



## Multi Donor Trust Fund - ITF

### ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

<b>Programme Title &amp; Number</b> <ul style="list-style-type: none"><li>• Programme Title: Support to improving Management and Safe use of Medical Equipment</li><li>• Programme Number: D2-29</li><li>• MDTF Office Atlas Number: 74325</li></ul>	<b>Country, Locality(s), Thematic Area(s)</b> <p>Iraq, 6 Governorates (Anbar, Kerbala, Qadissyah, Salah Al-Din, Sulaymaniyah and Thi-Qar), Health</p>										
<b>Participating Organization(s)</b> <p>WHO</p>	<b>Implementing Partners</b> <ul style="list-style-type: none"><li>• Ministry of Health</li></ul>										
<b>Programme/Project Cost (US\$)</b> <table><tr><td>MDTF Fund Contribution:</td><td>USD 2,540,683</td></tr><tr><td>Agency Contribution Core funding:</td><td>USD 55,000</td></tr><tr><td>Government Contribution</td><td></td></tr><tr><td>Other Contribution (donor)</td><td></td></tr><tr><td><b>TOTAL:</b></td><td><b>USD 2,595, 683</b></td></tr></table>	MDTF Fund Contribution:	USD 2,540,683	Agency Contribution Core funding:	USD 55,000	Government Contribution		Other Contribution (donor)		<b>TOTAL:</b>	<b>USD 2,595, 683</b>	<b>Programme Duration (months)</b> <p>Overall Duration: 24 months</p> <p>Start Date: 02 Mar 2010</p> <p>End Date: 02 Mar 2012</p> <p>Operational Closure Date 02 Mar 2012</p> <p>Expected Financial Closure: 02 Mar 2013</p>
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<b>Programme Assessments/Mid-Term Evaluation</b> <p>Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____</p> <p>Mid-Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____</p>	<b>Submitted By</b> <ul style="list-style-type: none"><li>○ Name: Kamel Abdul Rahim</li><li>○ Title: Technical Officer</li><li>○ Participating Organization (Lead): WHO</li><li>○ Email address: abdulrahimk@irq.emro.who.int</li></ul>										

## NARRATIVE REPORT FORMAT

### **I. Purpose**

The project aims at providing assistance to the Iraq Ministry of Health (MoH) to promote sustainable changes and improvements of health care services and enhances the quality of health interventions by focusing on building a coherent medical equipment management system guided by sound policies and good management practices as well as improving institutional skills and capabilities.

The outcome of the project is to promote and improve systems approach to management and safe use of medical equipment in the six targeted governorates.

The project will be implemented in close consultation and partnership with the Iraq MoH at central level and with full involvement of the six targeted governorates DoHs in Anbar, Qadissyah, Kerbala, Salah Al-Din, Sulaymaniyah and Thi-Qar.

Project Outcome:

The project is programmed for a duration of 24 months and is expected to contribute to the outcome by achieving the following outputs:

Output 1: MoH has an improved Medical Equipment Management System in six target governorates

Output 2: MoH has an improved capacity to formulate policies and national standards on quality, safety and management of medical equipment in line with international standards.

- The Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP as the following:

The project supports and actively promotes the attainment of targets as expressed in 1.) International health related agreements including International Health Regulations (IHR 2005), 2.) the Iraq National Development Strategy (NDS), 3.) the International Compact with Iraq (ICI) and reflects the priorities indicated in the UN Assistance Strategy for UN intervention in the health sector.

The project will contribute to more effective and efficient use of medical equipment. This is in line with the national priorities in regard to better quality medical care services, especially in terms of sustainable management and safe health care services. It will directly contribute to the achievement of national policies and UNCT commitments as follows:

- (a) NDS goal: 4 – improve the quality of health
- (b) ICI benchmarks 4.4.1.4: improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development.

The project will also contribute to addressing UN Millennium Development Goals (MDG) 4, 5, 6, and 7, through institutional support to the health system in developing policies, building capacities, and providing resources to the medical equipment program.

WHO has developed international strategic direction for Essential Health Technologies (EHTs). This EHT program aims at improving health and reducing morbidity and mortality through the safety, availability, and appropriate use of essential health technologies within health systems. The EHT's are expected to contribute to the support of policies and guidelines operationalization, the capacity building of management teams at all levels as well as increasing patient safety by ensuring access to safe and effective medical equipment as addressed in this proposed project.

## II. Resources

### *Financial Resources:*

The financial situation as of 31 Dec 2010:

Funds Committed	\$810,767	% of approved	31.9%
Funds Disbursed	\$517,908	% of approved	20.4%
Forecast final date	29 Feb 2012		

WHO Core funding, amounted to USD 55,000 has been identified to support the implementation of the project. This contribution will be in support to the output 2 - MoH has an improved capacity to formulate policies and national standards on quality, safety and management of medical equipment in line with international standards.

### *Human Resources:*

- National Staff:

For the implementation of the various project components, one biomedical engineer, one biomedical application specialist, one data management specialist, and one admin/finance assistant have been supporting the implementation of the project.

- International Staff:

One international health care technology engineer based in WHO Office in Amman is managing and coordinating the project throughout the entire implementation period. It is worth mentioning that other WHO international staff at both Country and Regional office have been providing technical support in the area of medical devices standards and physical rehabilitation component.

## III. Implementation and Monitoring Arrangements

- The implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.

The project is being led by WHO in close consultation and partnership with the MoH and with full involvement of targeted governorates DoHs. A Project Steering Committee

(PSC) chaired by MoH central level and composed of representatives from relevant MoH directorates, relevant Governorate DoHs and WHO was established. The central maintenance repair shop (Kimadia) in Baghdad, the Directorate of Technical Affairs and the Directorate of Engineering Projects at MoH, and Baghdad University/College of Biomedical Engineering participated to strengthen the overall alignment in fulfillment of the project implementation.

The PSC has met twice during the reporting period to carry out needs assessment, prepare action plan and oversee the implementation and impact of the project; as well as to:

1. Ensure the alignment of the Project's scope and activities with the requirements and needs of the beneficiaries, donors and other stakeholders;
2. Select staff to be trained in all project activities.

WHO has coordinated and monitored the implementation of the whole program and provided technical and managerial support to PSC assisted by nationals inside Iraq (engineers, and finance/administrative assistant).

In addition, the video conferencing capacity available at WHO Iraq Office in Amman and WHO Iraq Office placed at the Ministry in Baghdad has facilitated the follow up and coordination of activities given the security situation and assisted in continuously liaising with national staff on the ground.

This mechanism has ensured optimal communication and collaboration between all partners and stakeholders and facilitated smooth implementation.

- The procurement procedures utilized.

The procurement component and provision of biomedical test instruments, tools, mobile vehicles (customized maintenance repair shop), informatics equipment, furniture & etc will be done according to WHO rules and regulations.

In order to establish the needs of the medical equipment repair shops and identify the gaps a needs assessment was carried out for the targeted repair shops.

Consultations between WHO and the project steering committee were held to agree on the final requirements. Bill of quantities with detailed generic technical specifications for the agreed items were prepared, with cost estimates.

Finally, the prepared requirements were processed by WHO, whereupon WHO procedures for tendering and contract awarding were applied to the purchasing and delivery of equipment and supplies.

Furthermore, organization manuals providing strict guidance and procedures on invitation to bids, bids opening, bids analysis, bids review and contract award, including conditions abiding both parties (the successful bidder and the organization) are available for international and local procurement. There are specific committees at each stage of the bidding process.

- The monitoring system.

The project is designed to meet the requirements for monitoring as stipulated within the Memorandum of Understanding of the UNDG ITF as well as by the standard policies and procedures of WHO. A well-developed monitoring and evaluation system is in place to track information and project status, to ensure activities are moving as planned, budget utilization stays within allocated resources, and desired outputs are accomplished. Based on the specific nature of the project components, the hereafter described monitoring and evaluation procedures will be followed to help the organization/project steering committee to relevant information that can subsequently be used as the basis for programmatic fine-tuning, and planning.

Financial tracking will be according to WHO rules and regulations in issuing financial statements related to commitment and disbursement during the implementation of the project components, as well as WHO's obligations to the UNDG ITF.

For the contracting of physical construction and/or small-scale rehabilitation of medical equipment repair shops, the contract will be awarded to local private contractors. The contracts will be according to a MOU between MoH and WHO. Special legal clauses regarding non-compliance are usually included in these contracts. Similar legal clauses are included in the procurement agreements with vendors.

An external independent evaluation or End-Of-Project-Evaluation will be conducted after 18 months of project implementation. The project evaluation will review and assess all project assumptions, results, outcomes, and finances as well as to (a) assess the contributions of the project towards the anticipated outputs while distinguishing these from the influence of other, external factors, (b) draw lessons for improving the design and management of upcoming activities, and (c) support substantive accountability and WHO repositioning. The Terms of reference of the independent evaluator will be defined jointly by the PSC/MOH and WHO, while the process of identifying the independent evaluator will be carried out by WHO.

Lessons Learned Workshop will be organized following the completion of the external independent evaluation to present findings, outcomes, and recommendations in order to develop an exit strategy for the project and to trigger the transition to local institutions/stakeholders responsible for sustaining the process and the various initiatives undertaken by the project. A report from this workshop will be disseminated to MOH officials and counterparts involved in the implementation of the project and made available on MOH and WHO websites for the public.

WHO and the PSC are maintaining regular communications to evaluate the implementing process and impact of the project, and to identify constraints and solutions in order to ensure a flexibly efficient approach. The project is monitored by WHO office based in Amman and assisted by WHO sub-offices inside Iraq. WHO national staff are coordinating with targeted DOH to prepare and forward periodic reports to Amman for proper monitoring and evaluation.

- Assessments, evaluations or studies undertaken.

Conducted fact finding and assessment of targeted six governorates (Anbar, Kerbala, Qadissya, Salah Al-Din, Sulaymaniyah and Thi-Qar). The assessment built the basis to put in place a time-bound plan of action for the implementation of the different project components.

#### IV. Results

- Programme progress in relation to planned outcomes and outputs.

The conducted interventions aimed at meeting the outcome of the project in terms of implementing a system approach to manage medical equipment program in Iraq. The interventions addressed following areas:

- 1- Supporting a system in place, which ensures that all risks associated with the acquisition, use, maintenance, decommissioning and disposal of medical devices are minimized.
- 2- Support good record keeping as essential element for effective management of medical equipment.
- 3- Maintaining and calibrating medical equipment, registering of assets, supporting writing specifications to ensure purchasing of the correct items; safe disposal of medical equipment;
- 4- To look into every activity where medical equipment are used and understands how to care for them, making sure that they are appropriate and safe for their intended use.
- 5- Taking major review to common understanding throughout all of the activities by what it means to 'manage' medical equipment. This was done by reviewing and writing policies, guidelines and standards.
- 6- Supported the targeted DoHs in the demands of maintenance departments in terms of conducting refresher and advanced training courses.

- The key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.
  1. Carried out fact finding and needs assessment of the biomedical equipment program at targeted governorates (completion 100%).
  2. Finalized plan of action for the different project components (completion 100%).
  3. Inventories of medical equipment at health institutions in targeted governorates have started and results are under verification (completion 50%).
  4. Improved and enhanced skills of 97 engineering/medical equipment personnel through attending overseas and national training courses<sup>1</sup>. The courses provided the necessary balance: (a) to update the technical skills and abilities of engineers and technicians for operation and maintenance, (b) explain principles of planning and operation of the medical equipment, (c) exercise preventive maintenance session, (d) explain schematic diagrams for repair and maintenance, and (e) exchange information and experience.

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<sup>1</sup> See Annex 1 for data on capacity building

- Four (4) national training workshops were conducted inside the country to improve practical skills for 74 maintenance and repair personnel.
  - WHO organized two-week training course on Medical Equipment Planning and Hospital Design. The training was organized in Amman and attended by engineering staff from different specialties (5 females and 15 males).
  - WHO organized one-week training course on Introduction to Computerized Management Maintenance System. The training was organized in Amman and attendance of 3 engineers was supported from this project (1 female and 2 males).
5. Supported ongoing technical work in the area of developing/adopting policies, standards and guidelines for medical equipment.
- Provided access to a web-based management tool that helps (1) in making wise purchasing of medical equipment; (2) contains database of extensive library reports including product description and clinical application; (3) in identifying resources needed for proper selection, use, maintenance and management of healthcare technology; (4) in undertaking regulatory analyses and service and maintenance analyses; and (5) in providing access to a monthly medical device Journal on the latest and vital issues regarding patient safety and equipment management.
  - Supported the participation of 5 MoH staff to a one-week Global Forum on medical devices. The forum discussed key elements for a successful medical engineering program, as well as presented experience of some countries.
  - The technical support also included (1) to establish a clear and comprehensive understanding on policy issues on medical devices; (2) to use internationally recognized regulatory concepts and technical standards; (3) link to international networks that monitor medical devices; and (4) apply rules equally to procured and donated medical devices
- The delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

n/a.

- The key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

The main counterpart for the implementation of the project is the MoH represented by the central maintenance repair shop in Kimadia/Baghdad, the Directorate of Technical Affairs and the Directorate of Engineering Projects at MoH, as well as Baghdad University/College of Biomedical Engineering participated to strengthen the overall alignment in fulfillment of the project implementation.

The partnership provided a forum through which members can combine their strengths and implement solutions that no one partner could achieve alone. The partnership supports national training programmes; management policy, and data information system.

In addition, the MoH and DoH personnel continue to be fully engaged in all implementation stages so as to ensure the ownership of the project by the targeted stakeholders once the project is completed.

- Other highlights and cross-cutting issues pertinent to the results being reported on.

The conducted training courses during the reporting period have taken into consideration the sex balance where possible. Out of a total of 97 participants trained, 10 were female (10%). The PSC has recognized the low participation of females in capacity building workshops and has considered practical measures to raise their participation during the remaining period of the project.

The technical services provided by the engineering department at targeted governorates have an impact on the quality of health care services provided to the population with regards to the right to have access to safe and appropriate health technology services.

- An assessment of the program/project based on performance indicators as per approved project document using the template in Section VIII, if applicable.

The project has started in March 2010 and the implementation is running according to the time line set in the project document and so far no major constraints or challenges to be reported.

#### **V. Future Work Plan (if applicable)**

- The projected activities and expenditures for the following reporting period (1 January-31 December 2011), using the lessons learned during the previous reporting period.

The main interventions for the reporting period (1 January – 32 December 2011) will focus on the following areas with projected expenditure of USD1.2 million:

- 1- Improving medical equipment management system.
  - a. Provision of biomedical test instruments
  - b. Provision of informatics
  - c. Provision of customized maintenance vehicles
  - d. Introducing Computerized Management Maintenance System (software and hardware).
  - e. Conducting small-scale construction/rehabilitation of medical equipment repair shops
  - f. Continuing the overseas and national training activities
- 2- Putting in place appropriate policies, standards, and regulations.
- 3- Conducting external independent evaluation or End-Of-Project-Evaluation of project implementation.

- Indicate any major adjustments in strategies, targets or key outcomes and outputs planned.

n/a

## VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	Performance Indicators	Indicator Baselines	Planned Indicator Targets	Achieved Indicator Targets	Reasons for Variance (if any)	Source of Verification	Comments (if any)
<b>Outcome 1: Systems approach to management and safe use of medical equipment in the six target governorates have promoted and improved</b>							
<b>Output 1.1</b> MoH has an improved Medical Equipment Management System in six target governorates	Indicator 1.1.1 Needs assessment of biomedical equipment program completed.	No	Yes	100%		Assessment report	
	Indicator 1.1.2 Number of staff trained on the maintenance of medical equipment.	0	285	33%		Training reports and certificates	Schedule is running
<b>Output 1.2</b> MoH has an improved capacity to formulate policies and national standards on quality, safety and management of medical equipment in line with international standards	Indicator 1.2.1 Medical Equipment Committee formulated	No	Yes	100%		MoH letter	

## **VI. Abbreviations and Acronyms**

DoH:	Department of Health
Kimadia:	State company for Drugs and Medical Supplies and responsible for maintenance of equipment for whole Iraq.
EHT:	Essential Health Technology
ICI:	International Compact with Iraq
IHR:	International Health Regulations
MDG:	Millennium Development Goals
MoH:	Ministry of Health
MOU:	Memorandum of Understanding
NDS:	National Development Strategy
PSC:	Project Steering Committee
TOT:	Training of Trainers
WHO:	World Health Organization

Annex 1 Data of Capacity building during the reporting period

	Total Number of			
	Courses	Participants	Female	Male
<b>Overseas training courses</b>	2	23	6	17
<b>National Training Activities</b>	4	74	4	70
<b>Total</b>		<b>97</b>	10	87

Annex 2 Photos of overseas training courses and national training activities



Introduction to Computerized Management Maintenance System



Training on Medical Equipment Planning and Hospital Design



Local Trainings conducted in Sulaymaniyah

