



UNITED NATIONS DEVELOPMENT GROUP  
IRAQ TRUST FUND  
Programme Cover Page

<b>Participating UN Organisation(s):</b> UNFPA
---

<b>Sector Outcome Team(s):</b> Health and Nutrition
--

<b>Programme Manager(s):</b>	
<b>Name:</b>	<b>Luay Shabaneh</b>
<b>Telephone:</b>	<b>00962 79-7315772</b>
<b>E-mail:</b>	<a href="mailto:shabaneh@unfpa.org">shabaneh@unfpa.org</a>

<b>Sector Outcome Team Leader(s):</b>	
<b>Name:</b>	<b>Ezechiel Bisalinkumi</b>
<b>Telephone:</b>	<b>00962 79-5053669</b>
<b>E-mail:</b>	<a href="mailto:bisalinkumie@irq.emro.who.int">bisalinkumie@irq.emro.who.int</a>

<b>Programme Title:</b> Women's Health and Social Status Survey
--

<b>Programme Number:</b> D2-30
-----------------------------------

<p align="center"><b>Programme Description (limit 1,000 characters):</b></p> <p>This programme aims at carrying out a field survey on women's health and social status (WHSS). The survey is building on the previous surveys provides a set of complementary data. It focuses on the women's life cycle (15 years and above) and emphasizes the social and health status, which is needed to formulate, design and monitor programmes and policies for women's development, health and social improvement; and contributes to building the regional women's social status and health &amp; reproductive health data bank. The goal to which this programme is contributing is to enhance Iraqi women's reproductive health and social status through identifying information gaps in the knowledge, practice and attitudes concerning women's health and their social status; and providing information for evidence-based planning in the areas of women's socio-economic rights.</p> <p>With data collection that is statistically representative at governorate levels, this survey is extremely timely to support the government, UN agencies, and other development partners for the newly developed NDP and PRS and the UNDAF. Within this perspective, the programme will identify the determinants of women's health and social status as well as to measure progress on the MDG 3 and 5.</p> <p>The programme overall purpose is to increase and upgrade the capacities of the Iraqi line ministries and concerned institutions and Civil Society Organizations (CSOs) in providing base line information for policy formulation, better planning and monitoring progress in the areas of women reproductive health and social status.</p> <p>More specifically, the survey aims to create an enabling policy environment and support capacity building of the public sector and CSOs in the development of clear policies and plans to implement and monitor scaled up national response to women's health concerns and needs. At the same time the finding will support advocacy for women's human rights and the development of women status in society, and in the implementation of well planned interventions to achieve MDGs 1 to 6, as well as ICPD goals. The direct programme beneficiaries are: a) Women in Iraq; b) key government ministries, and c) CSOs and communities concerned. The development of the survey tool will support the NDP Strategy Goal (3) Enhancing Gender Equity and Strengthening Women Empowerment.</p>
--

Programme Costs:	
UNDC ITF:	US\$ 800,000
Govt. Contribution:	US\$ 106,000
UNFPA Core:	US\$ 250,000
WHO Core:	US\$ 100,000
LAS/PAPFAM (parallel financing)	US\$ 150,000
<b>TOTAL:</b>	<b>US\$ 1,406,000</b>

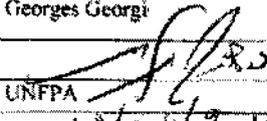
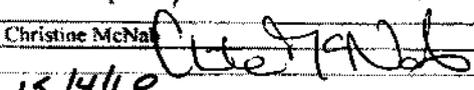
Programme Location:	
Governorate(s):	All governorates
District(s):	
Town(s):	

<b>Govt of Iraq Line Ministry Responsible:</b>
MOPDC/COSIT (Lead), MoH, MoLSA, MoHE

<b>Programme Duration:</b>
Total # of months: 24 months
Expected Start date: 01 March 2010
Expected End date: 28 February 2012

Review & Approval Dates	
Line Ministry Endorsement Date:	17 August 2009
Concept Note Approval Date:	27 October 2009
SOT Approval Date:	12 November 2009
Peer Group Review Date:	2 March 2010
ISRB Approval Date:	1 April 2010
Steering Committee Approval Date:	11 April 2010

**Signatures of Agencies and Steering Committee Chair**

I.	Name of Representative	Georges Georgi
	Signature	
	Name of Agency	UNFPA
	Date	12/04/2010
II.	Name of Steering Committee Chair	Christine McNair
	Signature	
	Date	15/4/10

National priority or goals (NDS 2007- 2010 and ICI):

NDS:

Goal (3): Enhancing Gender Equity and Strengthening Women Issues

Goal (5): Reduce maternal deaths

Goal (6): Full access to water and health services

ICI Benchmarks (as per the Joint Monitoring Matrix 2008):

4.2: Strengthening Institutions and Improving Governance.

4.4: Human Development and Human Security:

4.4.1.4: Improving Health and Nutrition of all Iraqis as a cornerstone of welfare and economic development.

4.4.1.6: Reduce gender Discrimination, increase participation of women in public life and labor market.

**Sector Outcome:** Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes.

**Joint Programme/Project Outcome(s):**

Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes.

**Detailed Breakdown of Budget by Source of Funds and  
Distribution of Programme Budget by Participating UN Organization**

<b>Participating UN Organization</b>	<b>Portion from ITF Budget (US \$)</b>
UNFPA	800,000
<b>Total</b>	<b>800,000</b>

**Total budget (in US \$):** \$ 1,406,000

**Sources:**

- Government \$ \_\$106,000
- ITF (earmarked) \$ \_\_\_\_\_
- ITF (unearmarked) \$ \_\_\$800,000
- LAS/PAPFAM (parallel financing) \$ \_\_\$150,000

**UN Core/non-core sources**

- UN Org (specify: UNFPA core) \$ \_\_250,000
- UN Org (specify: WHO core) \$ \_\_100,000
- UN Org (specify: ) \$ \_\_\_\_\_
- UN Org(specify: ) \$ \_\_\_\_\_

## **1. Executive Summary**

The 2007-2010 Iraqi National Development Strategy (NDS) sets ambitious goals for economic and social development; the achievement of these goals requires sound planning processes, which in turn relies heavily on detailed population, social and economic information. Iraq went through significant changes in population structure and distribution during the last few years, due to the prevailing conditions of deteriorated security, conflict, and external and internal migration, among other factors. Several household characteristics such as fertility, mortality, employment, women's health, women's status, family size and structure have substantially changed as well.

Population policies, particularly those related to reproductive health for women and health and policies related to elderly people, require an up-to-date baseline data on the emerging issues. This analysis of Iraqi-specific issues require also cross country analysis. Therefore the programme proposes to undertake a household survey with representative sample at governorate level using the module of Pan Arab Project for Family Health (PAPFAM) in order to achieve three main objectives: i) to provide up-to date quantitative measurement on the main indicators related to women's and elderly women health and reproductive health status; ii) to make cross country analysis for Iraq with other Arab countries conducted the PAPFAM, and to undertake in-depth analysis to better understand the dynamics and determinants of health and reproductive health related emerging issues, and to draw policy options to move forewords in the population policy in Iraq, and; iii) to inform policy makers at both national and government levels on population, women and women elderly health and reproductive health issues. The programme consists of two main outputs: i) capacity of COSIT and partner institutions is enhanced to design, supervise, monitor and evaluate large-scale health surveys; ii) policy makers and planners at both national and governorate levels are better informed on the status and needs of women and elderly women.

This programme is comprised of four main activity components. The first activity is data collection in cooperation with stakeholders and partners at national, regional and international levels. The survey will be designed to meet the technical requirements, best practices, and best utilization of resources and avoiding overlapped similar activities. In this context a way to compile and/or utilize MICS IV will be studied with UNICEF and League of Arab States (LAS) as well as COSIT and MoH to better utilize resources and to maximize the benefit of collected data for policy formation. This is built on lessons learned by the COSIT (from the Ministry of Planning and Development Cooperation) from the third Multiple Indicator Cluster Survey (MICS3) undertaken with UNICEF and the Iraq Family Health Survey (IFHS) undertaken with WHO in 2006/2007 ensuring alignment of the two surveys. The WHSSS will be based on a sample of households and individuals to collect the required data for all modules included in the survey (e.g. elderly women, women's health, etc). This component will be guided by the Programme Steering Committee, executed by COSIT and supported by UNFPA.

The programme includes also a capacity building components to upgrade the capacity of Iraq national team and provide them with best practices, up-to-date methodological techniques as well as exposing them to regional and international experiences. This component will be guided by the steering committee and executed by UNFPA and supported by WHO and UNICEF. A dissemination and advocacy component is also included to inform policy makers at both national and governorate level on the findings of the survey and to advocate for national and international intervention to follow up on the survey findings. This component will be guided by the steering committee and executed by both MoH and COSIT with support from UNFPA in cooperation with UN and regional partners, and fourthly an in-depth analysis component is included to better understand the dynamics and the determinants of survey outcomes and to seek policy options for intervention by GoI and international partners. This will include thematic in-depth analyses executed by well recognized research centres and/or individuals. The most up-to-date analytical techniques will be employed to conduct the research. The analysis will be based on participatory approach and will include both quantitative and qualitative methods. This component will be guided by the Programme Steering Committee and will be led by UNFPA in cooperation with WHO and other UN and regional partners. Most of the research will be outsourced in coordination with Iraq national partners.

## **2. Situation Analysis**

Recent surveys indicated that one in 10 Iraqi households is headed by women (of whom more than 80% are widowed). Alarming indicators concerning gender based violence do exist; one-third of married women experience psychological violence and 21% have been physically hurt by their husbands<sup>1</sup>. The proportion of females married for the first time by the age of 15 is 9.4%, while 26.8% are married by the age of 18 (2006/7 IFHS). With regard to Sexually Transmitted Infections (STIs), the IFHS has revealed a very low knowledge about STIs where only 17.1% of women have heard of any STIs. The survey has also shown higher prevalence of self-reported STIs.

---

<sup>1</sup> IFHS survey, WHO & GoI, 2006/07

The 2007-2010 Iraqi National Development Strategy (NDS) sets ambitious goals for family's social and economic development. Achieving these goals requires sound planning, which in turn relies heavily on detailed demographic and health statistical data. Therefore, in Iraq, as in most countries around the world, health and demographic statistics constitute an important pillar of the establishments of data collection and analysis system (statistical system) establishment. These statistics are usually collected on regular basis; the frequency of launching demographic and health surveys vary from 3-5 years depending on the dynamicity of changes in the structure and methods related to family health and its demographic determinants, and the availability of required financial resources.

With data collection that is statistically representative at governorate and district levels, this survey is also extremely timely to support the government of Iraq, the UN agencies, and other development partners. In particular it will provide a baseline data and identify the determinants of women's health and social status to support the measurement of progress in relation to women's rights in future strategies such as the National Development Programme (2010-2014), the Poverty Reduction Strategy (2010-2014) and the United Nations Development Assistance Framework (UNDAF) 2011-2014.

The League of Arab States (LAS) is executing the Pan Arab Project for Family Health (PAPFAM), of which the proposed WHSSS is an Iraq-specific version. PAPFAM has been launched in a number of Arab countries, including Palestine, Syrian, Algeria, etc, and is supported by UNFPA, Arab Gulf Programme for United Nations Development Organization (AGFUND), OPEC Fund, WHO, UNICEF, UNIFEM and ESCWA. PAPFAM will make available a set of social, economic, demographic and health indicators needed to formulate, design and monitor development and health programs and policies on the country level; will build the regional family health and reproductive health data bank, and; will publish a number of in-depth analytical and comparative studies that will assist in using the findings for policy formulation and program monitoring and evaluation on the regional level. PAPFAM has already been launched in Algeria, Djibouti, Palestine, Syria, Lebanon, Morocco, Tunisia, Libya and Sudan. Launching the PAPFAM survey module in Iraq will provide an important opportunity for national and regional comparative analyses. Additionally, MICS has been conducted in Iraq three times, with the fourth round scheduled for 2010. Many countries (e.g. Sudan, Palestine, Somalia, etc.) launched both MICS and PAPFAM in an integrated survey module to cover both situations of children and women as well as elderly from both nutritional and reproductive health dimensions in a cost-effective manner, and to utilize the common items and sample units in both modules.

### **3. Lessons Learned, NDS and ICI Relevance, Cross-Cutting Issues, and Agency Experience in Iraq/in the Sector**

#### **Background/context:**

The survey describes in a quantitative manner the health and social status of women at the governorate level. The statistics that will be generated will provide GoI to report on the MDGs at the governorate level and provide them with informational tool to fulfill Iraq's commitment in regard to CEDAW. The quantitative measurement will allow to identifying the gaps and the needed interventions to fulfill the commitments identified in the NDP and the ICI benchmarking.

#### **Lessons Learned:**

UNFPA assisted COSIT to launch the National Youth Survey (NYS), and is currently leading the UN efforts to launch the population and housing census. UNFPA's experience has shown three main lessons that were taken into account in the design of the proposed programme.

1. COSIT has a committed team who are willing to learn and accumulate experience and needs the UN intervention to upgrade its skills and capacity; and UNFPA was able to find a way for rational technical backstopping to launch large scale household surveys. Despite the remote approach of providing the technical assistance, the on going capacity building model adopted in launching the census was of great benefit to Iraqi national team. In addition, the utilization of well tested survey modules such as the PAPFAM has a value added when compared of self developed modules.
2. Working with joint partners from the UN family as well as other regional partners has an added value to share more experiences and to be better exposure to Iraqi national team.
3. The Absorption capacity and the commitment of COSIT staff are very promising; therefore the potential changes that might take place on the structure of the government as a consequence of the upcoming elections and the implementation of the upcoming census are not likely to affect the implementation of the project according to our past experiences.

**NDS and ICI relevance:**

This activity is relevant to the NDS and the ICI benchmarking related to improving the quality of life and specifically for women. In particular the results of the survey and the planned in-depth analysis will create enlighten policy makers concerning the gender gaps and provide information tool to enhance improving the quality of life in general and gender equity, reduction of maternal deaths and full access to health services in particular. It will also help in creating enabling information environment to improve governance, health and nutrition for Iraq women and reduce gender discrimination.

**Assessment of Cross-cutting Issues:**

**Human rights:** There is general agreement on the need to integrate human rights into health policies and programmes. To determine the actual value of human rights for the effectiveness of public health efforts requires clarity about what their incorporation looks like in practice and how to assess their contribution. Despite the pervasive use of indicators in the public health field, indicators that specifically capture human rights concerns are not well developed and those that exist are inconsistently used. Even though “health and human rights indicators” are increasingly being constructed, it is often the case that health indicators are used to draw conclusions about some interaction between human rights and health. Population-based quantification of associations between rights indicators and health outcomes is an important tool. The results of the survey will identify the situation in regard to the rights of women and enable the GoI to identify the interventions needed to empower the women to enjoy their relevant rights.

**Gender equality:** Gender inequality has resulted in various forms of discrimination in women’s health and social status. Therefore improving general health and social status can contribute to improving gender equality. WHSSS is a survey targeting women from the health and social points of view. WHSS will provide important information on the health and social status of women in Iraq and consequently improve the enabling environment for better gender equality. In particular, WHSSS will describe the association between mortality and morbidity and the household-level experience of human rights.

**Key environmental issues:** The programme does not have any direct impact on key environmental issues, only indirectly on revealing their potential impact on women.

**Employment generation:** WHSSS will generate about 300 temporary job opportunities for Iraqi young nationals and will upgrade their capacity in the field of interviewing techniques, fieldwork skills and data processing as well as research methodology.

**Agency Experience in Iraq/in the Sector:**

**UNFPA-Iraq** is assisting COSIT in the implementation of the population census through the Capacity Development in Census and Large-Scale Surveys project, which includes training, study tours, technical assistance and quality assurance. UNFPA-Iraq has also implemented the CAP project entitled “Improving Prevention and Response to GBV in four governorates in Iraq”, providing support and rehabilitation services for victims. UNFPA-Iraq has also implemented also the “Support to Emergency Obstetric Care in Iraq” project, aimed at supporting safe motherhood in Iraq within the context of Primary Health Care and higher levels of referral. It aimed also to support the regeneration of a comprehensive set of health care activities that are needed in order to ensure and provide emergency obstetric care (EMOC) services in Iraq. The project provided funding and technical assistance to rehabilitate 24 maternity wards at selected hospitals nationwide and 8 Primary Health Care Centers in the northern governorates, the rehabilitates sites were fully equipped with up-to-date medical equipment and supplies, and ambulances to serve in maternal referral cases, the project has largely contributed to building the capacities of health service providers at the central and governorate levels.

**4. The Proposed Programme**

The programme will be launched in four main phases:

1. **Inception phase:** This phase is a preparatory stage. It will start by holding consultative national meetings with partners and stakeholders to identify the informational needs at both national and governorate level. During this phase a steering and technical committees will be formed to assume their responsibilities in assisting UNFPA to launch the programme with the relevant national bodies. During this stage the specific design of the survey tools (forms, questionnaires, etc) and output tables will take place, training manuals and mobilization of human resources will be conducted as well. Dissemination and analysis strategy will also be discussed at this stage.
2. **Main Phase:** This phase starts by the data collection in cooperation with stakeholders and partners at national, regional and international levels. The survey will be designed to meet the technical requirements, best practices, and best utilization of resources and avoiding overlapped similar activities. In this context a way to merge and/or utilize MICS IV will be studied with UNICEF and LAS as well as COSIT and MoH to better utilize resources and to maximize the benefit of collected data for policy formation. Since MICS-4 and WHSSS have items in common since both are

households surveys, both are addressing health and social status issues, both are likely to use the same sampling frame and both are addressing some common subjects related to household background information. But since they are different in the objective, focus, and questions related to the different subjects as well as time span and outputs in terms of project deliverables, these two surveys could not merged in one survey but could be coordinated as follows:

- Potential using of the same sampling units (households) to minimize respondent's burden
- Potential utilizing the same fieldworkers to maximize the benefit of resources
- Utilize the pool of experts in both UNICEF and UNFPA as well as other partners in the technical committee

The level of coordination and compilation will be sorted out in the technical committee meetings where UNFPA, WHO, UNICEF, and UNIFEM in addition to COSIT are represented.

WHSSS will be based on a sample of households and individuals to collect the required data for all modules included in the survey (e.g. elderly women, women health, etc). This component will be guided by the steering committee and executed by COSIT and supported by other national, regional and international partners. During this stage the main following activities will be conducted:

- Data collection from all sampled units in all governorates in Iraq
- Field editing for all Questionnaires office editing for completed interviews
- Coding for all open questions according to the prepared codebook.
- Data entry
- Editing entered data
- Quality control procedures to make sure that the work is conducted professionally and according to the plans and specifications identified in the inception phase
- Tabulation of the main tables according to the agreed tabulation plan
- Preparation of the statistical reports.

**3. Dissemination and advocacy:** This phase aims to inform policy makers at both national and governorate level on the findings of the survey and to advocate for national and international intervention to follow up on the survey findings. This phase includes production of statistical report at the governorate level and organizing workshop with the key stakeholders to discuss the results of the survey and advocate for the utilization of these findings at the governorate level planning.

**4. In-depth analysis phase:** This phase aims to help in understanding the dynamics and the determinants of survey outcomes and to seek policy options for intervention by GoI and international partners. This will include thematic in-depth analysis executed by well recognized research centres and/or individuals. Most up-to-date analytical techniques will be employed to conduct the research. The analysis will be based on participatory approach and will include both quantitative and qualitative methods. This component will be guided by the steering committee and will be led by UNFPA and WHO, and supported by other regional and international partners. Most of the research will be outsourced in coordination with Iraq national partners.

A Capacity Building component goes in parallel to all programme phases. It aims to provide on-job training and equip the national team with all needed technical requirements and know-how to launch the work on professional basis and according to the internationally recognised best practices in the field of data collection and survey management. This phase aims also to upgrade the capacity of Iraq national team and provide them with best practices, up-to-date methodological techniques as well as exposing them to regional and international experiences. This component will be guided by the steering committee and executed by UNFPA and WHO offices with full support of regional offices and UN partners.

## 5. Results Framework

**Table 1: Results Framework and Indicators**

<b>Programme Title:</b>	<b>Women's Health and Social Status Survey</b>						
<b>NDS/ICI priority/ goal(s):</b>	<p><b>National priority or goals (NDS2007-2010)</b></p> <ol style="list-style-type: none"> <li>1. Pillar Three: Improving The quality of life</li> <li>2. Goal 3: Enhancing Gender Equity and Strengthening Women Issues (page 61 of the NDS)</li> <li>3. Goal 5: Reduce maternity deaths_ (page 62 of the NDS)</li> <li>4. Goal 6: Full access to water and health services</li> </ol> <p><b>ICI</b></p> <p>4.2: Strengthening Institutions and Improving Governance.</p> <p>4.4: Human Development and Human Security:</p> <p>4.4.1.4: Improving Health and Nutrition of all Iraqis as a cornerstone of welfare and economic development.</p> <p>4.4.1.6: Reduce gender Discrimination, increase participation of women in public life and labor market.</p>						
<b>UNCT Outcome</b>	Improved performance of the Iraqi health system and equal access to services, with special emphasis on vulnerable, marginalized and excluded persons						
<b>Sector Outcome</b>	Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes.						
<b>JP Outcome 1</b> Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes.					<b>NDS / ICI Priorities:</b> all of the above		
<b>JP Outputs</b>	<b>UN Agency Specific Output</b>	<b>UN Agency</b>	<b>Partner</b>	<b>Indicators</b>	<b>Source of Data</b>	<b>Baseline Data</b>	<b>Indicator Target</b>
<b>JP Output 1.1:</b> COSIT and partner institutions have enhanced capacities to design, supervise, monitor and evaluate large-scale health surveys	COSIT and partner institutions have enhanced capacities to design, supervise, monitor and evaluate large-scale health survey	UNFPA	COSIT, MoH, MoLSA, WHO, UNICEF, UNIFEM NGOs, etc	Number of COSIT Staff participating in study tours on Survey management and design, data analysis, and reporting (disaggregated by sex)	Study tour reports	0	17
				Percentage of staff satisfied with quality of study tours in terms of relevance and usefulness	Post training participants, assessment	NA	80%
				ToT workshop for	Training Report	0	36

				central, and local supervisors Number of field workers trained on data collection (disaggregated by sex)  Percentage of trained staff satisfied with quality of training in terms of relevance and usefulness  Preliminary statistical report completed  Main findings Statistical report completed	Training Report  Post training participants, assessment  WHSSS preliminary statistical report  WHSSS main findings statistical report	0  NA  No  No	300  80%  Yes  Yes
<b>JP Output 1.2:</b> Policy makers and planners at both national and governorate levels are better informed on the status and needs of women and elderly people	Policy makers and planners at both national and governorate levels are better informed on the status and needs of women and elderly people	UNFPA	COSIT, MoH, MoLSA  WHO, UNICEF, UNIFEM NGOs, etc  Universities, line ministries and researchers	Number of governorate statistical reports prepared  Number of national and regional workshops on disseminating survey main findings  Number of in depth studies on the status and needs of women and elderly completed	Governorate statistical reports  Workshops reports  In-depth studies reports	0  0  0	18 governorate statistical reports  18 workshops with 1000 participants  8

## 6. Management and Coordination Arrangements

WHSSS will be managed at different levels as follows:

### 1. Guiding and steering body

The survey will be guided by a Programme Steering Committee (PSC) co-chaired by COSIT and UNFPA. The PSC will include representatives from WHO, UNICEF, UNIFEM and other UN agencies. It will include also representatives from the Ministry of Health, Ministry of Higher Education, Ministry of Labour and Social Affairs, Ministry of Women Affairs, as well other relevant line ministries, the research community, national NGOs, the League of Arab States as director of PAPFAM project and UNFPA. UNFPA, as the lead agency, will represent the other UN agencies involved in the programme. The PSC is responsible for oversight of programme implementation and to provide general policy guidance of the programme. The PSC will meet on a quarterly basis. In the first meeting the PSC will identify its mechanisms of work and precise frequency of the meetings.

### 2. Survey Technical Committee

The survey will be led by a Survey Technical Committee (STC) co-chaired by the national programme director and UNFPA's programme coordinator. The STC will include representatives from WHO, UNICEF, UNIFEM, and the PAPFAM representative. The STC is responsible for endorsing all technical tools including questionnaires, manuals, in addition to the survey's detailed plans including data collection, training and data processing plans. The STC is responsible to provide quality control. It will meet on monthly basis and submit reports to the PSC.

### 3. Designing, preparation and technical management

The survey design, preparations and execution will be done by Iraqi nationals. COSIT and MoH technical teams are responsible for developing the tools including the manuals and the forms and questionnaires as well as data entry programmes and all survey detailed plans including collection, training, processing and dissemination plans. The technical team is responsible also for preparing the rules of editing, coding and data entry, and for running the administrative and financial matters of the survey according to a MoU to be signed with UNFPA. PAPFAM will provide technical support in survey methodology and design, it will also provide technical backstopping to prepare the data entry program as well as preparing the preliminary and main findings report. A MoU will be signed between UNFPA and PAPFAM and endorsed by COSIT to identify the detailed role of the PAPFAM and the accountability and quality control matters.

### 4. UN coordination

UNFPA, WHO, UNICEF, and UNIFEM will coordinate their roles towards the survey's support under the programme leadership of UNFPA, through their participation in the STC.

### 5. Responsibilities

Since WHSSS is a government-led programme supported by UNFPA and other UN agencies, the following division of labour delineates the responsibilities of each partner:

- **COSIT/MoH:** develop survey plans, tools, manage the survey and coordinate the day-to-day work of the surveyors and data analysts.
- **Line Ministries and relevant stakeholders:** participate in identifying the survey indicators; contribute to identify the detailed informational needs; identify qualified participants for the training, and; utilize the survey outcome. These ministries will undertake the following responsibilities:
  1. Participate in the consultation stage to identify the informational needs
  2. Participate in discussing the results of the survey
  3. Participate in the dissemination stage
  4. Participate in the in-depth analysis discussions.
- **UNFPA:** Manage the programme, lead the UN side, coordinate the outside training and capacity building activities and provide the quality assurance and the technical backstopping. The role of UNFPA will be identified in the following aspects:
  1. **Technical backstopping** in coordination with PAPFAM
  2. **Coordinating** the UN effort to help Iraqi national in terms of capacity building, training, study tours, technical revisions, etc.
  3. **Quality assurance** through mobilizing the quality assurance of the implemented activities by COSIT.
  4. **Managing the steering committee** and the technical committee in coordination with COSIT.

- **WHO/UNICEF:** Both WHO and UNICEF are expected to assume the following responsibilities, using their own respective core resources:
  1. Provide overall technical assistance
  2. WHO will contribute to the capacity building on research in full coordination with UNFPA and UNICEF as per the joint agencies agreements
  3. Participate in the Programme steering Committee and technical committee
  4. Provide advice on the modalities of sorting out the fieldwork implementation between MICS and WHSSS.
  5. Participate in the training activities if needed.
- **LAS:** Participate in the steering and technical committee and provide technical assistance in the designing of survey tools and preparing data collection, and processing plans. This will be done with PAPFAM funding.

## **7. Feasibility, risk management and sustainability of results**

### **Feasibility and Risk Management**

While security remains an overarching consideration in the design of WHSSS, the track record so far assumes the possibility of undertaking data collection activities in such situations. The venues for trainings will take into account accessibility by the participants, and ability of monitoring and evaluation facilitators to undertake their work as well as the possibility of bringing well recognized trainers to the venue of the training. It is not felt that this will undermine in any manner the impact or relevance of WHSSS. All UN agencies will ensure that the necessary security considerations are taken, in accordance with the regulations of UNDSS and the feedback from the participants throughout the course of the programme.

Another element impacting the design of WHSSS is the sensitivity regarding some subjects. As this is not unique to Iraq, the agencies are well equipped to take flexible and inclusive approaches that will accommodate the sensitisation processes needed. Pilot survey will be utilized in preparing the final list of contents of the survey tools. As with any capacity development programme, there is the risk that the appropriate persons will not be selected for the training opportunities. COSIT and other ministries involved will be participating in the selection, and clear criteria will be developed to provide neutral yet critical guidance to the process. Similarly, use of appropriate materials will ensure acceptance of the tools and training modules developed, with support from local and regional expertise.

This programme will require significant collaboration between government institutions as well as between UN and regional partners. The PSC will tackle this particular point on the basis of dialogue and understanding and hopefully build partnerships that will support the activities beyond the programme.

### **Programme Sustainability**

While in some ways the programme is laying the foundation for a larger and deeper set of interventions to establish sound surveillance system for women's and elderly people's health and reproductive health status, WHSSS is designed to create capacity that is not reliant on heavy funding but rather on institutional commitment to meet Iraq's obligations to its population through awareness raising, empowerment and providing tools to move forward. Engagement is at all levels, and with all stakeholders: government, communities, and civil society. The programme utilises three main approaches to support sustainability: knowledge and awareness-raising among rights holders and duty bearers; national and local ownership of the solution through wide stakeholder inclusion, and; building partnerships at the local government level.

At the end of the programme, the PSC will convene a final meeting in which next steps will be identified. As part of the capacity development process, ministries and NGO partners will be encouraged to ensure that resources needed to sustain the activities will be included in their respective budgets.

## **8. Monitoring, evaluation and reporting**

The monitoring, evaluation and reporting for WHSSS will be done as per each participating organisation's MoU with the UNDG ITF Administrative Agent as well as the standard requirements indicated within each participating organisation's standard policies and procedures.

### **8.1. Monitoring and Evaluation**

Each agency will implement its own monitoring and evaluation process within the parameters of their activities, as described below. In addition to that, there will be quarterly meetings of the UN Programme Committee, at which each participating agency will present progress reports to the group. The focus of the meeting will be to:

- Track implementation of activities,
- Identify risks and provide contingency action,
- Ensure that technical support is provided as necessary.
- Provide a financial update.
- Submit the quarterly fiche.

UNFPA, as lead agency for the programme, will then compile a quarterly report to be submitted to the Programme Steering Committee Chair. The report will cover the following:

- Follow up on progress in the implementation of all programme activities as outlined in the programme annual plans of action,
- Identify any delays in programme implementation and recommend corrective action needed,
- Review quarterly financial reports for each of the programme activities.

A. Quarterly meetings of WHSSS Steering Committee: The meetings will achieve the following:

- Review quarterly progress reports and financial reports submitted by UNFPA on behalf of the UN Programme Committee and assess programme results,
- Take action over any contingencies and risks that may delay/hinder the implementation,
- Oversee the midterm review process.

B. Final Programme Evaluation: During the last quarter of the programme, an external programme evaluation will be conducted to make an overall assessment of programme results. UNFPA, as lead agency, will be responsible for overseeing this evaluation.

### **Reporting**

Reporting will be in accordance with UNDG ITF rules and regulations in addition to agencies' rules and regulations. Accordingly, all financial reports, annual narrative progress reports, quarterly fiches, and project completion report will be prepared by UNFPA and directly submitted to the MDTF office.

UNFPA will also be responsible for any reporting required by the Programme Steering Committee, including quarterly progress and financial reports to the PSC.

Sector Outcome (s): Health and nutrition related programmes enhanced to ensure 20% increase in access to quality health care services, with special focus on vulnerable groups											
JP Outcome(s): Improved wellbeing and social and health status of women through providing an enabling information environment for evidence-based policy formulation in regard to family planning, and women social and health status											
UN Organization-specific Annual targets	Major Activities	Time Frame (by activity)								Implementing partner	PLANNED BUDGET(*) (by output)
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8		
<b>JP Output 1:</b>											
Capacity of COSIT and partner institutions is enhanced to design, supervise, monitor and evaluate large-scale surveys	Survey design	X	X							Tech & Steer Com	<b>Total: 865,000</b> UNFPA (ITF):535,000 UNFPA (core): 150,000 LAS: 100,000 WHO:30,000 GoI: 50,000
	Design survey plans	X	X							Tech Comm	
	Prepare survey tools	X	X							Tech Comm	
	Prepare manuals and forms	X	X							COSIT	
	Prepare classification manuals	X	X							COSIT	
	Prepare quality control procedure	X	X							UNFPA+WHO	
	Train staff	X	X							UNFPA+WHO	
	Collect data			X						COSIT	
	Process data			X	X					COSI	
	Prepare statistical report				X	X				COSIT	
	Technical meetings	X	X	X	X	X	X	X		Tech Comm	
	Workshops	X	X	X	X	X	X	X		COSIT	
Study tours	X	X	X						UNFPA		
<b>JP OUTPUT 2:</b>											
Policy makers and planners at both national and governorate levels are better informed on the status and needs of women and elderly people	Consultation with stakeholders		X							COSIT	<b>Total: 310,000</b> UNFPA (ITF): 150,000 UNFPA (core): 40,000 LAS:50,000 WHO (Core):20,000 GoI: 50,000
	Prepare communication strategy		X							COSIT, UNFPA, Steer Comm	
	Prepare governorate reports				X	X				COSIT, UNFPA+WHO	
	Hold national workshops					X				COSIT	
	Hold governorate workshops				X	X	X	X		COSIT	
	Disseminate on the web						X	X		COSIT, UNFPA	
	Evaluate workshops					X	X	X		COSIT, UNFPA	
	Produce dissemination tools					X				COSIT, UNFPA	
Distribute tools					X	X	X		COSIT		

UN Organization-specific Annual targets	Major Activities	Time Frame (by activity)								Implementing Partner	PLANNED BUDGET (by output)
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8		
<b>JP Output 3:</b>											
Knowledge and understanding on the dynamics of the status of Iraq women and health status is gained and potential policy options are drawn	Consultation on thematic issues				X	X				SC, TC	<b>Total: 231,000</b> UNFPA (ITF):115,000 UNFPA (core): 60,000 WHO (core):50,000 GoI: 6,000
	Training for researchers				X					UNFPA, WHO	
	Contract researchers					X				UNFPA, WHO	
	Review thematic in-depth studies					X	X			UNFPA	
	Print studies					X	X	X	X	UNFPA	
	Workshops to discuss studies					X	X	X	X	COSIT, UNFPA, WHO, MoH	
	Disseminate studies						X	X	X	COSIT, UNFPA	
<b>Total UNFPA( ITF)</b>										<b>800,000</b>	
<b>Total UNFPA (core)</b>										<b>250,000</b>	
<b>Total UNICEF</b>										<b>0.0</b>	
<b>Total UNIFEM</b>										<b>0.0</b>	
<b>Total WHO</b>										<b>100,000</b>	
<b>Total LAS</b>										<b>150,000</b>	
<b>Total GoI</b>										<b>106,000</b>	
<b>Total Planned Budget</b>										<b>1,406,000</b>	

**Budgets:** The table should be accompanied by a budget narrative for each line item, providing a description of the item and the calculation of cost.

NOTE: This budget reflects the use of the UNDG ITF funds only, allocated to UNFPA.

PROGRAMME BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US\$)		
CATEGORY	AMOUNT (US\$)	2010	2011	2012
<b>1. Supplies, commodities, equipment and transport</b>	77,000	61,000	16,000	0
<b>2. Personnel (staff, consultants and travel)</b>	150,431	35,000	109,431	6,000
<b>3. Training of counterparts</b>	115,000	85,000	30,000	0
<b>4. Contracts</b>	375,000	300,000	70,000	5,000
<b>5. Other direct costs</b>	35,511	23,620	10,971	920
<b>Total Programme Costs</b>	752,942	504,620	236,402	11,920
<b>Indirect Support Costs</b>	47,058	31,538	14,775	745
<b>TOTAL</b>	800,000	536,158	251,177	12,665

Category Budget	Item Description	Unit	Unit Cost	Qty	Duration in Months	Total Budget US\$	2010 Budget	2011 Budget	2012 Budget
<b>1. PERSONNEL</b>									
<b>1.1 National Programme/Project Personnel</b>									
	<b>Programme Coordinator</b>	Person	1,800	1	24	43,200	16,200	21,600	5,400
	<b>Assistant</b>	Person	1,300	1	9	11,700	4,500	7,200	0
	<b>Admin / finance Assistant</b>	Person	1,100	1	2	2,200	800	800	600
	<b>Sub-total</b>					57,100	21,500	29,600	6,000
<b>1.2 International Programme/Project Personnel</b>									
	<b>International survey advisor</b>	Person	13,333	1	7	93,331	13,500	79,831	0
	<b>Sub-total</b>					93,331	13,500	79,831	0
	<b>Sub-total (1.1 - 1.3)</b>					150,431	35,000	109,431	6,000
<b>2. CONTRACTS</b>									
	<b>Field interviewers, editors, coders, data entry operators, samplers, etc</b>	LC	750	200	2	300,000	300,000	0	0
	<b>Researchers</b>	LC	5,000	5	3	75,000	0	70,000	5,000
	<b>Sub-total</b>					375,000	300,000	70,000	5,000
<b>3. TRAINING</b>									
	<b>survey management and implementation</b>	course	25,000	1	0.25	25,000	25,000	0	0
	<b>providing international training on quality assurance for 3 survey officers</b>	course	25,000	1	0.25	25,000	25,000	0	0
	<b>Training workshop on research methodology</b>	course	35,000	1	0.25	35,000	35,000		0
	<b>Training on preparation of statistical reports</b>	course	20,000	1	0.25	30,000	0	30,000	0
	<b>Sub-total</b>					115,000	85,000	30,000	0
<b>4. SUPPLIES, COMMODITIES, EQUIPMENT and TRANSPORT</b>									
	<b>Procurement of computes and IT devices</b>	LS	1,800	20	1	36,000	25,000	11,000	0
	<b>Transport</b>	LS	350	20	3	21,000	16,000	5,000	0

Category Budget	Item Description	Unit	Unit Cost	Qty	Duration in Months	Total Budget US\$			
							2010	2011	2012
							Budget	Budget	Budget
	Procurement of bags, paper, stationary and other requirements	LS	100	200	1	20,000	20,000	0	0
	<b>Sub-total</b>					<b>77,000</b>	<b>61,000</b>	<b>16,000</b>	<b>0</b>
	<b>5. PROGRAMME/PROJECT SUB-TOTAL</b>					717,431	481,000	225,431	11,000
	<b>6. MISCELLANEOUS (Should Not Exceed 3% of BL 5)</b>					21,162	14,000	6,462	700
	<b>7. SECURITY (Should Not Exceed 2% of BL 5)</b>					14,349	9,620	4,509	220
	<b>8. TOTAL PROGRAMME COST</b>					<b>752,942</b>	<b>504,620</b>	<b>236,402</b>	<b>11,920</b>
	<b>9. AGENCY PROGRAM SUPPORT COST (Incl. Monitoring &amp; Reporting) 6.25% of BL 8</b>					47,058	31,538	14,775	745
	<b>10. PROGRAMME/PROJECT BUDGET TOTAL</b>					<b>800,000</b>	<b>536,158</b>	<b>251,177</b>	<b>12,665</b>

**Annex A: Agency Programme Status Profile**

Sl. #	Project ID #	Project Title	Total Budget (US\$)	Implement Rate % complete	Commit % as of 1/11/2009	Disburs % as of 1/11/2009	Remarks
<b>UNFPA</b>							
1	C9-23	Capacity Development in Census and Surveys	5,064,268	150%	56%	64%	
2	F8-10	Strengthening protection and justice for children and young people in Iraq	1,092,821	0	0	0	The project started the implementation in 2010
3	F8-11	Combating Violence Against Women in Iraq	4,500,000	17%	23%	0	Funds were received med December 2009 and therefore there were no expenditures from the ITF during the identified period.
4	B1-34	Promoting civic values and life skills for adolescents (12-19 years old) through educaion	1,159,134	0	0	0	The project started the implementation in 2010
		<b>TOTALS (US\$)</b>	11,816,223				
<b>WHO</b>							
1	D2-11	Provision of Emergency Medical Oxygen Supply in Baghdad, Mosul & Kirkuk	2,824,760	82%	97%	68%	
2	D2-17a	Rebuilding Food Safety & Food Processing Industry Capacity	3,015,117	94%	95%	93%	
3	D2-25a	Strengthening of the Primary Health Care System in Iraq – Phase II	5,930,368	14%	21%	7%	Funds received during Jan 2009 for a period till 30/11/2010
4	C10-09e	Area Based Development programme- Local Area Development Plans (LADP)	3,210,675	65%	88%	42%	
5	E3-16b	Water Security and Safety for the vulnerable communities in Suleimaniyah City	860,639	58%	88%	27%	
6	B1-33d	Developing the Capacity of Iraqi Education Sector through enhancing the learning environment in vulnerable areas in Iraq for meeting the EFA Goals	810,183	10%	13%	6%	Funds received during April 2009 for a period till 30/09/2010
		<b>TOTALS (US\$)</b>	13,441,067	53%	67%	41%	
<b>UNICEF</b>							
1	D2-25b	Strengthening of PHC system in Iraq	5,987,632	1%	70%	17%	PHCs construction delayed due to allocation of land
		<b>TOTALS (US\$)</b>	5,987,632		70%	17%	