



UNDG IRAQ TRUST FUND

ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

Programme Title & Number
<ul style="list-style-type: none"> Programme Title: Pilot Assessment of Congenital Birth Defects in Iraq in selected districts of Six Governorates Programme Number: D2-33 MDTF Office Atlas Number:

Country, Locality(s), Thematic Area(s)
<p>Country: Iraq</p> <p>Locality: Six governorates (Baghdad ,Anbar, Basrah, Thi Qar, Sulaymaniyah and Dialah)</p> <p>Thematic Area/Sector: Health and Nutrition</p>

Participating Organization(s)
WHO

Implementing Partners
<ul style="list-style-type: none"> MOH (Lead Ministry) in Baghdad and KRG ,MoP/COSIT and KRSO

Programme/Project Cost (US\$)	
MDTF Fund Contribution:	US\$336,650
Agency Contribution	
-WHO Core:	US\$ 15,000
Government Contribution	
Other Contribution (donor)	
TOTAL:	US\$ 351,650

Programme Duration (months)	
Overall Duration	18 months
Start Date	2 July 2010
End Date	02.01.2012
Operational Closure Date 02.01.2012	
Expected Financial Closure Date 02.01.2013	

Programme Assessments/Mid-Term Evaluation			
Assessment Completed	Yes	No	Date:
Not Done			
Mid-Evaluation Report	Yes	No	Date:
Not Done			

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NARRATIVE REPORT FORMAT

I. Purpose

There are continued concerns raised regarding increased number of congenital birth defects (CBD) in Iraq. However there is no scientifically reliable data on the magnitude of the birth defects and associated risk factor in Iraq. There is a need for a comprehensive programme and to learn more about birth defects in Iraq that could shed light on the incidence of various conditions, such as the congenital heart defects and neurological defects in different geographic areas over time in Iraq. The proposed study aims at:

1. Drawing initial baseline data from selected districts in 6 governorates and understanding the trends of birth defects in the selected governorates in Iraq; analyzing spatial and temporal trends and detect changes in the incidence of birth defects in Iraq
2. Capacity building of MoH national public health TORCH (Toxoplasmosis, Rubella, Cytomegalo and Herpes virus) laboratory and technicians.

The initial descriptive study is intended to answer the basic questions regarding the distribution, type, trend and magnitude of the birth defects in the selected governorates, which are affected, where they live and when the anomaly appeared. Determination as to why these defects are happening in specific populations, in specific locations and during specific times will be done during later phases of the programme.

The data will be collected from selected districts in six governorates (Baghdad, Anbar, Basrah, Thi Qar, Suleiymaniyah and a sixth one not yet identified by the MoH). The selection of areas will be done according to the following criteria:

- Feasibility and security conditions;
- Vulnerability and identified need (using the recent Analysis in the framework of IHAP and UNDAF);
- Catchments population; and
- Regional balance

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.

Joint Programme Outputs

- JP Output 1.1: MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates
- JP Output 1.2: MoH TORCH laboratory technicians have improved capacities to conduct tests on risk factors associated to birth defects.

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

The provision of solid baseline data and information on congenital birth defect amongst the Iraqi population at national and Governorate levels contributes to the NDS Goal: 7. Improve quality of Health. It directly contributes to ICI Benchmarks 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development, and to the UNCT's health and nutrition outcome: "Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes." Existing figures indicate that work on reducing the incidence of and mortality associated with congenital anomalies needs to be linked to efforts to achieve the Millennium Development Goal (MDG) 4 target of a two thirds reduction in the mortality rate of children under-five years of age between 1990 and 2015.

II. Resources

Financial Resources:

- **No other funding resources available to the project, if applicable.**
- **No budget revisions requested.**

Human Resources:

- **National Staff:**

WHO National Staff:

Two national staff who are based in Amman and Baghdad have been contributing to the implementation of the project activities by a regular follow up with the counterparts in the various ministries e.g. Ministry of Health, and Ministry of Planning and Development Corporation. These national staff inputs have been instrumental in the accomplishments of the various activities undertaken by the project. In spite of the huge challenges and security restrictions the staff has been able to contribute to the capacity building needs of the mentioned partner agencies.

- **International Staff**

WHO: Two international consultants were assigned to work with WHO technical staff and MoH on the finalization of the survey protocol and tools for the project and is under process, however it is worthwhile to mention that sufficient support was given to the project by the senior management of WHO office for Iraq.

III. Implementation and Monitoring Arrangements

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

The MoH and the DoH in the selected governorates are key implementing partners whilst WHO is responsible for overall management, coordination and reporting. In addition to the close collaboration between WHO and the Government, WHO will work extensively with WHO Collaborating Centers which will enable timely and efficient access to the best experts in the area of congenital birth defects. The WHO collaborating centers are institutions such as research institutes, parts of universities or academies, which are designated by the WHO Director-General to carry out activities in support of the Organization's programmes.

WHO will also seek active participation of relevant UN agencies and Non Governmental Organizations (NGOs). The study will be coordinated and complemented by other surveys and studies, including the Multiple Indicator Cluster Survey (MICS 4) and the Iraq Women's Health Survey (I-WISH) whereby both have agreed to include additional questions that will complement the data from this study.

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The Project Manager will be in charge of the day-to-day management of the project, including implementation the work plan, budget planning and oversight, drafting terms of reference for the acquisition of services and supplies and the oversight of operations in the field. The WHO Regional for the Eastern Mediterranean and WHO Headquarters will provide technical support and back up as needed.

The project team will have monthly meetings and will review the progress of the project, plan ahead and/or resolve problems and bottlenecks and follow up activities related to the study planning, implementation, monitoring and maintaining documentation. In addition to this, a part time (30%) National Consultant in Public Health based in Baghdad will manage the technical aspects of the study and coordination between WHO Iraq Country Office, COSIT and KRSO. This person will be responsible for ensuring that the technical quality standards of the study, coordination of training workshops and reporting are maintained.

The MoH has established and chaired a Programme Steering Committee (PSC) in coordination with WHO in order to oversee the project and serve as the guiding mechanism for the larger programme once additional funding is secured. The steering committee will be comprised of representatives from other stakeholders. The PSC will meet at least on a quarterly basis and ad hoc whenever needed to review the implementation and provide feedback. The PSC will establish and supervise the activities of a Technical Project Committee (TPC) and also be responsible for following and ensuring that the project is implemented in accordance with relevant standards and guidelines.

The initial work of the PSC will be focused on finalizing the work plans and identification of the needed staff within MoH and COSIT/KRSO and thereafter with the process of recruitment and familiarization of selected staff and provision of the needed logistic support.

The Technical Project Committee (TPC) chaired by a MoH technical staff member, will be comprised of experts from WHO, MoH, DoH, MoHE and selected WHO collaborating Centers.

- No procurement of supplies and equipment were done during the reporting period.

- **The monitoring system.**

WHO will follow its monitoring and evaluation guidelines benefiting from existing monitoring structures in Iraq such as WHO offices and meeting points in the North, South and Central regions, as well as the Governorate-based facilitator network. Field staff will monitor the implementation of the project on the ground with oversight from the Project Manager who reports to the PSC. Progress will be monitored against outputs and indicators as detailed in the results framework in this project document.

The regular meetings of PSC and periodic reports from the technical experts, COSIT and KRSO will provide regular updates on the progress of activities.

WHO will use its internal monitoring and evaluation process as described below.

- Track implementation of activities
- Identify risks and provide contingency action
- Ensure that technical support is timely provided as necessary
- Provide a financial updates
- Submit the quarterly fiches

WHO will also produce quarterly reports to be submitted to the PSC 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.

The PSC will conduct quarterly meetings to:

- Review quarterly progress narrative and financial reports submitted by WHO to report on results,
- Take action over any contingencies and risks that may delay/hinder the project implementation,
- Oversee the midterm review process.

In addition, a regular monthly monitoring and reporting mechanism will be instituted. This will enable the Project Manager and Project Coordinator to regularly monitor the implementation process. In addition, to ensure the effectiveness of monitoring system, the six Governorate Focal Points will work in close coordination with the Project Manager and Project Coordinator.¹ This standardized WHO integrated monitoring system will allow fast reaction to any sudden changes which might affect the implementation of the programme.

- **No assessments, evaluations or studies were undertaken.**

The table below summarizes the beneficiaries at midterm and at the end of the project.

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	All men (household heads will directly benefit from the implementation of the CBD survey that will be conducted at household level In 6 governorates(600 house hold head)	NA
Women	1500 women (15-49) will directly benefit from CBD survey and the biological testing that will be conducted at household level (600 families in each district (Total HH/14 district will be 8400)	NA
Children	100 Children under-5 will indirectly benefit from CBD	NA

¹ WHO has a network of national staff in Iraq at governorate level. This network will back up the implementation of the program whenever needed and will provide an additional monitoring mechanism.

	survey and the medical examination	
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 50 GoI additional staff within Iraq	
Employment generation (men/women)	The project will offer opportunities for participants to acquire specific training skills that they will be able to utilize for individual and social development. Supplies will be locally procured which indirectly will create employment opportunities and income generation. Around 200 professionals and similar number of support staff will be involved/supported/ recruited throughout the period of the programme	100%

IV. Results

- **Programme progress in relation to planned outcomes and outputs.**

Output 1.1

MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates

Ministry of Health in Iraq in collaboration with World Health Organization organized two steering committee meetings after the technical consultation meeting that was held in Istanbul, Turkey 26-30 September 2010. The meeting discussed the study protocol and the questionnaire design and a consensus was reached that WHO will assign a consultant for 2 weeks to finalize the protocol and draft survey tools.

Output 2.1

MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.

Organization of three fellowships for the three participants from the TORCH lab to participate in a training in Rome on Congenital Birth Defects Surveillance.

- **The key outputs achieved in the reporting period including # and nature of the activities (inputs), % of completion and beneficiaries.**

Output	Activities	% implementation rate
Output 1.1 MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates	Ministry of Health in Iraq in collaboration with World Health Organization organized the first technical consultation meeting on the pilot assessment of Congenital Birth defect in 6 governorates in Iraq, Istanbul, Turkey for the period 26-30 September 2010. The meeting participated by members of the project technical	20%

	<p>committee from MoH, MoHE, Ministry of Environment and Ministry of Science and Technology form Baghdad and Kurdistan region and WHO consultants from the WHO/EMRO,HQ ,WHO collaborating centre, CDC Atlanta and AUB,Beirut to discuss the following:</p> <ul style="list-style-type: none"> ○ To review and update the Ministry of Health draft protocol, data collection tools, study questionnaire and data analysis plan ○ To develop a training requirements and other key elements for the study ○ To design the sampling theme for the study including the sample size, methodology etc. ○ To develop the final plan of action with detailed budget outline and timetable for the CBD study ○ To Review the tools and required resources needed for the implementation of the study. 	
<p>Output 1.2 MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects</p>	<p>Three fellowships for the three staff from the TORCH lab to participate in a training course in Rome on Congenital Birth Defects Surveillance</p>	<p>7%</p>

- **The delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.**
 - Delay in the implementation of the household survey was due to late finalization of the study protocol and questionnaire by the experts from CDC Atlanta and WHO collaborating centre.
 - **Actions taken to mitigate future delays:** In order to avoid future delays, WHO communicated with other centers and research institutes in the United Kingdom and Iran to assign an international consultant in order to finalize the process. The project manager is based in the Amman office of WHO but will travel on frequent missions to Iraq to make sure the timely progress and implementation of various activities being taken care of by this project.
- **The key partnerships and collaborations, and their impact on the achievement of results.**
- WHO being the lead agency in this joint project have worked closely with MOH representatives, key managers, middle managers and health professionals from the central, governorate and district levels, which directly increases levels of capacity building and long term sustainability.
- The Ministry of Health and Health Cluster members (UNICEF, UNFPA, WFP and WHO) have been working closely together during the implementation of the project activities and coordinating their work in order to maximize the synergy and prevent any duplication of efforts.

- From its base in Amman and its national staff network in the Governorates, WHO worked closely with the MoH/district directors through teleconferencing and direct meetings in Amman and Baghdad. The entire WHO network of staff, logistics and telecommunication contributed to support the MoH. Close collaboration has been sustained with the UN Health Cluster throughout this phase of implementation of the project.
- Other highlights and cross-cutting issues pertinent to the results being reported on.
- **Human Rights:** This programme will contribute to identifying the magnitude of the population exposed to risk factors and hence will provide clear independent evidence on CBD in Iraq to assist in formulating human rights based policy and targeted interventions.
- **Gender equality:** This proposal will support the Ministry of Health and Ministry of Planning and Development Cooperation, COSIT and KRSO, Ministry of Higher Education in data collection that is segregated by sex which will provide accurate information on distribution of CBD burden on the health system. The need for gender mainstreaming throughout all policies and activities will be addressed in the various trainings and technical support rendered to the GoI within the context of this programme. Gender equality will be also ensured through the response component which will be based on the assessment and the disaggregated information provided. This will contribute to achievements of national and international commitments including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
- **Key environmental issues:** Implementation of the project does not have any direct effect on the environment. However, there are selected environmental risk factors for congenital anomalies based on evidence. Phase Two which will deal with the environmental interventions will be taking into consideration the results of Phase One.
- **Employment generation:** This programme will generate direct and indirect local employment opportunities in Iraq. It offers opportunities for participants to acquire specific training skills that they will be able to utilize for individual and social development. Supplies will be locally procured which indirectly will create employment opportunities and income generation. Around 200 professionals and similar number of support staff will be involved/supported/recruited throughout the period of the programme.

V. Future Work Plan

- WHO will finalize the study protocol and questionnaire. This will be followed by the implementation of the household survey in 14 districts in 6 governorates.
- Procurement of supplies and equipments
- Resource mobilization to cover the cost of the household survey as the allocated funds under UNDG ITF will not be enough to cover the implementation of the survey as requested by MoH.

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)
Outcome 1: <i>Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes</i>							
Output 1.1 MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates	Indicator 1.1.1 A protocol on assessment of congenital birth defects developed	0	1	Protocol finalized but the questionnaire is in process		MoH and WHO progress report	
	Indicator 1.1.2 Number of districts which successfully completed the initial descriptive study	0	14	0	Survey not implemented yet	Survey reports	
	Indicator 1.1.3 Number of data collectors(field workers) trained on data collection tools	0	48	0	Training not implemented yet	Training reports	
	Indicator 1.1.4 % of trainees satisfied with the quality of training in terms relevance and usefulness	NA	80%	Not implemented	Training not implemented yet	Pre-post training assessment	
	Indicator 1.1.5 Number of local	0	7	0	Training not implemented yet	Training reports	

	supervisors trained on study on data collection tools						
	Indicator 1.1.6 % of trainees satisfied with the quality of training in terms relevance and usefulness	NA	80%	Not implemented	Training not implemented yet	Pre-post training assessment	
	Indicator 1.1.7 Assessment on type, trends and magnitude of birth defects in 6 districts completed	0	1	The survey is not yet implemented	Survey not yet implemented	Assessment Report	
Output 1.2	Indicator 1.2.1 Number of laboratory personnel trained on PCR for detecting associated risk factors (Toxoplasmosis, Rubella Cytomegalo and Herpes virus)	0	30	3		Training report	
	Indicator 1.2.2 % of trainees satisfied with the quality of training in terms relevance and usefulness	0	80%	10%		Pre and post training tests	
	Indicator 1.2.3 Number of PCR equipment provided to MoH laboratories	0	2	In process		Receiving reports	
	Indicator 1.2.4 Number of Diagnostic kits provided to MoH laboratories	0	10	In Process		Receiving	