

United Nations Development Group Iraq Trust Fund
Project #: S D2- 33 WHO
Date and Quarter Updated: 1 April – 30 June 2011 (2nd Quarter)

Participating UN Organisation: WHO (Lead Agency), Government of Iraq – Responsible Line Ministry: MOH (Lead Ministry), COSIT, KRSO	Sector: Health and Nutrition
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Title	Pilot Assessment of Congenital Birth Defects in Iraq in Six Governorates				
Geo. Location	Six governorates (Baghdad ,Anbar, Basrah, Thi Qar, Sulaymaniyah and Dialah)				
Project Cost	US\$ 336,548				
Duration	18 months				
Approval Date	27 June 2010	Starting Date	2 July 2010	Completion Date	02.01.2012
Project Description	<p>Currently, there are no reliable and adequate data on incidence, prevalence and trends of congenital birth defects (CBD) in Iraq. The 2006 Multiple Indicator Cluster Survey (MICS-3) reported that 20% of children under 5 years of age have some forms of disabilities; some of these cases have been attributed to congenital malformations. There is a need for a comprehensive programme to better understand the distribution, trends and the magnitude of birth defects in Iraq.. Given the funding not being fully available, the programme has been divided into two phases, the first to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at drawing initial baseline data 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 and capacity building of MoH laboratory technicians in investigation techniques. The assessment in the second phase will aim at conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health care system and communities and in formulating evidence-based recommendations to address the problem.</p>				

Development Goal and Immediate Objectives
<p>Given the funding not being fully available, the programme has been divided into two phases, the first to be implemented with the available UNDG ITF funds. The proposed study in the first phase aims at:</p> <ul style="list-style-type: none"> • 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 • Capacity building of MoH national public health TORCH (Toxoplasmosis, Rubella, Cytomegalo and Herpes virus) laboratory and technicians <p>The second phase will aim at:</p> <ul style="list-style-type: none"> • conducting observational and analytical epidemiological and laboratory investigations to understand underlying risk factors; strengthening the disease registry/surveillance for birth defects in Iraq and finally the proposed study will assist in assessing the burden of the problem on Iraqi health system, medical services and communities and formulating evidence-based recommendations to address the problem

Outputs, Key activities and Procurement	
Outputs	<p>Output 1. MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates</p> <p>Output 2. MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.</p>
Activities	<p><u>Output 1:</u></p> <p>1.1.1 Consultation and technical meetings (MoH,UN partners and Consultants)</p> <p>1.1.2 Finalize assessment protocols and plan of work</p> <p>1.1.3 Assessment team recruited and operational</p>

	1.1.4 Technical assistance to PSC 1.1.5 Training of Trainers (TOT) and for assessment team personnel 1.1.6 Training of data collectors at governorate levels 1.1.7 Training on data entry and management 1.1.8 Data collection and field work 1.1.9 Data entry and management 1.1.10 Report writing, printing and dissemination of study results 1.1.11 Mid term evaluation 1.1.12 Preparation of work plan for phase two 1.1.13 Social mobilisation and advocacy activities related to field work 1.1.14 Consultation workshop on discussing the results and next steps 1.1.15 Final evaluation <u>Output 2:</u> 2.1.1 Training of (TORCH) Lab Technicians 2.1.2 Provision of Equipment for the Central Lab.
Procurement	NA

Funds Committed (as of 30 June 2011)	162,977.00	% of approved	48%
Funds disbursed (as of 30 June 2011)	103,220.00	% of approved	31%
Forecast final date	31 December 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 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 survey and the medical examination	NA
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 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%

Quantitative achievements against objectives and results		% of planned
MoH is better able to understand the distribution, type, trends and magnitude of birth defects in selected districts of 6 governorates)	<ul style="list-style-type: none"> WHO /Iraq in coordination with the WHO/HQ expert, Consultant from WHO collaborating center in Rome and Professor of community genetics from University college ,London have reviewed and finalized the first draft of the CBD survey protocol and questionnaire WHO conducted a successive VC meetings with MoH steering committee members to discuss the survey 	20%

	<p>tools(May 2011)</p> <ul style="list-style-type: none"> • More discussions were made through meetings with Ministry of environment about environment pollutions and its effect on birth defects. • Review of literatures by Who in coordination with members of steering committee and WHO experts to finalize the study protocol 	
MoH (TORCH) laboratory and technicians have improved capacities to conduct tests on risk factors associated to birth defects.	<ul style="list-style-type: none"> - Organization of three fellowships for the three participants from the TORCH lab to participate in training in Rome on Congenital Birth Defects Surveillance. (in process) - Conducted 2 steering committee meeting to discuss the plan of action for CBD surveillance - Review and update the TORCH surveillance forms that are used in hospital. 	18%

Qualitative achievements against objectives and results

- Ministry of Health has submitted a study protocol to WHO for revision and finalization by WHO experts. The methodology of the study protocol involves collecting data on congenital birth defects at household level from 14 districts at 6 governorates as a pilot. A draft tool for data collection is prepared which is currently being reviewed by experts at the global level because assessing the magnitude of congenital birth defects and its correlation with a probable cause is not something which can be arrived using simplistic tools, that is why the need for review of the tool from experts who have been engaged in similar exercises globally will be very useful for the outcome of the process.

Main implementation constrains & challenges (2-3 sentences)

- MoH has changed the protocol of the study from a cross sectional study and collection of data through revision of: a) Birth certificates kept by midwives and at birth registration b) Hospital logbooks and medical records; c) Death certificates of newborn stillborn babies at maternity units in the main general hospitals within the study area for 10 years (2000-2009) to collection of data at household level through using questionnaire for both Household and women. This entails that the study will actually establish the baseline through household survey
- WHO is exploring all possible options by seeking support from other donors to fund the implementation phase of the survey. Moreover, some discussion has taken place with the Ministry of health to cater for funding part or whole of the survey .