



UNDG IRAQ TRUST FUND

ANNUAL PROGRAMME NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

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|---|---|----------------|-------------------------|----------------|--|----------------|---------------------|--|------------|-------------|---------------|--------------|-------------------------|-------------|----------------------------|--|---------------|-----------------------|--|
| Programme Title & Number <ul style="list-style-type: none">• Programme Title: Addressing Micronutrient Deficiencies in Iraq : assessment and responses• Programme Number: <i>D2-27</i>• MDTF Office Atlas Number: | Country, Locality(s), Thematic Area(s) <p>Country: Iraq Locality: Nationwide – all governorates Thematic Area/Sector: Health and Nutrition</p> | | | | | | | | | | | | | | | | | | |
| Participating Organization(s) <p>WHO (Lead Agency), UNICEF, FAO, WFP</p> | Implementing Partners <ul style="list-style-type: none">• MOH (Lead Ministry) in Baghdad and KRG ,MoP/COSIT and KRSO | | | | | | | | | | | | | | | | | | |
| Programme/Project Cost (US\$) <table><tr><td></td><td>US\$ 3,181,763</td></tr><tr><td>MDTF Fund Contribution:</td><td>US\$ 1,827,394</td></tr><tr><td></td><td>US\$ 1,354,369</td></tr><tr><td>Agency Contribution</td><td></td></tr><tr><td>-WHO Core:</td><td>US\$ 50,000</td></tr><tr><td>-UNICEF Core:</td><td>US\$ 100,000</td></tr><tr><td>Government Contribution</td><td>US\$ 50,000</td></tr><tr><td>Other Contribution (donor)</td><td></td></tr><tr><td>TOTAL:</td><td>US\$ 3,381,763</td></tr></table> | | US\$ 3,181,763 | MDTF Fund Contribution: | US\$ 1,827,394 | | US\$ 1,354,369 | Agency Contribution | | -WHO Core: | US\$ 50,000 | -UNICEF Core: | US\$ 100,000 | Government Contribution | US\$ 50,000 | Other Contribution (donor) | | TOTAL: | US\$ 3,381,763 | Programme Duration (months) <p>Overall Duration 18 months</p> <p>Start Date 2 March 2011</p> <p>End Date 2 September 2011</p> <p>Operational Closure Date</p> <p>Expected Financial Closure Date</p> |
| | US\$ 3,181,763 | | | | | | | | | | | | | | | | | | |
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| -WHO Core: | US\$ 50,000 | | | | | | | | | | | | | | | | | | |
| -UNICEF Core: | US\$ 100,000 | | | | | | | | | | | | | | | | | | |
| Government Contribution | US\$ 50,000 | | | | | | | | | | | | | | | | | | |
| Other Contribution (donor) | | | | | | | | | | | | | | | | | | | |
| TOTAL: | US\$ 3,381,763 | | | | | | | | | | | | | | | | | | |
| Programme Assessments/Mid-Term Evaluation <p>Assessment Completed - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <u> </u>Not Done</p> <p>Mid-Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <u> </u>Not Done</p> | Submitted By <ul style="list-style-type: none">○ Name: Dr Faiza Majeed○ Title: Medical Officer○ Participating Organization (Lead): WHO○ Email address: majeedf@irq.emro.who.int | | | | | | | | | | | | | | | | | | |

NARRATIVE REPORT FORMAT

I. Purpose

This project, via its major components, is designed to build the capacity of the Ministry of Health (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.

The joint project aims at building capacity of the Government of Iraq (GoI) including MoH, Central Organization of Statistics and Information Technology (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.

Joint Programme/Project Outcome(s): Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused

Joint Programme Outputs

- JP Output 1.1: MoH, Ministry of Health/Kurdistan Region (MoHK), COSIT and Kurdistan Regional Statistical Office (KRSO) have improved capacity to develop and carry out a nutrition micronutrients assessment.
- JP Output 1.2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system
- JP Output 1.3: GoI are better able to provide nutritional response especially in vulnerable areas
- The Programme relates to the Strategic (UN) Planning Framework guiding the operations of the Fund/JP as the following:

National priority or goals (NDS 2007- 2010 and ICI): NDS: Improve quality of Health

- **ICI Benchmarks (as per the Joint Monitoring Matrix 2008):** 4.4.1.4 Improve health and nutrition of all Iraqis as a cornerstone of welfare and economic development.
- **Sector Team Outcome(s):** Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes
- **The Iraqi MDGs in the National Development Strategy 2007-2010**
 - **MDG:** Success of at least six of the MDG's depends on bringing an end to hunger and undernutrition – MDG 1, Eradicate extreme poverty and hunger MDG 2, universal primary education; MDG 3, gender equality; MDG 4, reducing child mortality; MDG 5, improving maternal health; and MDG 6, combating HIV/AIDS, malaria and other diseases.

Iraq NDS: Article 3 of the Iraqi Millennium Development Goal (MDG) is to eliminate gender disparity, and at all levels by 2015 and this is a challenge Iraq has to address. Target 6: Reduce by two-thirds the under-five mortality rate. Target 7: Reduce by two thirds the maternal mortality rate

II. Resources

Financial Resources:

- Other funding resources available to the project, if applicable.
N/A
- Budget revisions approved by the appropriate decision-making body.
N/A
- Good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.
N/A

Human Resources:

- National Staff: Provide details on the number and type (operation/programme).

As mentioned above this project has been jointly implemented by WHO and UNICEF. The information provided below is agency specific.

○ **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 (MoPDC). 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.

○ **WHO International Staff:**

Three international consultants from the US Centres for Disease Control and Prevention (CDC) Atlanta were assigned to work with WHO technical staff and MoH on the finalization of the survey protocol and tools for the project was 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.

○ **UNICEF National Staff:**

Two national staff are based in Baghdad have been contributing to the implementation of the project activities with different Iraqi ministries involved in the project, in addition two nutrition technical facilitators contracted through the project to facilitate the follow up of different activities with the national staff all over the country.

○ **UNICEF International Staff:**

No international staff recruited particularly to the project but the senior international chief of Health and Nutrition section provided the necessary support whenever needed.

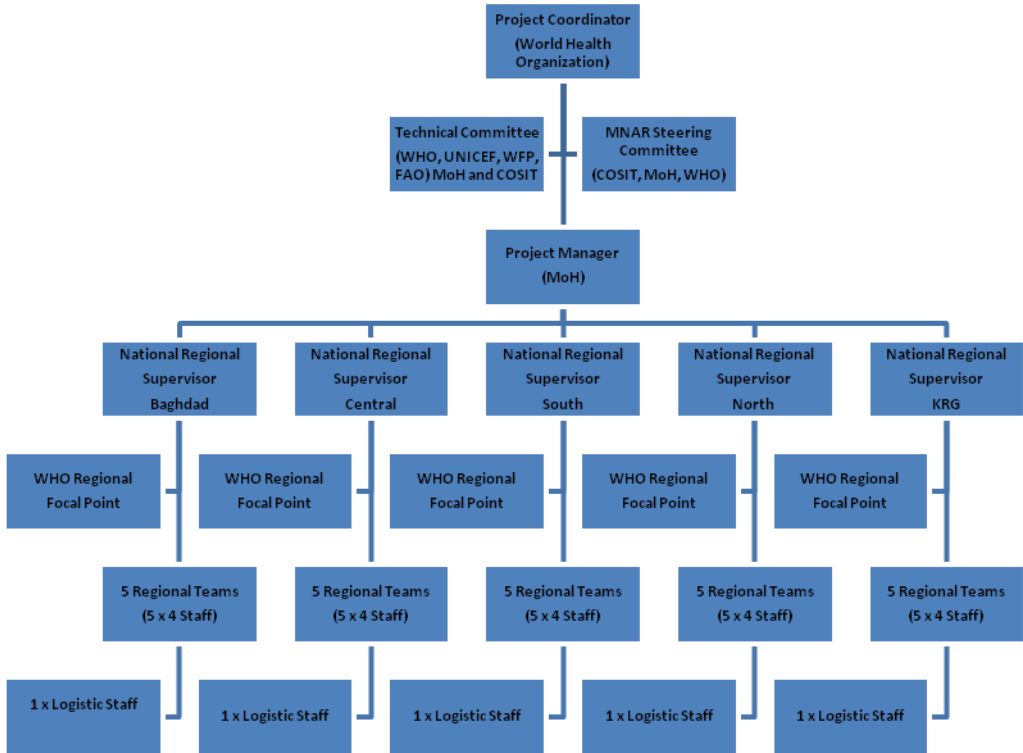
III. Implementation and Monitoring Arrangements

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

WHO is the lead agency responsible for overall management and coordination. The assessment, integration of nutritional data in the national HIS and response, will be managed by WHO whilst the response part will

be carried out by UNICEF. The entire project supervised by the *Micronutrient Assessment and Response Steering Committee* (MNARSC) consisting of MOH, COSIT /KRGSO (and related Ministries) in addition to UN lead agency, WHO, who are responsible for the planning and supervision of implementation of the Micronutrient Assessment and Response (MNAR). The Project Manager (MoH) will report to the overall Project Coordinator (WHO) and the MNARSC.

Figure 1: Organizational structure



The Ministry of Health (MoH) is the main government partner with the primary responsibility for implementing this project. It is fully in charge of management, implementation of the overall project through the Nutrition Research Institute (NRI) and the Nutrition sections in each Directorate of Health (DoH) in the governorates. Full support has been extended by a huge network of WHO national staff based in all governorates of Iraq to make sure the timely implementation of this project. The project implementation progress has been regularly monitored by the technical staff of WHO currently based in Amman. The project also engaged a high level of technical backstopping from the WHO Regional Office for the Eastern Mediterranean (EMRO) and CDC Atlanta. During this first crucial year of implementation this project contributed to the capacity building of a number of health professionals and laboratory technicians at NRI/Ministry of Health and Ministry of Planning and Development Corporation/COSIT.

Close coordination was maintained with MoH and UN partners (UNICEF Project officers) based in Baghdad and in other governorates as well as WHO National Officers in Erbil and Amman. They are all responsible for overseeing project implementation, ensuring procurement and timely delivery of required supplies. The monitoring activities for this project include field visits as well as regular meetings with DoH staff in all governorates, and the preparation of periodic reports. UNICEF staff in Erbil, Baghdad and Amman, in coordination with MoH, prepares and finalize all technical and financial reports. In addition, all the provided support is coordinated with WHO through the Health and Nutrition SOT, whereby WHO provides overall technical as well as some financial support for routine and accelerated activities.

Throughout the project implementation WHO has placed high emphasis on the principles of ownership and national solidarity. WHO has endeavored to apply these principles in every activity it has undertaken and every result achieved. This approach has been exemplified through the formulation of a Project Management Structure for the Programme.

- **The procurement procedures utilized.**

WHO has well established procurement procedures and goods are generally delivered to Baghdad under international insurance coverage. The procurement process is being carried out based on WHO rules and regulations. These are aimed at ensuring quality, efficiency and cost effectiveness. In few cases, local procurement has been applied. That said, procurements and shipment of project material is a challenge in Iraq and delays due to difficulties at border crossings, processing and remote management is sometimes impacting the performance of programmes activities.

All the equipment have been procured in Amman or Iraq (depending on the value), with announcements published through Iraqi and Jordanian newspapers, the IRRFI website and the WHO website. The contractors are generally responsible for delivery and security of goods to Iraq as part of the contract cost.

- **The monitoring system.**

A major component of the program includes an integrated joint monitoring and evaluation system that will allow fast reaction to any sudden changes which might affect the implementation of the program. WHO as the leading agency will take primary responsibility in the designed system.

Mid-term and final evaluations of the programme will take place to determine the effectiveness of the programme and level of progress against the set quantitative and qualitative targets. The methodology of the evaluation will be based on the analysis of actual outputs against the designed targets through conducting mid and final term assessments.

Ongoing monitoring on the ground is done by national officials and facilitators of the UN agencies involved and focal points from MoH/MoPDC at governorate level. To assure quality monitoring, they were oriented on the programme and trained in monitoring techniques to be able to track performance towards the goals of this programme. Field visit reports are prepared including photos reflecting the quality and timely completion of different activities.

- **Assessments, evaluations or studies undertaken.**

There has been no assessment or evaluation during the reporting period of the project. The Micronutrient assessment and response survey will be implemented in mid-May 2011.

IV. Results

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

Output 1: MOH, MoHK, COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment

1. Ministry of Health in Iraq in collaboration with World Health Organization organized the First Steering Committee Consultation Meeting on Addressing Micronutrient Deficiencies in Iraq; assessment and response (MNAR) survey, 10 – 12 May 2010 Amman, Jordan. The meeting participated by members of the MNAR steering committee from MoH in Baghdad and Kurdistan region and representatives from Partner UN agencies (UNICEF, WFP and FAO).The objectives of the meeting were to develop a Plan of Action with detailed budget outline and timetable for the MNAR survey implementation, identify the role of all stakeholders and partners identified and to finalize the tools and required resources needed for the implementation of the MNAR survey.
2. 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 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:
 - 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.
3. WHO supported four meetings of the members of the Steering Committee from MoH and MoP/COSIT and KRSO to finalize the sample size and the draft three sets of the questionnaire (Household ,Women and Child).

Output 2: MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system

- 1- WHO supported the training of 2 laboratory technicians on SPSS statistical training for 2 days.
- 2- WHO supported research work at NRI on nutritional status of women and children under-five.

Output 3: GoI are better able to provide nutritional response especially in vulnerable areas

1- UNICEF supported the following General Nutrition Activities:

- 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 and study on Anemia and Iron Deficiency in 3 Governorates.
- Support for Vit A prevalence study for children under-five, pregnant and lactating women.
- Emergency provision of 50 million ferrous folic acid tablets for MoH/Baghdad for the prevention and treatment of anemia in pregnant and lactating women.
- Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MoH/NRI for distribution with

routine immunization for children under-five and lactating women.

- Procurement of 20 Spectrophotometers devices for the labs of MoT for better monitoring of wheat flour fortification.

2- UNICEF supported capacity building across all levels on nutrition & monitoring :

- 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders.
- Support the training of two lab technicians on the analysis of Vit. D in the collage of technology in Irbid, Jordan.
- Support the training of two lab technicians on the analysis of Folate in CDC lab in Atlanta.
- Support the training of field teams on the collection, storage of blood samples, anthropometric measurement and filling of questionnaire from all governorates.

3- UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc :

- Several meeting done to prepare the social mobilization plan for the survey and promotion for Salt Iodization.
- Social Mobilization plan development with coordination of UNICEF, WHO and MoH, fund will be transferred very soon to implement it at the beginning of May 2011.

Project beneficiaries:

| Direct Beneficiaries | Number of Beneficiaries | % of planned (current status) |
|-----------------------------------|--|-----------------------------------|
| Men | All men (household head 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 the MNAR survey and the biological testing that will be conducted at household level (3000 HH) | 75% response after implementation |
| Children | 800 Children 6-11 months old and 2200 children (12-59 months) will directly benefit for 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 anthropometrist; 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% |

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

| Output | Achieved activities | Completion rate |
|---|---|-----------------|
| <p>Output 1.1 MoH, MoHK , COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment (WHO)</p> | <ol style="list-style-type: none"> 1. Ministry of Health in Iraq in collaboration with World Health Organization organized the First Steering Committee Consultation Meeting on Addressing Micronutrient Deficiencies in Iraq; assessment and response (MNAR) survey, 10 – 12 May 2010 Amman – Jordan. The meeting was participated by members of the MNAR steering committee from MoH in Baghdad and Kurdistan region and representatives from Partner UN agencies (UNICEF, WFP and FAO). The objectives of the meeting were to develop a Plan of action with detailed budget outline and timetable for the MNAR survey implementation, identify the role of all stakeholders and partners identified and to finalize the tools and required resources needed for the implementation of the MNAR survey. 2. 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 was participated by members of the MNAR technical committee from MoH in Baghdad and Kurdistan region and 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: <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. | <p>30%</p> |

| | | |
|--|---|-----|
| | <ul style="list-style-type: none"> ○ Plan of action with detailed budget outline and timetable for the MNAR implementation developed including training and survey implementation was developed | |
| Output 1.2 MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system(WHO) | <ol style="list-style-type: none"> 1. Training of 2 laboratory technicians on SPSS statistical training for 2 days 2. Supported research work at NRI on nutritional status of women and children under 5 | 10% |
| Output 1.3 GOI are better able to provide nutritional response especially in vulnerable areas (UNICEF) | <p>1- UNICEF supported the following 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 and study on Anemia and Iron Deficiency in 3 Governorates. • Support for Vit A prevalence study for children under-five, pregnant and lactating women. • Emergency provision of 50 million ferrous folic acid tablets for MoH/Baghdad for the prevention and treatment of anemia in pregnant and lactating women. • Procurement of Retinol 100,000IU & 200,000IU soft gel caps for MoH/NRI for distribution with routine immunization for children under-five and lactating women. • Procurement of 20 Spectrophotometers devices for the labs of MoT for better monitoring of wheat flour fortification <p>2- UNICEF supported capacity building across all levels on nutrition & monitoring :</p> <ul style="list-style-type: none"> • 115 flour mills technicians and lab personal were trained on quality control and quality assurance of wheat flour fortification programme and maintenance of fortification feeders. • Support the training of two lab technicians on the analysis of Vit. D in the collage of technology in Irbid, Jordan | 75% |

| | | |
|--|---|-----|
| | <ul style="list-style-type: none"> • Support the training of two lab technicians on the analysis of Folate in CDC lab in Atlanta. • Support the training of field teams on the collection, storage of blood samples, anthropometric measurement and filling of questionnaire from all governorates. <p>3- UNICEF supported the Social mobilization and advocacy activities including communication media campaign, development of media health education and promotion materials etc :</p> <ul style="list-style-type: none"> • Several meeting done to prepare the social mobilization plan for the survey and promotion for Salt Iodization. • Social Mobilization plan development with coordination of UNICEF, WHO and MoH, fund will be transferred very soon to implement it at the beginning of May 2011. | 20% |
|--|---|-----|

- **The delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.**

The project started in March 2010 – a period during which the WHO Regional Office for the Eastern Mediterranean had just launched a new Global Management System (GSM) that was replacing the old system Country Assistance Management System (CAMS). The migration between the two systems had contributed to some delays in the project implementation. 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. The security situation and movement restrictions that are applicable for the whole UN operation inside Iraq is also applicable to this project.

Actions taken to mitigate future delays:

In order to avoid future delays a mutual agreement has been achieved with MoH to convene a video conference each month and when needed in order to discuss the follow up and implementation progress of the project. This platform is aiming to bring together the implementing agencies including members of the Steering Committee and WHO and UNICEF to discuss issues which will impede the progress of the project and come up with joint solutions to tackle the constraints and obstacles.

- **The key partnerships and collaborations, and their impact on the achievement of results.**

WHO being the lead agency in this joint project with UNICEF worked closely with MoH representatives, key 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 and Nutrition Sector Outcome Team members (WHO, UNICEF, WFP and FAO) has been working closely together during the implementation of the project activities and coordinate 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 and UNICEF worked closely with the MoH/NRI through teleconferencing and direct meetings in Amman, Baghdad and Erbil. The entire WHO network of staff, logistics and telecommunication contributed to support the MoH.

- **Other highlights and cross-cutting issues pertinent to the results.**

Human Rights: The enjoyments of the highest attainable standard of health as a fundamental right of every human being, with emphasis on the most vulnerable. Without fulfillment of this right, it would be difficult to enjoy other fundamental human rights such as right to education and right to work, accordingly, The Government of Iraq among others have committed themselves to the full realization of this human right. Concrete steps towards this realization includes addressing underling determinants of health such as safe water and adequate housing, and also access to quality health care (including immunization, nutrition etc).¹ The right to health requires that the whole government is engaged, not only the MoH, but also areas such as areas of labour, trade, planning etc. According to the GoI Strategy (MoH 2004) the authorities shall put in place policies and actions which will lead to accessible health care for all in the shortest possible time to fulfill the vision to have an accessible affordable, available, safe and comprehensive quality health service of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation. This project will assist the GoI in realizing this vision to provide this basic human right by strengthening the nutritional component of the health care system and improving access to much needed data for identification of gaps and needs and also by supporting improved response. Access, availability, equity and quality of health services will be supported for all sectors of the population. To ensure equity during project implementation, the project is targeting five areas (Baghdad, Center, Kurdistan, North and South). Within each of these five regions, 50 Primary Sample Units (PSUs) will be selected.

Gender equality: Efforts have been instituted by this project to mainstream the gender in all policies and strategies of the MoH and other relevant Ministries. Both WHO and UNICEF ensured that gender equality be considered in the execution of various activities supported by this project e.g. in recruitment and training activities, rehabilitation and reconstruction works etc. This project has also ensured that the collection of all data pertaining to this project be segregated on the basis of gender as shown by the chart below. 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. Efforts which intend to increase and encourage the number of female participants in various capacity building activities under this project are ongoing.

Key environmental issues: No direct adverse effect to the environment will result from the implantation of this project.

¹ <http://www.who.int/hhr/en/>

Employment generation: This project 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 250 professionals and similar number of support staff will be involved/supported/ recruited throughout the period of the project.

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 project will continue till the 2 September 2011. Extension of the duration of the project will be requested for 12 months so that to complete the activities related to the fieldwork implementation of the MNAR survey, collection and analysis of blood and urine sample and data analysis and report writing. The date for conducting the survey was postponed till May 2011 after the implementation of MICS 4 survey by MoP/COSIT and UNICEF.

- **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 | Source of Verification | Comments (if any) |
|---|---|---------------------|---------------------------|----------------------------|---|--|--|
| Outcome 1: Health and nutrition policy makers and service providers at all levels have developed, reviewed and implemented policies, strategies, plans and programmes aimed to improve micronutrient and supplementary nutrient services, that are cultivate gender sensitive and human rights focused | | | | | | | |
| Output 1.1: MOH, MoHK, COSIT and KRSO have improved capacity to develop and carry out a nutrition micronutrients assessment | Indicator 1.1.1 Number of COSIT and KRSO staff trained on data collection and analysis (disaggregated by sex) | 0 | 40 | 14 | | Training report | Two training activities will be conducted in April 2011 before the implementation of survey field work |
| | Indicator 1.1.2 Percentage of COSIT and KRSO trained staff satisfied with quality of training in terms of relevance and usefulness | N/A | 80% | 20% | | Post training participants' assessment | Training activities is in progress |
| | Indicator 1.1.3 Number of MoH, MoHK field workers, governorate focal points trained on anthropometric measurement (disaggregated by sex) | 0 | 40 | 46 | Number is higher than the target as there was increase in the number of central supervisors | Training report | A second refreshing course will be conducted in April |

| | | | | | | | |
|--|---|-----|---|-----------------|-----------------------------------|--|---|
| | Indicator1.1.4 Percentage of trained MoH field workers, governorate focal points satisfied with quality of training in terms of relevance and usefulness | N/A | 80% | 20% | | Post training participants' assessment | Training activities is in progress |
| | Indicator1.1.5 Number of MoH, MoHK laboratory staff trained on blood sampling and testing | 0 | 100 | 20 | | Training report | There will be more training courses for lab. staff(March-April 2011) |
| | Indicator1.1.6 Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness | NA | 80% | 20% | | Post training participants' assessment | Training activities is in progress |
| | Indicator1.1.7 Number of height measuring boards, scales, and computers provided to MoH | 0 | 100 height measuring boards 100 scales 20 computers | 100 100 2 | | MoH, WHO, UNCEF reports | Procurement for the mentioned amount has been initiated but not yet delivered |
| | Indicator1.1.8 Micronutrient assessment report completed | 0 | 1 | 0 | The survey is not yet implemented | Assessment report | This indicator will be reported in the next annual report |
| Output 1.2: MoH and MoHK has a strengthened | Indicator1.2.1 Number of MoH and MoHK staff trained on data collection | 0 | 150 | 35 | | Training report | Further training courses to be conducted |

| | | | | | | | |
|---|---|------|------|-------|--|--|--|
| Nutrition Management Information system integrated in the Health Information system | and analysis of | | | | | | |
| | Indicator 1.2.2 Percentage of trained MoH laboratory staff satisfied with quality of training in terms of relevance and usefulness | 0 | 80% | 30% | | Post training participants' assessment | Further training courses to be conducted |
| | Indicator 1.2.3 National nutrition management information system in place | No | Yes | | | Programme progress report | In process |
| Output 1.3: GOI are better able to provide nutritional response especially in vulnerable areas | Indicator 2.1.1 A monitoring mechanism in place | No | Yes | | | Programme progress report | In process |
| | Indicator 2.1.2 Number of inspectors trained on how to monitor fortified flour and iodized salt inspection (2 per district = 237) | 0 | 100% | 78% | | Training report | 5 workshops for technicians on WFF programme monitoring, 4 workshops for field teams of MNAR |
| | Indicator 2.1.3 Number of MoH staff trained on monitoring availability of micronutrients at PHC level (one in each PHC) | 2000 | 100% | 41.6% | | Training report | Training workshops done in all governorates from another funding source. |
| | Indicator 2.1.4 Percentage of trained MoH staff satisfied with quality of training in terms of | NA | 80% | 50% | | Post training participants' assessment | Further training courses to be conducted |

| | relevance and usefulness | | | | | | |
|--|--|------|---|------|--|-------------------------------------|---|
| | Indicator 2.1.5 Number of PHC 1 MCH units provided with micronutrients | 1000 | 100% | 100% | | Distribution plan | Quantities provided by UNICEF of Vit A caps and Ferofolic tabs distributed to all PHCCs |
| | Indicator 2.1.6 Number of Information education Communication materials developed | NA | Five media advocacy materials produced 65 social mobilization events | 10% | | Meeting minutes and progress report | Several consultation meetings done, advocacy material under development. |