

**United Nations Development Group Iraq Trust Fund**  
**Project #: D2-25: ATLAS# 00066904**  
**Date and Quarter Updated: 19 July 2010, Quarter 2: April-June 2010**

**Participating UN Organisation: WHO & UNICEF**      **Sector: D- Health and Nutrition**  
**Government of Iraq – Responsible Line Ministry: Ministry of Health**

<b>Title</b>	<b>Strengthening Primary Health Care System- Phase II</b>				
<b>Geographic Location</b>	Iraq - National Coverage				
<b>Project Cost</b>	US\$ 11,918,000- UNICEF (\$5,987,632) WHO (5,930,368)				
<b>Duration</b>	24 months				
<b>Approval Date (SC)</b>	December 08	<b>Starting Date</b>	WHO received funds December 08 UNICEF received funds; December 08	<b>Completion Date</b>	November 2010
<b>Project Description</b>	This project is a WHO-UNICEF joint project that builds on previous achievements under the Strengthening of Primary Health Care System Phase I (SPHCS) in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.				

#### Development Goal and Immediate Objectives

The **main goal** of this project is to support the MoH efforts in the area of Health Sector Reform and strengthening the decentralized District Primary Health Care System in Iraq. The restructuring of the system will improve equity, efficiency, effectiveness and responsiveness of system. **The immediate objectives** are to (a) invest in the national capacity of MoH staff in targeted areas to improve Integrated Health Delivery Services (b) invest in improving the Human Resources Planning capacity for the MoH staff (c) strengthen the national capacity of National Health Information System (d) strengthen the National Health Care Financing System (e) strengthen the health governance and policy environment.

#### Outputs, Key activities and Procurement

<b>Outputs</b>	<ul style="list-style-type: none"> <li>• Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services</li> <li>• Ability of MoH on Human Resources Planning enhanced</li> <li>• National Health Management Information System strengthened</li> <li>• Sustainable financing and social protection system of MoH developed</li> <li>• Enhanced MoH leadership and Governance.</li> </ul>
<b>Activities</b>	<p>1.1 To expand the FM and IMCI programmes for enhanced integrated health service delivery</p> <p>1.2 To support the MoH to undertake the development and implementation of referral policies at national level</p> <p>1.3 To Improve capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need)</p> <p>1.4 To support the MoH support to integrate MH services into PHC system</p> <p>1.5 Ministry of health supported to construct 15 PHCs and 2 residence houses in selected governorates</p> <p>1.6 Improved capacity of community-based psychosocial support structures</p> <p>2.1 To enhance the MoH capacity to undertake sound human resources planning</p> <p>2.2 Enhanced ability of the health staff in selected districts on delivering basic health services package.</p> <p>3.1 To strengthen the institutional capacity of MOH at national level to manage National Health Information Systems</p> <p>3.2 To support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates</p> <p>3.3 To support the MoH to expand VSAT connectivity to the district level</p> <p>4.1 To support the MoH in the revitalization of the National Health Accounts Program</p> <p>4.2 To pilot the Basic Health Service Package in 5 selected governorates</p> <p>4.3 To support the MoH in developing a healthcare financing policy</p> <p>4.4 To support the MoH to develop a National Health Insurance Policy</p> <p>5.1 To support the MoH in the development a National Health Strategy (5 years)</p> <p>5.2 To enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development</p> <p>5.3 To develop the National MDG forum to monitor progress of health indicators.</p> <p>5.4 To support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure.</p>
<b>Procurement</b>	No major procurements were conducted

<b>Funds Committed by UNICEF</b>	\$ 3,348,407	<b>% of approved</b>	59.4%
<b>WHO</b>	\$1,204,709		20%
<b>Funds Disbursed by UNICEF</b>	\$784,115	<b>% of approved</b>	14%
<b>WHO</b>	\$ 1,022,289		17%
<b>Forecast final date</b>	30 <sup>th</sup> of November 2010	<b>Delay (months)</b>	0

<b>Direct Beneficiaries</b>	<b>Number of Beneficiaries</b>	<b>% of planned (current status)</b>
Men	A total of 450,000 in the catchments area of the reconstruction activities under this project.	40%
Women	Out of the 450,000 are 18,000 pregnant and lactating women will benefit from the construction activities.	10%
Children	Out of the 450,000 are 76,500 children who will benefit from the reconstruction activities in the project	40%
IDPs	Indirect beneficiaries to this project	60%
Others	MoH and other line ministries staff will benefit from many training activities planned under this project	50%
Indirect beneficiaries	All population, since strengthening PHC system in a country proved to count for better health outcomes (decreases mortality and morbidity rates from common diseases)	50%
Employment generation (men/women)	This will be achieved mainly through the reconstruction activities, where around 600 job opportunities is expected to be generated for skilled and semi skilled workers. Indirect employment will be generated in building supplies, transportation and retail industries.	30%

Quantitative achievements against objectives and results			
To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services	<p><b>WHO</b> supported the implementation of Integrated Management of Childhood Illness at PHC implementing the programme as a pilot as follows: An 11 days IMCI case management training course for 24 physicians working at primary health care centers in Baghdad and Babylon was conducted. Similarly, 5 days training course on IMCI was conducted for 20 paramedics who work in PHC centers. Additionally a 3 days follow up training course on IMCI was convened for 12 health professionals.</p> <p>It is worthwhile to mention that the Bill of Quantities (BOQs) for the rehabilitation of 5 PHC centres is currently under technical review process which will hopefully be finalized soon. The tendering process is expected to start in the coming quarter. We have got the revised lists of medical equipment and medical furniture for the mentioned 5 facilities and the tendering process is expected to also start in the coming quarter.</p> <p><b>UNICEF:</b> Two model designs for the new PHCC and staff residence have been developed in consultation with MOH engineers including detailed BOQs.</p> <p>In consultation with Ministry of Health and Ministry of Marshland, sites have been identified for the construction of new PHCCs and staff residence. It has been agreed to build 13 new Health centres and 2 residence houses in the following Governorates (Ninewa 1 PHCC, Kerbala 1, Muthana 1, Basra 1, Missan 2, Wassit 2, Diwaniyah 3 and ThiQar 2 PHCCs and 2 staff residences). Eight SSA contracts for constructing 8 PHCs have been issued, 2 BOQs/PHCs sent for bidding and the BOQs preparation for another 4 PHCs are ongoing (delay was due to changing the sites/PHCs by MOH).</p> <p>As MOH committed itself to provide the necessary furniture and supplies; UNICEF requested to transfer the \$210,000 (originally allocated for furniture &amp; supplies) to be utilized for constructing another small PHC.</p> <p><b>UNICEF:</b> CPP hired an international firm to help with developing a framework and implementation plan for a community based psychosocial support programme</p>	<b>% of planned</b>	50%

	<p>for children, young people and their families. The framework is developed. CPP will recruit the same consultant to work on designing and implementing the psychosocial intervention programme within the agreed upon framework.</p> <p>Following the development of the Framework and the Strategy for the Community Based Psychosocial Assistance Programme, UNICEF supported the Ministry of Labour and Social Affairs (MOLSA) to develop the terms of reference (TOR) to roll out the Community Based Psychosocial Assistance Programme and TOR was advertised in April, proposals received and consultancy firm selected. The roll out of the first phase was expected to start in May covering Erbil, Baghdad and Missan but this has now changed to July due to the delay in selecting the consultancy firm. Furthermore, the pending decentralisation of MOLSA has created uncertainty as to where the psychosocial support programme will be located with government.</p>		40%
To invest in improving the Human Resources Planning capacity for the MoH staff	<p><b>WHO</b> Ministry of Health in collaboration with WHO conducted the HRH workshop which was held in Amman from 9-10 June 2010. The workshop was attended by officials from MOH, MOHE, MOE, MOP and WHO/EMRO and a representative from the High Health Council /Jordan and Iraqi Embassy in Amman-Health Attaché.</p> <p>The objectives of the workshop were to: Share the evolving concept of HRH function of the health system; review the current state of national HRH, including Country Cooperation and Facilitation (CCF) to pave the way for development of HRH coherent and CCF framework; present the concept of HRH observatory and best approach to establish and maintain its structure and core functions in Iraq; and draft work plan for development of nation-wide health workforce plan with WHO technical support.</p>	<b>% of planned</b>	20%
To strengthen the national capacity of National Health Information System (HIS)	<p><b>WHO:</b> will work with MOH to strengthen Health Information Capacity through the following 3 phases: The first phase will be to hold the first stakeholder meeting to discuss the current HIS situation at national level; The second phase will be to carry out situation assessment in order to come up with the problem definition, priorities and gaps which hinders the progress of HIS; the last step will be convene the 2<sup>nd</sup> stakeholder meeting to come up with the mechanisms of addressing the identified bottlenecks and gaps.</p> <p>Furthermore, in order to strengthen the capacity of central MOH in strategic planning, WHO sponsored the participation of the Head of the Information and Communication Technology (ICT) department of MOH to attend Strategic Health Information System Planning which took place from 25-28 May 2010 at Alexandria city in Egypt.</p>	<b>% of planned</b>	20%
To strengthen the National Health Care	<p><b>WHO:</b> A nationwide National Health Account (NHA) survey was launched by Ministry of Health with technical and financial support of WHO. The aim of this survey is to provide MOH with the best financing options and will serve as a</p>	<b>% of planned</b>	30%

Financing System	<p>critical input to the formulation of National Health Financing Strategy.</p> <p>Four National Trainings in regards to revitalization of National Health Account (NHA) were carried out successfully in which 112 participants took part from all governorates of Iraq.</p> <p>Additionally, the participation of 3 high level officials from MOH was supported to attend the Regional Conference on “Achieving Better Health Equity and Efficiency in the Middle East and North Africa” which was held on June 6-8, 2010 in Amman, Jordan.</p> <p>A health economist was hired who assisted Ministry of Health in the following strategic areas: A profile of health sub-system in Iraq has been adjusted; practical steps for collecting, analyzing and organizing data for filling the NHA matrices and BHSP costing has been produced and elaborated in the plan of action; guidance on practical steps for producing the first rounds of NHA and BHSP costing was provided and training was given to the team on a systemic road map for producing both products.</p>		
To strengthen the health governance and policy environment.	<p><b>WHO:</b> A high level mission comprising of health system experts from the Head Quarter, Regional Office and Country office visited Iraq-Baghdad for the period from 15-23 May 2010. The objective of this mission was to reassure the Government of Iraq about the continued support of WHO in strengthening the health system and considering Primary Health Care as the corner stone for successfully launching any reform process.</p> <p>Furthermore, WHO supported the participation of five nurses from MoH and DoH (in Baghdad &amp; Anbar) to represent Iraq in the Third International Nursing Conference which was Held by the Jordanian Nursing Council from 27-28 April 2010 in Amman, Jordan .Under the theme “The Heart of Matter: Relevance of Nursing Responsiveness”. The conference was attended by different highly professional and experienced nurses from all over the world.</p>	<b>% of planned</b>	20%

**Qualitative achievements against objectives and results**

The holistic and overarching approach which has been considered by WHO under this project to resolve and address a number of health system gaps and shortcomings will positively influence the functions i.e. (health services delivery, human resources for health, financing, governance and leadership etc.) and consequently the outcomes of health system including improvement in health status, fair financing and responsiveness.

The large number of training activities which has been supported under this project for various categories of health care professionals will have a long lasting effect on the quality of health services provided by them.

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

Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project. The uncertainty and delay in the formation of new government affected the pace and momentum of work in all ministries including Ministry of Health. This unpredictable and volatile post election situation slowed down the implementation progress of the project.

The new code passed by the Council of Ministers in Jan and which is meant to decentralize the Ministry of Labour and Social Affairs has created some confusion within the Ministry as well as outside the ministry. This has also slowed down the decision making processes within the Ministry and therefore, UNICEF is facing/has faced delays in getting back feedback from the ministry on a number of things such as the draft terms of reference, the Community based psychosocial assistance programme framework and strategy as well as decisions on programme activities. Hopefully, this situation will be clarified once the new government comes on board.