provision to the most vulnerable segments of the Iraqi population including internally displaced people (IDPs), returnees, refugees, stateless persons, the disabled and widows:
 - 2. Increase income generation opportunities at community level;

- 3. Are gender-sensitive and responsive to the needs of youth;
- 4. Build the planning and executive capacity of sub-national governance institutions.
- The project contributes to 4.4.1.5 of ICI Benchmarks (as per the Joint Monitoring Matrix 2008) Reduce population without access to safe drinking water to 10% in urban areas (Baseline: UNDP Unmet Basic Needs Survey 40.4% population without access to safe drinking water of which 20% in urban and 60.4% in rural); and also contributes to the following WatSan sector outcomes:
 - 1: Increase sustainable access to safe water for urban and rural populations in 10 governorates, especially for the vulnerable;
 - 2: Increase sustainable access to improved sanitation for urban and rural populations, especially for the vulnerable;
 - 3: Capacities for effective management of WatSan enhanced.

Joint Needs Assessment:

The 2004 Iraq Living Conditions Survey (ILCS) indicates that over 70% of Basra residents do not have access to safe water. Irregularity in the supply of water affects between 4.9% and 11.1% of households in Basra Centre and Al Qurna districts, which results in increased reliance on tankered water by the residents. Nearly 5% of family members in Al Qurna district reported having experienced diarrhoea in the two weeks preceding the survey (Food Security and Vulnerability Analysis in Iraq, COSIT/WFP/UNICEF 2005). The sanitary situation in Basra is highly inadequate as 58% of the households in Basra do not have access to improved sanitation, while another 19% reported problems with their sewer connections (ILCS, 2004).

The education sector still faces serious failures and suffers from significant shortcomings. Major deterioration in both access to and quality of education is evidenced by declines in most of the basic indicators of development, as clearly brought out in the Ministry of Education (MoE)/UNICEF school survey (2003/2004), ILCS 2004 and the Iraq NDS (2007-2010). The situation is particularly acute in the southern Iraqi governorates, and especially for girls. Figures show that gender disparities in the South are high compared to the Centre and the North, and that in rural areas 44% of children need more than 15 minutes to get to school. Distance from school is one of the major impediments to girls' attendance, especially in rural areas. According to the Ministry of Labour and Social Affairs (MoLSA) study 'Social Elements of the Phenomenon of Violence against Children' (2004), anxiety has become a major psychosocial concern for the children of Iraq.

- d. List primary implementing partners and stakeholders including key beneficiaries.
- UNICEF
- WHO
- MoE in collaboration with Ministry of Health (MoH), Ministry of Municipalities and Public Works (MMPW), Mayoralty of Basra (MoB) and MoLSA
- 13 local communities in Basra Governorate including students and teachers in 13 schools

II. ASSESSMENT OF PROGRAMME/ PROJECT RESULTS

a. Report on the key outputs achieved and explain any variance in achieved versus planned results. Who have been the primary beneficiaries and how they were engaged in the programme/ project implementation?

Output 1.1 & 2.2

The project rehabilitated 13 schools in Basra jointly with the Directorate of Education (DoE) and Governorate Council in Basra as planned. All these schools now have adequate WatSan facilities

including separate toilets for girls, playgrounds with basketball courts and volleyball nets. Teaching / learning materials and school bags, recreation kits, sanitation kits, and gardening kits were distributed to the 13 schools.

In addition to the original plan of the rehabilitation of 13 schools, efficient contracting and procurement processes, as well as stringent use of funds for training activities enabled a saving of up to US\$120,000 from this project. Utilizing this amount, the project conducted rehabilitation of WatSan facilities in an additional four schools.

Through the rehabilitation of the 17 schools, school environments were improved for 20,735 students (13,852 boys; 6,883 girls) and 973 teachers (242 male; 731 female).

Output 2.1

Al-Faihaa Compact Treatment Unit in Shat Al-Arab district was rehabilitated, enabling access to safe drinking water for around 28,000 people. Laboratory supplies and equipment for Basra were delivered to the wastewater quality control laboratory.

Technical trainings of MMPW staff were conducted. A total of 79 staff (26% female) undertook the following trainings: 14 trained on the use of WaterCAD/SewerCAD software which was provided by UNICEF; 4 trained on Laboratory Information Management System, and 43 trained on hygiene practices.

Hygiene promotion materials were also developed, printed and distributed through community awareness campaigns from November 2008 to March 2009, coinciding with the events around the World Water Day.

Output 3.1 & 3.2

Although the original project plan was to rehabilitate two PHCCs under this project, the DoH rehabilitated one of the PHCCs planned for rehabilitation using different funding sources. In addition, the Al Qurna PHCC which was rehabilitated by UNICEF was in an extremely deteriorated condition and therefore needed comprehensive rehabilitation. Consequently, the DoH of Basra requested UNICEF to utilize the budget for two PHCCs for the comprehensive rehabilitation of Al Qurna PHCC. Accordingly, UNICEF completed the rehabilitation of Al Qurna PHCC and handed it over to the government.

Output 3.3

Training workshops for capacity building of health staff to improve the quality of health and nutrition services were developed jointly with the Integrated Community Initiative for Children (ICIC) team in Basra. Training included 40 medical doctors and 40 paramedical doctors working in Nutrition Rehabilitation Centres (NRCs) and PHCCs, as well as support to 60 community volunteers to improve growth monitoring, health and nutrition promotion and strengthening referral to PHCCs. An additional seven training courses are now in their final stages. The primary beneficiaries have been communities around the selected schools, around 50,000 people, which benefited from the improvement of the quality of basic primary health and nutrition services in the selected health facilities. Another group of beneficiaries have been the health workers and volunteers of the selected PHCCs, MCH centres and Community Child Care Units (CCCUs) who benefitted from high quality training on basic health and nutrition. The involvement of volunteers highlighted the strong community participation in this process.

Output 4.1

The project trained 244 teachers (67 male; 177 female) in the targeted 13 schools. Plans were developed to expand psychosocial support for children outside the schools through capacity building

of other groups in the community including parents and local leaders.

M&E tools were developed and used in the targeted schools to monitor implementation of the project and its impact on improving the wellbeing of children and teachers as well as school environment in providing psychosocial care. The results of these M&E activities will be used to document good practices in preparation for scaling up the project nationwide.

A Model Building Workshop brought together senior officials from MoE and MoLSA from Baghdad and Kurdistan Region, Ministry of Higher Education (MoHE)/ Baghdad, UNICEF staff, in addition to implementing partners. The workshop reviewed the teacher training module, which was amended and adapted to the Iraqi context. The plan developed during the workshop was handed over to the MoE.

28 children and youth (19 male; 9 female) participated in awareness raising sessions on Principles, Concepts and Practices of child and youth participation. On-the-job training to manage the project and build a model for teacher trainings was provided to officials from MoE and MoLSA jointly with the MoHE in Baghdad.

Output 4.2

PTA activities were implemented using different funding sources through UNICEF's NGO implementing partner, People in Need (PIN). PTAs were established and supported in the 13 schools, while awareness and mobilization activities were develop for 5,500 parents/community members. Guidelines for PTAs were developed and will be endorsed by MoE/DoEs in the coming month.

b. Report on how achieved outputs have contributed to the achievement of the outcomes and explain any variance in actual versus planned contributions to the outcomes. Highlight any institutional and/ or behavioural changes amongst beneficiaries at the outcome level

<u>Objective 1.</u> Improve participation and retention as well as access to and quality of education in 13 schools in Basra Governorate;

School rehabilitation has been successful in achieving its objective. Based on UNICEF field reports, the number of children enrolled in the 13 schools has increased from 6,869 in September 2007 to 7,040 in September 2008; an increase which demonstrates the positive impact of rehabilitation works on school enrolment. Construction of new water points and construction/rehabilitation of separate toilets for girls are expected to further enhance enrolment and retention of children in school, particularly those of girls.

<u>Objective 2.</u> Improve access to potable water and sanitation services in the communities around the selected schools:

Improved access to potable water and sanitation services in the communities around the selected schools was achieved through the rehabilitation of a compact treatment unit. Support to improved quality of water was ensured through provision of supplies to the wastewater quality control laboratory in Basra and training courses on proper treatment of wastewater.

<u>Objective 3.</u> Improve the quality of basic primary health and nutrition services in the communities around the selected schools;

Al Qurna PHCC was successfully rehabilitated and equipped with appropriate medical equipment, improving the quality of health services provided to 50,000 people within the communities around the selected schools. Trainings are currently in the final stages of implementation and once completed are expected to bring about an improvement in the quality of health services for around 150,000 people in the entire district.

<u>Objective 4.</u> Assist parents, teachers, health workers, youth volunteers and other community members to provide psychosocial wellbeing for children.

The project trained 244 teachers (67 male; 177 female) in the targeted 13 schools on psychosocial care, and are now providing psychosocial support to 6,384 children (44% girls) in those schools. Sustainability of this activity was enhanced through rigorous involvement of school communities such as PTAs and handing over of the programme to the MoE for its expansion.

For the PTA component, 3,435 parents contributed to school-based management activities, benefitting 6,869 students and 349 teachers in the 13 schools.

c. Explain the overall contribution of the programme/ project/ to the ICI, NDS, MDGs and Iraq UN Assistance Strategy.

• UN Assistance Strategy for Iraq

In the UN Assistance Strategy for Iraq (2008-2010), the former Clusters were reformed into Sector Outcome Teams (SOTs). In the SOT framework, Cluster B – Education and Culture was reformed into the Education SOT, Cluster D – Health and Nutrition to the Health and Nutrition SOT, Cluster E – Infrastructure Rehabilitation to the WatSan SOT.

The project contributed to the Education SOT Outcome 1 "Enhanced access to all levels of quality education with particular focus on girls" by improving the school environment through rehabilitation of WES facilities and minor repairs, including separate toilet facilities for girls; also to the Education Sector Outcome 2 "Strengthened institutional and human capacity of the Education Sector to deliver" through training of teachers and DoE staff.

The project contributed to the Health and Nutrition Sector Outcome 1 "By 2010, health and nutrition related programmes enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups"; and the WatSan Sector Outcome 1 "Increased sustainable access to safe water for urban and rural populations in ten governorates, especially for the vulnerable", Outcome 2 "Increase sustainable access to improved sanitation for urban and rural populations, especially for the vulnerable", and Outcome 3 "Capacities for effective management of WatSan enhanced".

• MDGs

The project directly contributed to the following MDGs:

- Enrolling all children in primary school (MDG2)
- Eliminating gender disparities in primary and secondary education (MDG3)
- Reducing child mortality (MDG4)
- Reducing maternal mortality (MDG5)
- Reducing the proportion of people without access to safe drinking water by half (MDG7)

• Iraq NDS

The project contributed to the achievement of Goal 2 "Achieve primary education for all" in the new NDS for 2007-2010, which continues to emphasize on improving quality of life. The project also contributed to the achievement of Goal 7.2 "Eradicate Extreme Poverty and Undertake Area Based Development".

• ICI

The project contributed to the achievement of ICI goals on investing in human development through full primary education and reduction of gender parity in education.

d. Explain the contribution of key partnerships including national, international, inter-UN agency, CSO or others towards achievement of programme/ project results.

The project was designed and implemented in close consultation with the MoE/DoE, MoLSA (both Baghdad and KRG), MoHE and MMPW. Education activities were implemented in collaboration with MoE and DoE of Basra.

The Water Directorate of Basra was closely involved in assessment of the needs, preparation of bills of quantities and the day-to-day supervision of work implementation. Similarly, MMPW including the water and sewerage directorate in Basra were involved in the planning of training programmes and selection of candidates for the training courses.

Governmental staffs from MoE, MoLSA (both Baghdad and KRG) and MoHE Baghdad were involved in building a module for teacher training, leading to government ownership of the project, and ensuring its sustainability. The training module will be used in the teacher training institute attached to MoE and in providing on-the-job training for teachers to scale up the project to cover additional schools.

Health and nutrition activities were implemented in collaboration with the Basra Nutrition Research Institute that was an active member in the whole process of planning, designing and implementing the proposed basic health and nutrition training packages, and are now solely responsible for their continuity.

- e. Highlight the contribution of the programme/ project on cross-cutting issues:
 - Were the needs of particularly vulnerable or marginalised groups addressed?

The beneficiary communities were selected based on community vulnerability profiles. Psychosocial care to children helped address some vulnerabilities faced by children in the project area.

• How did men and women benefit from the programme/project? How were gender inequalities handled?

The project was designed with a special focus on girls' education, where separate toilets were built/rehabilitated for girls to enrol and retain girls in school. The project provided support to teachers both male and female (72.5% female) to meet the psychosocial needs of children.

Access to safe water benefitted men, women, boys and girls equally. Overall, the percentage of women participating in the various WatSan training programmes was 26%. Though this is less than the 50% envisaged, it is a positive step considering that the number of women involved in some areas like Operation and Maintenance is limited, and some were less inclined to travel.

In addition, data was gender disaggregated for further gender analysis.

• Were environmental concerns addressed including environmental impact/risk assessment where relevant?

The public water project as well as construction/rehabilitation of WatSan facilities in schools has a positive impact on the environment.

• Were there any specific issues in relation to the security situation?

Continued insecurity in Iraq, in addition to the outbreak of measles, delayed the implementation of trainings as scheduled.

• Did the project contribute to employment generation (gender disaggregated)?

About 1,100 person-days of employment were generated through this project.

f. Provide an assessment of the programme/ project based on performance indicators as per approved project document using the template in Section IV

Full assessment of the health and nutrition component will be done after the completion of the trainings.

III. EVALUATION & LESSONS LEARNED

a. Report on any assessments, evaluations or studies undertaken relating to the programme/ project and how they were used during implementation. Has there been a final project evaluation and what are the key findings? Provide reasons if no evaluation of the programme/ project have been done yet?

M&E tools developed to evaluate the implementation and impact of the project; to study the experiences of the trainers in training the teachers, as well as the experiences of the teachers in implementing their new skills in the classroom so that these experiences can inform the process of designing the final module for nationwide implementation. Random selection used to determine which schools, teachers, and students would be chosen for the M&E throughout the targeted schools. The final project evaluation has not been conducted, since the project is still ongoing funded from other sources.

Full assessment of the health and nutrition component will be done after the completion of the trainings which will be under the direct responsibility of the Basra Nutrition Research Institute. UNICEF will continue to provide appropriate technical support in this process.

b. Indicate key constraints including delays (if any) during programme/ project implementation Volatile security conditions and the outbreak of measles in Iraq hampered the implementation of some activities. Military operations in Basra during April-May 2008 affected rehabilitation activities, and the outbreak of measles delayed the health training.

A delay was also faced in the implementation of Al Faihaa Compact Treatment Unit due to the following main reasons: a) the initial plan to construct a new intake structure for the treatment unit resulted in a cost far exceeding the available budget and leading to a re-look into other possible options, b) after prolonged assessment, a cost-effective technically suitable solution was found that made use of an existing intake structure from a nearby treatment plant and c) Bills of Quantities were accordingly revised and bids were issued thereafter prolonging the implementation

c. Report key lessons learned that would facilitate future programme design and implementation.

Close coordination with line ministries is essential for optimal project implementation, as it strengthens the government's ownership of the project, which ensures transparency in implementation as well as sustainability.

WatSan sector pre-selection tests were carried out in Iraq to select suitable candidates for the training courses. Visits were made to the training centres including interactions with the participants and faculty, for the conduct of pre-course and post-course tests, and evaluation of training programmes in the WatSan sector.

The above mentioned key lessons learned will be taken into consideration and incorporated to designs of future projects.

IV. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Means of Verification	Comments (if any)
Outcome 1:	To promote the u	ipgrading of 13 schools to C	hild-Friendly	status		
Output 1.1	Indicator 1.1.1	No. of schools upgraded to child-friendly status.	13	17	DoE reports/ UNICEF Facilitators report/ UNICEF records for	
	Indicator 1.1.2	No. of selected schools provided with furniture, recreational materials and sanitation kits.	13	17	rehabilitation & contracting units	
	Indicator 1.1.3	No. of selected schools provided with recreational areas.	13	17		
	Indicator 1.1.4	Well maintained WatSan facilities in schools.	13	17		
Outcome 2:	To improve acces	ss to WatSan services in the	communities a	around the selected sch	nools	
Output 2.1	Indicator 2.1.1	No. of people with access to safe water	28,000	28,000	UNICEF Field Reports, Government records	
	Indicator 2.1.2	No. of water treatment plants rehabilitated	1	1	UNICEF Field Reports, Government records	
	Indicator 2.1.3	Km's of water distribution network rehabilitated	Not Applicab	le	•	Although originally anticipated at the
	Indicator 2.1.4	Km's of sewer networks laid				proposal stage, these components
	Indicator 2.1.5	No. of sewage pumping stations rehabilitated				could not be taken up due to limited

	Indicator 2.1.6	Quantity of chlorine distributed and used at the facilities				funds.
	Indicator 2.1.7	No. of staff (Water and Sewerage Authority) trained in different thematic areas related to WatSan Sector	71	79 (14 on use of WaterCAD/ SewerCAD software; 4 on Laboratory Information Management system; and 43 on Hygiene practices)	Training Completion Reports, Contracts with training institutes, government records	
	Indicator 2.1.8	Type and no. of design aids/advocacy documents provided	WaterCAD software SewerCAD software 5000 promotional notepads	3 5,000	UNICEF Purchase Orders, Government Receipts	WaterCAD – two in Basra and one for the central ministry SewerCAD – two in Basra and one for the central ministry
	Indicator 2.1.9	No. of wastewater laboratories equipped with equipment and essential supplies	1	1	UNICEF Purchase Orders, Government Receipts	All Supplies/ equipment for the conduct of routine wastewater testing and analysis have been delivered to Sewage Lab in Basra
Outcome 3:	To assure basic h	nealth services in the commu	nities around	the selected schools		
Output 3.1	Output 3.1	Number of selected health facilities adequately equipped and providing improved quality services	1	1	DoH reports/ UNICEF Facilitators report/ UNICEF records for rehabilitation & contracting units	
		Number of health	2	1 2		

		facilities in the selected areas covered with basic medical supplies				
		No. of health workers from PHC/MCH units trained on quality health and nutrition services	100	120 (40 medical doctors and 40 paramedical doctors working in NRCs and PHCs; training of 60 community volunteers working in Community Child Care Centres)		Other 7 training courses ongoing.
	To assist parents on strengthening t		outh voluntee	ers and other communit	y members to provide psychosocia	l wellbeing for children
Output 4.1	Indicator 4.1.1	No. of teachers, community members trained on psychosocial wellbeing for children	320	237 teachers and SWs from 13 ICIC	Steering committee reports/ implementing partner reports/ Facilitators reports	237 teachers from 13 ICIC schools in Basra are trained so far, around 85 from
				schools trained		5 schools will be trained in the coming few weeks