

**United Nations Development Group Iraq Trust Fund**  
**Project #: D2-25: ATLAS# 00066904**  
**Date and Quarter Updated: July-September 2010**

<b>Participating UN Organisation:</b> WHO & UNICEF	<b>Sector:</b> D- Health and Nutrition
<b>Government of Iraq – Responsible Line Ministry:</b>	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>	<ol style="list-style-type: none"> <li>1. Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services</li> <li>2. Ability of MoH on Human Resources Planning enhanced</li> <li>3. National Health Management Information System strengthened</li> <li>4. Sustainable financing and social protection system of MoH developed</li> <li>5. Enhanced MoH leadership and Governance.</li> </ol>
<b>Activities</b>	<ol style="list-style-type: none"> <li>1.1 To expand the FM and IMCI programmes for enhanced integrated health service delivery</li> <li>1.2 To support the MoH to undertake the development and implementation of referral policies at national level</li> <li>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)</li> <li>1.4 To support the MOH support to integrate MH services into PHC system</li> <li>1.5 Ministry of health supported to construct 15 PHCs and 2 residence houses in selected governorates</li> <li>1.6 Improved capacity of community-based psychosocial support structures               <ol style="list-style-type: none"> <li>2.1 To enhance the MoH capacity to undertake sound human resources planning</li> <li>2.2 Enhanced ability of the health staff in selected districts on delivering basic health services package.</li> </ol> </li> <li>3.1 To strengthen the institutional capacity of MOH at national level to manage National Health Information Systems</li> <li>3.2 To support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates</li> <li>3.3 To support the MoH to expand VSAT connectivity to the district level</li> <li>4.1 To support the MoH in the revitalization of the National Health Accounts Program</li> <li>4.2 To pilot the Basic Health Service Package in 5 selected governorates</li> <li>4.3 To support the MoH in developing a healthcare financing policy</li> <li>4.4 To support the MoH to develop a National Health Insurance Policy</li> <li>5.1 To support the MoH in the development a National Health Strategy (5 years)</li> </ol>

	5.2 To enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development 5.3 To develop the National MDG forum to monitor progress of health indicators. 5.4 To support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure.
<b>Procurement (major items)</b>	

<b>Funds Committed by UNICEF</b>	\$ 4,311,853	<b>% of approved</b>	72%
<b>WHO</b>	\$2,446,869		41%
<b>Funds Disbursed by UNICEF</b>	\$1,247,504	<b>% of approved</b>	20.8%
<b>WHO</b>	\$ 1,504,041		25%
<b>Forecast final date</b>	9 <sup>th</sup> of December 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%

<b>Quantitative achievements against objectives and results</b>			
To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services	<b>WHO:</b> Iraq started the implementation of Family Practice in 2006 with the technical assistance of WHO. Today, Iraq is running 20 PHC Centres that are implementing the Family Practice Approach. Under the request of the MoH and in order to evaluate this initiative, WHO Iraq Country Office in collaboration with the WHO Regional Office developed Assessment Tools. These tools will cover the following areas: National level indicators, district level indicators, PHC facility assessment, the policy commitment to DHS strengthening based on Family Practice Approach, District Health Management and Support System, Social Determinants of Health and Inter-sectoral Action for Health, District Hospital Information and Community Organization and Mobilization. Training on this assessment for the Iraqis will be conducted shortly in order to start the evaluation of this initiative.	<b>% of planned</b>	55%

	<p>On the same note, and according to MOH request a total 10,000 copies of patient files were printed that are used in the PHC centres where the Family Practice approach is implemented.</p> <p>In addition the following National Training Activities (NTAs) were implemented in order to promote and expand the use of innovative interventions aiming to improve the health of mothers and children and thus will accelerate the progress towards MDGs 4 and 5. 5 NTAs were undertaken to train 25 assessors in order to undertake the assessment of mother baby friendly hospital initiative. 7 NTAs were conducted successfully in order to train 175 doctors and nurses on the 10 steps of Mother Friendly Hospital Initiative.</p> <p>WHO has been achieving good progress in regards to rehabilitation of 5 PHC centres which are supposed to provide services based on Family Practice Approach. The needed dental equipment, general lab equipment, medical instruments, medical furniture, non medical furniture and the IT equipment, are in the process of procurement at different levels, some of which are in the bid analysis phase, while others are in the bid announcement phase.</p> <p>As for the physical rehabilitation the Bill of Quantities (BOQs) are finalised and the bids announcement will be undertaken shortly.</p> <p>Generation of knowledge and evidence is crucial for evidence based decision making and planning. Thus WHO supported MOH to undertake research pertaining to the following areas identified by MOH:1) Breast Feeding 2) Measure the Indicators of Information Technology and 3) Job Satisfaction at central MOH.</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 2, Saleheldeen 1 and ThiQar 2 PHCCs and 2 staff residences). Ten SSA contracts for constructing 10 PHCs have been issued, and the BOQs preparations for another 3 PHCs are ongoing.</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 for children, young people and their families.</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 has been re-advertised again in September, proposals received and consultancy firm selected. The roll out of the first phase was expected to start in May covering</p>		54%
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	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 within government.		
To invest in improving the Human Resources Planning capacity for the MoH staff	<b>WHO:</b> As a follow up on the recommendations of the 9-10 June 2010 workshop with regards to the Human Resources for Health (HRH). WHO-Iraq Country Office in collaboration with WHO Regional Office and Head Quarters is preparing for training on the assessment tool for the HRH sector in Iraq. This training is planned to take place in Amman on 24-27 October 2010.	<b>% of planned</b>	30%
To strengthen the national capacity of National Health Information System (HIS)	<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, this stakeholders meeting is planned to take place in Amman during the period of 3-6 October 2010; The second phase will be to carryout 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.  Furthermore, and in order to strengthen the HIS, WHO supported 5 National Training Activities for International Classification of Disease-10 (ICD-10). It is worth noting that these NTAs are cascade trainings of a ToT on ICD-10 that WHO supported in December 2009 in Amman. In addition, 4 NTAs were conducted for 128 statisticians and health professionals from different governorates in order to enhance their capacity in data collection, analysis and interpretation which are pre-requisite of a strong and responsive health information system.  Finally, in order to improve the report writing skills of field supervisors under the injury surveillance program a two days training was conducted from 4-5 August 2010. The participants were mainly from the sentinel sites in the 9 DOHs that WHO is supporting technically and financially.	<b>% of planned</b>	25%
To strengthen the National Health Care Financing System	<b>WHO:</b> A nationwide National Health Account (NHA) survey was completed by the end of August 2010 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 critical input to the formulation of National Health Financing Strategy. The data entry and analysis will be completed by the end of November and the final report of the preliminary NHA for Iraq will be ready in the coming quarter of year 2010. The process of costing the BHSP has been completed and the final report is currently under review by the country and regional office which will hopefully be finalized by mid November 2010.	<b>% of planned</b>	45%
To strengthen the health governance and policy environment.	From September 22-28 2010, 20 Senior leaders from the Ministry of Health and related components of the Government of Iraq met under the WHO auspices in Beirut, for an intensive leadership development experience designed to strengthen the pursuit of Millennium Development Goals (MDGs) for the people of Iraq.  The purpose of the program was to provide an interactive and practical opportunity for group of senior Government of Iraq leaders to strengthen their leadership roles in the development and implementation of policy and programs that help ensure enhanced health gain and health care for the	<b>% of planned</b>	40%

	<p>people of Iraq.</p> <p>In order to assist MOH efforts in the area of mental health WHO held two days refreshing training on integration of Mental Health (MH) care into primary health care services which was conducted during the period from 2 – 3 August 2010. The training has been facilitated by the Mental Health (MH) Regional Advisor and three MH consultants from KRG. Participants were selected by the MOH according to their inputs in the National Training Activities. The participants were from Erbil, Suleimaniyah and Mosul.</p> <p>Action plan for Mental Health (MH) Activities was agreed with the MoH, and the implementation of this plan will start by 1<sup>st</sup> of December 2010.</p> <p>Finally, with regards to the English Training Course for the health and non health workers of Basrah Children Hospital, the courses are still on going for a total of 71 students.</p>		
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**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 and will be 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 constraints & 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.