

**UNDG IRAQ TRUST FUND
MPTF OFFICE GENERIC FINAL PROGRAMME NARRATIVE REPORT
REPORTING PERIOD: FROM 1 JANUARY – 31 DECEMBER 2012**

<p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Addressing Micronutrient Deficiencies in Iraq: Assessment and Response • Programme Number : D2-27 • MPTF Office Project Reference Number: 00074327 	<p align="center">Country, Locality(s), Priority Area(s) / Strategic Results</p> <p><i>Country/Region :Iraq- Nationwide</i></p> <hr/> <p><i>Priority area/ strategic results: Health and Nutrition People in Iraq have improved food and nutrition security, and food safety.</i></p>
<p align="center">Participating Organization(s)</p> <p><i>WHO (Lead Agency), UNICEF</i></p>	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> • MOH (Lead Ministry) in Baghdad and KRG, MoP/CSO and KRSO
<p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: MPTF /JP Contribution: US\$3,181,763 by Agency</p> <ul style="list-style-type: none"> • WHO: 1,827,394 • UNICEF: 1,354,369 <p>Agency Contribution: - WHO core : US\$50,000 - UNICEF core: US\$100,000</p> <hr/> <p>Government Contribution:</p> <p>Other Contributions (donors)</p> <p>TOTAL: US\$ 3,331,763</p>	<p align="center">Programme Duration</p> <p>Overall Duration (<i>34 months</i>) Start Date <i>2 March 2010</i></p> <p>Original End Date¹ (<i>2 September 2011</i>)</p> <p>Actual End date² (<i>31 December 2012</i>)</p> <p>Have agency(ies) operationally closed the Programme in its(their) system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Expected Financial Closure date: 31 December 2013</p>
<p>Programme Assessment/Review/Mid-Term Eval.</p> <p>Evaluation Completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>23 January 2012</i> Evaluation Report - Attached (final report in process) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd. mm. yyyy</i></p>	<p align="center">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Dr. Faiza Majeed ○ Title: Medical Officer, WHO Iraq Country Office ○ Participating Organization (Lead): WHO ○ Email address: majeedf@irq.emro.who.int

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

Given the broad range of underpinning problems that require immediate response in the Health Sector in Iraq, there was an urgent need to build institutional and human capacity at all levels to address micronutrient deficiencies. Accordingly, this project, via its major components, was designed to provide the support to the Health system in institutional capacity development and staff capacity building at the national and local levels. Additionally, the Project had enabled MoH and its partners to more effectively manage existing nutritional interventions and to adequately plan, implement and monitor new prevention programs and evaluate their impact. The integration of nutrition in the national diseases surveillance and health information system (HIS) had ensured sustainability of this major nutritional project. This program is a joint effort of two UN agencies in Iraq, WHO (Lead agency) and UNICEF in collaboration with WFP and FAO. UN agencies worked closely with line ministries in pursuit of achieving their common goal.

The most important achievements of the programme during the reporting period:

1. Capacity building of MOH and allied governmental authorities to undertake the assessment and to plan, formulate policies, and implement nutritional intervention.
2. Integration of the nutritional data in the national surveillance and HIS.
3. Review of MNAR survey tools including the protocol, training manuals and questionnaire forms
4. Training of trainers (ToT) workshop conducted in Erbil, 23-28 January 2011 for 66 participants from MoH/ Baghdad and Kurdistan region and MoP/COSIT and KRSO. (32 Doctors (central and local supervisors) from Baghdad and governorates, and (34) laboratory technicians form all governorates.
5. Implementation of MNAR survey at household level 23 December 2011 – 22 January 2012 in all governorates in Iraq
6. Support to research work at the Nutrition Research Institute (NRI) on nutritional status of women and children under five and a study on vitamin A in breast milk
7. Procurement of laboratory materials and equipment with a total cost of \$454,000.00
8. Bio -analysis of blood samples for Vitamin A,D ,B12 and folate at JUST and Central Jordan Laboratories, Amman-Jordan and .
9. Response activities to tackle malnutrition and micronutrient deficiencies based on the information gained during the assessment and ongoing projects that were implemented by the participating agencies through:
 - a) Emergency provision of 50 million ferrous folic acid tablets for MOH/ Baghdad for the prevention and treatment of anemia in pregnant and lactating women.
 - b) Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MOH/NRI for distribution with routine immunization for children under 5 and lactating women.
 - c) Procurement of 20 Spectrophotometers devices for the labs of MOT for better monitoring of wheat flour fortification.
10. Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials

I. Purpose

This project, via its major components, is designed to build the capacity of the Ministry of Health (MoH) to more effectively manage existing nutritional interventions and to adequately plan, implement and monitor new prevention programs and evaluate their impact. Tools and systems for effective management, planning, monitoring and evaluation will be developed from local to central levels of the MoH. The integration of nutritional data as a new component into the national diseases surveillance and Health Information System (HIS) will improve sustainability of national nutritional monitoring and response.

The joint project aims at building capacity of the Government of Iraq (GoI) including MoH, Central Statistical Organization (CSO), and other Ministries to address micronutrient deficiencies in Iraq through: 1) Undertaking a nationwide assessment of nutritional status and micronutrient deficiencies 2) Integration of Nutrition information in the national Health Information system and 3) initiation orientation and sustaining of new or ongoing nutritional responses. All these activities will be undertaken through building the capacity of the responsible health and other authorities.

The expected outcomes:

Joint Programme/Project Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused

Strategic UN Planning Framework (UNDAF)

-UNDAF Outcome 4.3: Government of Iraq has enabled improved access to and utilization of quality Primary Health Care services for all people in Iraq.

-UNDAF Outcome 4.6: People in Iraq have improved food and nutrition security, and food safety.

II. Assessment of Programme Results

i) Narrative reporting on results:

Improved access to health and nutrition services is not only one of the major developmental objectives in the health sector of the National Development Plan but also a challenge to provide essential services in the framework of the right for health as a fundamental human right.

Other than being associated with more than 50% of all childhood mortality, malnutrition results in many other drastic consequences at both individual and community levels. Children with improper growth (expressed as anthropometric deficits i.e. wasting, stunting, and underweight) are usually suffering of many health and social problems. They are more susceptible to infections, more likely to be sick, and to die of sickness. Their school performance, intellectual achievement, and later on work capacity are all adversely affected as well. Similarly, studies of infants have shown that iron deficiency anemia (IDA), one of the commonest malnutrition problems in the world (affecting over 2 billion people), delays psychomotor development and impairs cognitive development of children (WHO internal Paper).

Iraq is presently struggling with a high percentage of malnutrition and poor feeding practices related to maternal child nutrition, micronutrient deficiencies and other nutrition-related chronic diseases. Stunting remains the predominant feature of growth failure (21.8% with nearly half of them severe) in under-five (U5) children in Iraq.

The implementation of this micronutrient assessment survey provides a solid data and information on the nutritional status of Iraqi population at national and district level and contribute to the NDS Goal: 7. Improve quality of Health. It directly contributes to ICI Benchmarks 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development, to HNSOT Strategic outcome: By 2010, health and nutrition

related programs enhanced to ensure 20% increase in access to quality health care services with special focus on vulnerable groups and to MDGs: This programme contributes to MDGs 1, 3, 4 and 5 through quantify MDG baseline and targets to be achieved in the medium term; establishing sector and inter-ministerial working groups through which ministries and international partners can work together to develop policy guidelines for planning processes; and building research and information management capacity within Iraq line Ministries in support of their Policy making function

There are currently gaps in the available micronutrient baseline population data as well as in the system of monitoring and supervision of nationwide utilization of micronutrients (fortification of food, supplementation programmes to children, mothers, school children, etc). This survey provided for the first time baseline data at national level on micronutrients among women in child bearing age and children under 5 such as anemia, iron deficiency, vitamin B12, Vitamin A, Vitamin D, Vitamin and folate deficiency.

The MNAR survey provides an evidence based data for policy makers to address micronutrient deficiencies within the National Development Strategy, recommendations on key interventions, both curative and preventative, to address micronutrient deficiencies identified (for example, fortification programmes and agricultural and livestock activities).

The MNAR was implemented nationwide at household level. The main beneficiaries were: all children 6-59 months of age currently residing in that household, non-pregnant women of child bearing age and school students 6-14 years of age.

JP Output 1.1: MoH, Ministry of Health/Kurdistan Region (MoHK), COSIT and Kurdistan Regional Statistical Office (KRSO) have improved capacity to develop and carry out a nutrition micronutrients assessment (WHO).

- Development of a data entry application design for "*Iraq Micronutrient Assessment and Response (MNAR) survey 2011*" using CPro 4.0 for Ministry of Health and the Central Organization of Statistics in Iraq.
- Training courses for central supervisors and laboratory technicians was conducted successfully
- Capacity building for two NRI lab technicians on Vit. A analysis methodology completed.
- Procurement of supplies and equipment needed for specimens
- MNAR survey tools reviewed and updated including the protocol, training manuals and questionnaire forms.
- Required resources needed for the implementation of the MNAR including logistical support for storage and transportation of specimens were discussed and identified.
- Potential Laboratories for conducting the biological analysis were identified.
- MNAR fieldwork implementation completed, followed by data entry and data analysis. The second phase of the survey implemented in January 2012 which involved school students 6-12 years.

JP Output 1.2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system(WHO)

- Training of 2 laboratory technicians on SPSS statistical applications for 2 days.
- WHO supported research work at NRI on nutritional status of women and children under-five
- Implementation of the detailed plan of action in the National Nutrition Strategy and plan of action and provision of feedback to the line ministries.
- WHO sponsored two biochemists from MOH/NRI Iraq to come to Amman so that to work closely with the team at Central Jordan laboratories to complete the folate analysis.
- Documentation of the nutritional indicators into the HIS system at NRI and provision of feedback to the PHC centers and Hospital which have nutrition rehabilitation units(NRC)

JP Output 1.3: GoI are better able to provide nutritional response especially in vulnerable areas (UNICEF)

- Procurement of iodine salt testing kits to MoH Baghdad to improve quality control of salt available on the market as well as household.
- Emergency provision of 50 million ferrous folic acid tablets for MoH/Baghdad for the prevention and treatment of anemia in pregnant and lactating women.
- Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MoH/NRI for distribution with routine immunization for children under-five and lactating women.
- Procurement of 20 Spectrophotometers devices for the labs of MoT for better monitoring of wheat flour fortification.
- 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders.
- Capacity building of 2 lab technicians on the analysis of Vit. D in JUST laboratories Irbid, Jordan and another two on the analysis of Folate in CDC lab in Atlanta.
- Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials and distribution of simple gifts to families involved in the MNAR survey

- **Qualitative assessment:**

WHO, being the lead agency in this joint project with UNICEF, worked closely with MoH representatives, key managers and health professionals from the central, governorate and district levels, which directly increases levels of capacity building and long term sustainability. Furthermore, WHO was following the implementation of this programme in close coordination with the Regional office/EMRO and CDC Atlanta advisors who were involved from the early stages of the programme development and implementation of various activities and interventions.

The Ministry of Health and Health and Nutrition Sector Outcome Team members (WHO, UNICEF, WFP and FAO) has been working closely together during the implementation of the project activities and coordinate their work in order to maximize the synergy and prevent any duplication of efforts. WHO and UNICEF worked closely with the MoH/NRI through field supervisory visits , direct meetings and teleconferencing in Amman, Baghdad and Erbil. The entire WHO network of staff, logistics and telecommunication contributed to support the MoH.

The Government of Iraq among others, have committed themselves to the full realization of this human right. Concrete steps towards this realization include addressing underling determinants of health such as safe water and adequate housing, and also access to quality health care (including immunization, nutrition etc). The right to health requires that the whole government is engaged, not only the MoH, but also areas such as areas of labour, trade, planning etc. Access, availability, equity and quality of health services will be supported for all sectors of the population. To ensure equity during project implementation, the project is targeting five areas (Baghdad, Center, Kurdistan, North and South). Within each of these five regions, 50 Primary Sample Units (PSUs) will be selected.

Efforts have been instituted by this project to mainstream the gender in all policies and strategies of the MoH and other relevant Ministries. Both WHO and UNICEF ensured that gender equality be considered in the execution of various activities supported by this project e.g. in recruitment and training activities, rehabilitation and reconstruction works etc. This project has also ensured that the collection of all data pertaining to this project be segregated on the basis of gender as shown by the chart below. The need for gender mainstreaming throughout all policies and activities will be addressed in the various trainings and technical support rendered to the GoI within the context of this programme. Gender equality will be also

ensured through the response component which will be based on the assessment and the disaggregated information provided. Efforts which intend to increase and encourage the number of female participants in various capacity building activities under this project are ongoing. No direct adverse effect to the environment will result from the implantation of this project.

The implementation of this programme generated direct and indirect local employment opportunities in Iraq. It offered opportunities for participants to acquire specific training skills that they will be able to utilize for individual and social development. Supplies will be locally procured which indirectly will create employment opportunities and income generation. Around 250 professionals and similar number of support staff was involved/supported/ recruited throughout the period of the project.

ii) Indicator Based Performance Assessment:

	<u>Achieved Indicator Targets</u>	Reasons for Variance with Planned Target	Source of Verification
Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused Indicator: NA in the project document Baseline: Planned Target:			
Output 1.1: MOH, MoHK , COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment			
Indicator 1.1.1 Number of COSIT and KRSO staff trained on data collection and analysis(disaggregated by sex) Baseline: 0 Planned Target:40	72	Increase in number of interviewers	Training report
Indicator 1.1.2: Percentage of COSIT and KRSO trained staff satisfied with quality of training in terms of relevance and usefulness Baseline: NA Planned Target: 80%	80	Number is higher than the target as there was increase in the number of central supervisors	Post training participants' assessment
Indicator 1.1.3: Number of MoH, MoHK field workers, governorate focal points trained on anthropometric measurement (disaggregated by sex) Baseline: NA Planned Target:40	46	The planned target was too high	Training report
Indicator 1.1.4: Percentage of trained MoH field workers, governorate focal points satisfied with quality of training in terms of relevance and usefulness Baseline: NA Planned Target:80%	80%	The final report will be completed after conducting the peer review and consultation meeting which is planned to discuss the results by MoH, WHO and CDC expertise in April 2013.	Post training participants' assessment
Indicator 1.1.5: Number of MoH, MoHK laboratory staff trained on blood sampling and testing Baseline: 0 Planned Target:100	90		Training report
Indicator 1.1.6: Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness Baseline: NA Planned Target:80%	80%		Post training

<p>Indicator 1.1.7: Number of height measuring boards, scales, and computers provided to MoH Baseline: 0 Planned Target: 100 height measuring boards 100 scales 20 computers</p> <p>Indicator 1.1.8: Micronutrient assessment report completed Baseline: 0 Planned Target:1</p>	<p>100 100 4 Preliminary report</p>		<p>participants' assessment</p> <p>MoH, WHO, UNCEF reports</p> <p>Survey data entry files</p>
<p>Output 1.2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system</p>			
<p>Indicator 1.2.1: Number of MoH and MoHK staff trained on data collection and analysis of nutrition data Baseline: 0 Planned Target: 150</p> <p>Indicator 1.2.2: Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness Baseline:0 Planned Target:80%</p> <p>Indicator 12.3: National nutrition management information system in place Baseline: No Planned Target: yes</p>	<p>110 70% System in place</p>	<p>Further training is planned for 2013 under different funding sources</p> <p>Further training will continue using MOH own funding</p>	<p>Training reports</p> <p>Post training participants' assessment</p> <p>Programme progress report</p>
<p>Output 1.3: GOI are better able to provide nutritional response especially in vulnerable areas</p>			
<p>Indicator 13.1: A monitoring mechanism in place Baseline: No Planned Target: Yes</p> <p>Indicator 1.3.2: Number of inspectors trained on how to monitor fortified flour and iodized salt inspection (2 per</p>	<p>Monitoring mechanism is in place</p> <p>78%</p>		<p>Programme progress report</p> <p>Training report</p>

<p>district = 237) Baseline: 0 Planned Target:100%</p> <p>Indicator 1.3.3: Number of MoH staff trained on monitoring availability of micronutrients at PHC level (one in each PHC) Baseline: 2000 Planned Target:100%</p> <p>Indicator 1.3.4: Percentage of trained MoH staff satisfied with quality of training in terms of relevance and usefulness Baseline: 0 Planned Target: 80%</p> <p>Indicator 1.3.5: Number of PHC I MCH units provided with micronutrients Baseline:1000 Planned Target:100%</p> <p>Indicator 1.3.6: Number of Information education Communication materials developed Baseline: NA Planned Target: Five media advocacy materials produced 65 social mobilization events 2000 IEC material and brochures developed Distribution of simple gifts to families involved in survey</p>	<p>65%</p> <p>50%</p> <p>100%</p> <p>100%</p>		<p>Training report</p> <p>Post training participants' assessment</p> <p>Distribution plan</p> <p>Meeting minutes and progress report</p>
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iii) Evaluation, Best Practices and Lessons Learned

The Micronutrient deficiencies assessment survey (data collection and biological sampling) was implemented on 24th December 2011 and completed in all governments in Iraq on 25 January 2012. The data entry has been completed and the results of the study will be launched soon

In addition to the MNAR survey and as part of strengthening the health information system, the following studies were conducted by MoH with the support of WHO and UNICEF through providing technical and financial support:

1. Support Nutrition study on Iron Deficiency anemia in 3 Governorates.
2. Support for Vit A prevalence study for children U5, pregnant and lactating women.

WHO and UNICEF requested extension of the project for another 12 months (1 August 2011- 2 September 2012) as there was a delay in the implementation of the survey (from May till December 2012) due to the following:

1. Implementation of MICS 4 survey by MoP by the end of April 2011 which made it difficult to conduct the MNAR survey back to back as the same household sample was used for both surveys.
2. Delay in the process for the procurement of supplies and equipment needed for the survey.
3. The targeted school children (age 6-12 years) included in the survey for assessment of urinary iodine were in summer holiday so the Survey should be postponed for the next academic year 2011-2012.
4. Ministry of Health sent a request for extension of the Programme for 12 months so that to enable them to conduct the survey in November-December 2011 for 40 days.
5. The MNAR survey could not be conducted in summer time where the temperature reaches 58-60 C as this would have affected the efficacy of the biological tests storage and cold chain process as the survey include collection of blood and urine specimens from mothers and children that will be transferred to Baghdad central lab and then to Amman and Erbid /Jordan by Road and this will affect the cold chain and storage.

Actions taken to mitigate future delays:

1. To address the issue of delay in the delivery of some items by the contactor which were needed for lab analysis, it was agreed by the MNAR high committee to postpone the field work for two week and to start on 24th Dec 2011 instead of 10th Dec.
2. To cover the additional cost of the lab testing of the collected samples, it was agreed on the following:
 - Transportation cost for the survey to be covered by UNICEF, NRI/MOH agreed to shift the fund under the ITF from service delivery to cover this cost.

- Central supervisors transportation to the governorates to be on weekly basis to ensure timely delivery of the filled questionnaires
 - WHO shifted allocated fund for the transportation to cover the additional cost of testing in Jordan
3. WHO ensured the entire logistic requirement for the transportation of the samples to Jordan for testing including facilitating letter for trans-border shipment of the samples.
 4. Operational room at MOHs and WHO/UNICEF was put on call throughout the survey fieldwork and so as to ensure daily report to WHO Iraq Programme officer on the fieldwork progress

One of the best practices in this programme is the major component of the program which includes an integrated joint monitoring and evaluation system that allowed fast reaction to any sudden changes which might affect the implementation of the program. WHO as the leading agency took the primary responsibility in the designed system.

The implementation of the project was ensured with the establishment of steering committees at the central level. The National Steering Committee, which is responsible for the preparation of comprehensive implementation plans including monitoring the progress of implementation and reporting, has been appointed and is chaired by deputy Minister of Health with membership of the UN agencies and concerned Director Generals from MoH, MoP and Ministry of environment.

Ongoing monitoring on the ground is done by national officials and facilitators of the UN agencies involved and focal points from MoH/MoP at governorate level. To assure quality monitoring, they were oriented on the programme and trained in monitoring techniques to be able to track performance towards the goals of this programme. Field visit reports are prepared including photos reflecting the quality and timely completion of different activities.

Annexes:

Abbreviations

CDC Atlanta: Communicable Disease Control in Atlanta
CSpro: Census and Survey Processing System
CSO: Central Statistical Organization
FAO: Food and Agriculture organization
HNSOT: Health and nutrition Sector Outcome team
HIS: Health Information System
JUST: Jordan University of science and technology
MoH: Ministry of Health
MNAR: Micronutrient assessment and response
MICS 4: Multiple Indicator cluster survey
MoP: Ministry of Planning
NRI: Nutrition Research Institute
UNICEF: The United Nations Children's Fund
WHO: world Health Organization
WFP: World for Food Programme

Micronutrient Deficiencies Assessment and Response(MNAR) Survey in Iraq

Photos



Training of trainers(ToT) workshop in Erbil for central and local supervisors,2011(MoH, WHO, UNICEF ,CDC Atlanta)



Training of Trainers workshop (Practical session) for the phlebotomists by CDC Atlanta advisor.(January 2011,Erbil)



MNAR field work : January 2012, Phlebotomist withdrawing blood sample from a child 24 months old and mother age 35



MNAR field work : January 2012, Phlebotomist withdrawing blood sample from a child 18 months old