

United Nations Development Group Iraq Trust Fund
Project #: S D2- 27 WHO and UNICEF
Date and Quarter Updated: 12 January 2011, 1 Oct- 31 Dec 2010 (4th Quarter)

Participating UN Organisation: WHO (Lead Agency), UNICEF **Sector:** Health and Nutrition
Government of Iraq – Responsible Line Ministry: MOH (Lead Ministry), COSIT, KRSO

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| Title | Addressing Micronutrient Deficiencies in Iraq: Assessment and Responses | | | | |
| Geo.Location | All governorates | | | | |
| Project Cost | US\$ US\$ 3,181,763 | | | | |
| Duration | 18 months | | | | |
| Approval Date | 23 Feb. 2010 | Starting Date | 02-Mar 2010 | Completion Date | 2 Sep2011 |
| Project Description | This programme, via its major components, is designed to build the capacity of the 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. | | | | |

Development Goal and Immediate Objectives

The joint programme aims at building capacity of the Government of Iraq (GOI) (incl. MOH, COSIT, 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.

Outputs, Key activities and Procurement

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| Outputs | <p>Output 1.1 MoH, MoH Kurdistan (MOHK), COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment. (WHO,WFP,FAO)</p> <p>Output 1.2: MoH and MoH Kurdistan has a strengthened Nutrition Management Information system integrated in the Health Information system(WHO,WFP,FAO)</p> <p>Output 1.3 GOI are better able to provide nutritional response especially in vulnerable areas(UNICEF)</p> |
| Activities | <p><u>Output 1.1: (WHO,WFP, FAO)</u></p> <p>1.1.1 Finalize assessment protocols and plan of work</p> <p>1.1.2 Assessment team recruited and operational</p> <p>1.1.3 Training (TOT and training at governorate levels) for assessment and response team personnel</p> <p>1.1.4 Equipment for household blood testing</p> <p>1.1.5 Equipment to support Lab in Baghdad</p> <p>1.1.6 Blood and Urine sample transport</p> <p>1.1.7 Technical assistance to PSC</p> <p>1.1.8 Technical assistance to PSC</p> <p><u>Output 1.2 : (WHO,WFP, FAO)</u></p> <p>1.2.1 Sampling of target population</p> <p>1.2.2 Data collection and management</p> <p>1.2.3 Report writing, printing and dissemination of study results</p> <p>1.2.4 Integrating nutrition in national disease surveillance and Health Information System</p> <p>1.2.5 Monitoring and evaluation</p> <p>1.2.6 Technical assistance to PSC</p> <p><u>Output 1.3: (UNICEF)</u></p> <p>1.3.1 General micronutrient activities</p> |

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| | 1.3.2 Capacity building across all levels on nutrition & monitoring 1.3.3 Social mobilisation and advocacy activities including communication media campaign, development of media health education and promotion materials etc |
| Procurement (major items) | Procurement of the following: 1 Hearting blocks (2) 2 Deep freezer(5) 3 Cold Box(30) 4 Procurement of 50 Hemocue and accessories 5 Portable Centrifuge(30) 6 HPLC (High Performance Liquid Chromatography) System (1) 7 Procurement of salt testing kits for MOH Baghdad. 8 Procurement of Ferous folic acid tablets for MOH /NRI. 9 Procurement of Retinol 100,000 IU & 200,000 IU soft gel caps for MOH/NRI. |

WHO

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| Funds Committed | \$474,300.00 | % of approved | 26% |
| Funds disbursed | \$ 276,792.00 | % of approved | 15% |
| Forecast final date | 31 August 2011 | Delay (months) | N/A |

UNICEF

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|----------------------------|------------|---------------|--------|
| Funds Committed | \$ 308,982 | % of approved | 22.8 % |
| Funds disbursed | \$ 297,978 | % of approved | 22 % |
| Forecast final date | 2 Sep2011 | No delay | |

| Direct Beneficiaries | Number of Beneficiaries | % of planned (current status) |
|-----------------------------------|--|--------------------------------------|
| Men | All men (household heads will directly benefit from the implementation of the MNAR survey that will be conducted at household level (3000 Households) | 80% response after implementation |
| Women | 1200 non-pregnant women (15-49) will directly benefit from the MNAR survey and the biological testing that will be conducted at household level (3000 Households) | 75% response after implementation |
| Children | 800 children (6-11 months old) and 2200 children (12-59 months old) will directly benefit from the MNAR survey and the Biological testing | 85-90% response |
| Students | 2200 School students (6-12 years) will benefit directly | 90% response after implementation |
| IDPs | Some of the targeted groups are IDPs | NA |
| Others | MoH and other line ministries staff will benefit from many training activities planned under this project | 30% |
| Indirect beneficiaries | The programme foresees the mobilization of some 200 GoI additional staff within Iraq in addition to the agency network already operating in the country. There will be 30 teams and around 150 members. Each team will consist of four members, including: one interviewer/team monitor; one lab technician; one anthropometries; and a member from COSIT. | |
| Employment generation (men/women) | Employment generation is not one of the main objectives of this joint programme However, 100 vehicles and drivers will be hired for the transportation of the teams to the households | 100% |

| Quantitative achievements against objectives and results | | % of planned |
|--|---|---------------------|
| MOH, MoHK , COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment (WHO) | 1- WHO in collaboration with MoH in Iraq organized the technical consultation meeting on Addressing Micronutrient Deficiencies in Iraq; assessment and response (MNAR) survey, 17-22 October 2010, Amman – Jordan. The meeting participated by members of the MNAR technical committee from MoH in Baghdad and Kurdistan region and | 20 % |

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| | <p>representatives from Partner UN agencies UNICEF, WFP and FAO. The meeting was facilitated by WHO/EMRO and CDC Atlanta . The outcomes of the meeting were:</p> <ul style="list-style-type: none"> ○ Documents for MNAR survey 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. ○ Plan of action with detailed budget outline and timetable for the MNAR implementation developed including training and survey implementation was developed <p>2- Four meetings of the members of the steering committee from MoH and MoP/COSIT and KRISO were conducted to finalize the sample size and the draft questionnaire (Women and Child)</p> | |
| <p>MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system (WHO)</p> | <p>-Training of 2 laboratory technicians on SPSS statistical training for 2 days</p> <p>- Supported research work at NRI on nutritional status of women and children under 5</p> | <p>5%</p> |
| <p>GOI are better able to provide nutritional response especially in vulnerable areas (UNICEF)</p> | <p>1-General Nutrition Activities:</p> <ul style="list-style-type: none"> ● Procurement of iodine salt testing kits to MOH Baghdad to improve quality control of salt available on the market as well as household. ● Support for Nutrition survey on Anaemia and Iron Deficiency in 3 Governorates. ● Support for Vitamin A prevalence study for Under-5children, pregnant and lactating women. ● Emergency provision of Ferrous folic acid tablets for MOH/ Baghdad. ● Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MOH/NRI. <p>2-Capacity building across all levels on nutrition & monitoring:</p> <ul style="list-style-type: none"> ● 115 flour mills technicians and lab personal will be trained in quality control and quality assurance of wheat flour fortification programme. ● Support training of two lab technicians on the analysis of Vitamin D in Irbid, Jordan ● Support training of two lab technicians on the analysis of Folate in CDC lab in Atlanta. ● Support training of two lab technicians on the analysis of Folate in CDC lab in Atlanta. <p>3- Social mobilisation and advocacy activities including communication media campaign, development of media health education and promotion materials etc:</p> <ul style="list-style-type: none"> ● Several meetings done to prepare the social mobilization plan for the survey and promotion for Salt Iodization | <p>60%</p> <p>60%</p> <p>5%</p> |

Qualitative achievements against objectives and results

The following qualitative achievements have been materialized:

- The second project steering committee meeting was held during May 2010, followed by a technical consultation meeting during October 2010 to finalize the MNAR Survey protocol and survey tools.
- Development of a detailed work plan for the coming activities for 2011 and the preparation for conducting the training of trainers (ToT) workshop in Erbil for 66 participants from MoH and MoP.
- Communication with the WHO regional office and CDC Atlanta to approve the travel of three CDC advisors to Iraq /Erbil in January 2011 to facilitate the ToT workshop.
- Sampling parameters have been defined. Capacity building for two NRI lab technicians on vitamin A analysis methodology has been completed. Procurement of supplies and equipment needed for specimens collection and analysis has been finalized with a total cost of US\$ 220,000.

Main implementation constraints & challenges (2-3 sentences)

- The project has started in March 2010 and during that period WHO in the Eastern Mediterranean Region launched a new Global Management System (GSM) that is replacing the old system CAMS (Country Assistance Management System) and this has contributed to some administrative delays in the implementation of the project.
- Currently, the implementation of the project is running according to the time line set in the project document and so far, no constraints or challenges are to be reported.