

United Nations Development Group Iraq Trust Fund
Project #: D2- 27 WHO and UNICEF
Date and Quarter Updated: 1 April - 30 June (2nd Quarter)

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

Title	Addressing Micronutrient Deficiencies in Iraq: Assessment and Responses				
Geo. Location	All governorates				
Project Cost	US\$ 3,181,763				
Duration	18 months				
Approval Date	23.02.2010	Starting Date	02.03.2010	Completion Date	2.09.2011
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	
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> <p>1.3.2 Capacity building across all levels on nutrition & monitoring</p> <p>1.3.3 Social mobilisation and advocacy activities including communication media campaign, development of media health education and promotion materials etc</p>
Procurement (major items)	<p>Procurement of the following with a total cost of USD 194,000.00:</p> <ol style="list-style-type: none"> 1 Procurement of 50 Hemocue and accessories. 2 Procurement of laboratory supplies and equipments(Deep portable freezers -70C) 3 Procurement of blood collection kits. 4 Procurement of weight and height measurement kits 5 Procurement of. temperature data logger

Funds Committed	WHO: \$1,154,871.00 UNICEF: \$ 598,030,57	% of approved % of approved	63% 44.1 %
Funds disbursed	WHO: \$ 649,297.00 UNICEF: \$ 471,607.58	% of approved % of approved	36% 34.8%
Forecast final date	2 September 2011	Delay (months)	N/A

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 HH)	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 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 IDP's	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%

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)	<ul style="list-style-type: none"> ○ WHO Iraq in coordination with Ministry of health conducted supported a refreshing course for 18 local and central supervisors on Micronutrient assessment and response (MNAR) survey questionnaire and pilot testing at MoH Baghdad and Kurdistan May 2011. The training included one day pilot survey to test the three questionnaire forms (household, women and child forms), also it included sample collection of blood and urine from non 	60 %

	<p>pregnant women (15-49 years) and children aged 6-59 years.</p> <ul style="list-style-type: none"> ○ WHO Iraq supported 13 days training course on data entry and CSpro programme for 15 participants from MoH, MoP in Baghdad and Kurdistan region from 29-31 January 2011. ○ Procurement of supplies and equipments worth of USD 194,000.00 including cold chain supplies and laboratory test and solutions for the survey. 	
<p>MoH and MoHK has a strengthened Nutrition Management Information system integrated in the Health Information system (WHO)</p>	<ul style="list-style-type: none"> ○ WHO organized a 6 days training course for 15 trainees on Electronic Data Processing using CSPro 4.0 Package for the period 16 April - 21 April, 2011. The objectives were The workshop was designed to provide participants with the following skills: <ul style="list-style-type: none"> 1. Development of an electronic data processing system. 2. Creating, modifying and using the CSPro data dictionary programs. 3. Develop a data entry screens [Forms] 4. The ability to generate tables and doing cross tabulations (CrossTab) 5. Reviewing data using CSPro's Frequency Tool 6. Using CSPro's batch program (CSBatch) to do data validation and imputations 7. The ability to use CSPro's tools (Sort Data, Export data, Reformat data, Compare data, Concatenate data, Pack application, and Generate binary application) ○ Development a data entry application design for "<i>Iraq Micronutrient Assessment and Response (MNAR) survey 2011</i>" using CSPro 4.0 for Ministry of Health and the Central Organization of Statistics in Iraq. ○ supported research work at NRI on nutritional status of women and children under five. 	60%

<p>GOI are better able to provide nutritional response especially in vulnerable areas (UNICEF)</p>	<p>1- UNICEF support the following General Nutrition Activities:</p> <ul style="list-style-type: none"> ○ Procurement of 3,900 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 U5children, 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 5 and lactating women. ○ Procurement of 20 Spectrophotometers devices for the labs of MOT for better monitoring of wheat flour fortification. ○ Procurement of 4,000 salt testing kit for the monitoring and supervision of salt iodization programme. <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 ○ 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 (3 staff from 17 governorates plus 12 from Baghdad were trained for 3 days). ○ Support the training of staff working in PHCCs on different nutrition programmes implemented in PHCCs (one paramedical staff from each PHCC who is working in nutrition unit to follow the growth charts of children attend the PHCC and to distribute different health and nutrition messages to parents on the development of children, a total of 1500 staff) <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 November 	<p>80%</p> <p>80%</p> <p>20%</p>
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Qualitative achievements against objectives and results

The following qualitative achievements have been materialized:

- Development a data entry application design for "*Iraq Micronutrient Assessment and Response (MNAR) survey 2011*" using CSPro 4.0 for Ministry of Health and the Central Organization of Statistics in Iraq.
- Training courses for central supervisors and laboratory technicians was conducted successfully with UNICEF support
- Sampling parameters have been defined. Capacity building for two NRI lab technicians on vit 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\$ 194,000.00.

Main implementation constraints & challenges (2-3 sentences)

- The project has started in March 2010 and during that period WHO in 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 delays in the implementation
- WHO and UNICEF are requesting extension of the project for another 12 months (1 August 2011- 31 July 2012) as there was a delay in the implementation of the survey due to the following:
 1. Delay in implementation of MICS 4 survey.
 2. Delay in the process for the procurement of supplies and equipments needed for the survey.
 3. The targeted school children (age 6-12 years) included in the survey for assessment of urinary iodine are already in summer holiday so the Survey should be postponed for the next academic year 2011-2012.
 4. Ministry of Health sent a request for extension of the project for 12 months so that to enable them to conduct the survey in November 2011 for 40 days. The MNAR can't be conducted before this date even if the supplies and equipments will arrive in a month time due to the difficulty in conducting the survey by the interviewers at summer time where the temperature reaches 58-60 C and this will affect the efficacy of the biological tests as there will be collection of blood and urine from mothers and children that will be transferred to Baghdad central lab and then to Amman and Erbid /Jordan by Road and this will affect the cold chain and storage.