

United Nations Development Group Iraq Trust Fund
Project #: D2-25: ATLAS# 00066904
Date and Quarter Updated: October-December 2011

Participating UN Organisation: WHO & UNICEF **Sector: D- Health and Nutrition**
Government of Iraq – Responsible Line Ministry: Ministry of Health

Title	Strengthening Primary Health Care System- Phase II				
Geographic Location	Iraq - National Coverage				
Project Cost	US\$ 11,918,000- UNICEF (\$5,987,632) WHO (5,930,368)				
Duration	24 months				
Approval Date (SC)	December 08	Starting Date	WHO received funds December 08 UNICEF received funds; December 08	Completion Date	WHO: 30 June 2012 UNICEF: 31 December 2012
Project Description	This project is a WHO-UNICEF joint project that builds on previous achievements under the Strengthening of Primary Health Care System Phase-I (SPHCS) in Iraq. The project is designed to contribute to upstream national policy level and at downstream health service delivery level.				

Development Goal and Immediate Objectives

The **main goal** of this project is to support the MoH efforts in the area of Health Sector Reform and strengthening the decentralized District Primary Health Care System in Iraq. The restructuring of the system will improve equity, efficiency, effectiveness and responsiveness of system. **The immediate objectives** are to (a) invest in the national capacity of MoH staff in targeted areas to improve Integrated Health Delivery Services (b) invest in improving the Human Resources Planning capacity for the MoH staff (c) strengthen the national capacity of National Health Information System (d) strengthen the National Health Care Financing System (e) strengthen the health governance and policy environment.

Outputs, Key activities and Procurement

Outputs	<ol style="list-style-type: none"> 1. Capacity of the MoH in targeted areas developed for improved Integrated Health Delivery Services 2. Ability of MoH on Human Resources Planning enhanced 3. National Health Management Information System strengthened 4. Sustainable financing and social protection system of MoH developed 5. Enhanced MoH leadership and Governance.
Activities	<ol style="list-style-type: none"> 1.1 To expand the FM and IMCI programmes for enhanced integrated health service delivery 1.2 To support the MoH to undertake the development and implementation of referral policies at national level 1.3 To Improve capacity of MoH at the national level in the area of health system research (specific areas of research will be identified based on need) 1.4 To support the MOH support to integrate MH services into PHC system 1.5 Ministry of health supported to construct 15 PHCs and 2 residence houses in selected governorates 1.6 Improved capacity of community-based psychosocial support structures <ol style="list-style-type: none"> 2.1 To enhance the MoH capacity to undertake sound human resources planning 2.2 Enhanced ability of the health staff in selected districts on delivering basic health services package. 3.1 To strengthen the institutional capacity of MOH at national level to manage National Health Information Systems 3.2 To support the MoH to develop and implement 10 emergency sentinel surveillance system in selected governorates 3.3 To support the MoH to expand VSAT connectivity to the district level 4.1 To support the MoH in the revitalization of the National Health Accounts Program 4.2 To pilot the Basic Health Service Package in 5 selected governorates 4.3 To support the MoH in developing a healthcare financing policy 4.4 To support the MoH to develop a National Health Insurance Policy 5.1 To support the MoH in the development a National Health Strategy (5 years) 5.2 To enhance the national capacity to develop National Inter-Sectoral Action Framework for health focusing on community development

	5.3 To develop the National MDG forum to monitor progress of health indicators. 5.4 To support MoH set up coordination mechanism on mental health and psychological support within MoH central and governorate level structure.
Procurement (major items)	

Funds Committed by UNICEF	\$ 5123595.76	% of approved	85.5%
WHO	\$ 5469947		92%
Funds Disbursed by UNICEF	\$ 4894199.53	% of approved	81.7%
WHO	\$ 4780375		81%
Forecast final date	UNICEF 31 st of December 2012 WHO: 30 th of June 2012	Delay (months)	UNICEF: 24 WHO: 18 months

Direct Beneficiaries	Number of Beneficiaries	% of planned (current status)
Men	A total of 450,000 in the catchments area of the reconstruction activities under this project.	40%
Women	Out of the 450,000 are 18,000 pregnant and lactating women will benefit from the construction activities.	10%
Children	Out of the 450,000 are 76,500 children who will benefit from the reconstruction activities in the project	40%
IDPs	Indirect beneficiaries to this project	60%
Others	MoH and other line ministries staff will benefit from many training activities planned under this project	50%
Indirect beneficiaries	All population, since strengthening PHC system in a country proved to count for better health outcomes (decreases mortality and morbidity rates from common diseases)	50%
Employment generation (men/women)	This will be achieved mainly through the reconstruction activities, where around 600 job opportunities is expected to be generated for skilled and semi skilled workers. Indirect employment will be generated in building supplies, transportation and retail industries.	30%

Quantitative achievements against objectives and results			
To invest in the national capacity of MoH staff in targeted areas for improved Integrated Health Delivery Services	<p>WHO: The MoH with cooperation of WHO completed successfully a five days introductory workshop on implementation of Basic Health Service Package (BHSP) through Integrated District Health System based on Family Practice Approach (IDHS-FPA) which was held from 16- 21 April 2011 in Beirut. 41 high level government officials from all the 3 levels of government i.e. central MOH in Baghdad and MOH of KRG, piloted governorate and districts participated actively in the workshop. The above meeting was followed by another three days meeting that was conducted in Amman-Jordan during the period of 13-15 June 2011 for the assessment teams of IDHS.</p> <p>Prior to implementing IDHS, 8 assessment tools were developed, discussed and finalized during Beirut meeting, except for assessment tools number 6 and 7 which address assessing Primary Health Care Centers and assessing Hospitals in the 4 pilot selected districts, it was further discussed during June meeting, approved by the MoH officials and coded by WHO consultant. The MoH officials were also trained on data collection and data entry on the Statistical Package for Social Science (SPSS) in preparation for analyzing the outcomes of this assessment and developing District Health System Profile for each pilot district. Action plan with responsible persons and set timeframe was also agreed among all parties by the end of this meeting. The data which has been collected by the trained members of the assessment teams have been analysed by WHO consultant and 4 different reports one for each piloted district has been developed reflecting the situation of that particular district in terms of number of health</p>	% of planned	80%

facilities their current situation and functionality and the exact location. Information from these 4 reports will be used to establish a detailed report for each of the district entailing the proposed interventions and the strategies for those interventions aiming to address the bottlenecks and improve health services delivery in those districts.

The rehabilitation of 4 PHC centres has reached its final stages of completion. The rehabilitation work of PHC facility in Basrah and PHC facility in Mosul has been completed successfully and the mentioned facilities have been handed over to the government to be used for provision of family practice services. The rehabilitation work of PHC facility in Al Karkh has just been completed and it will be handed over to government in the coming month. The only facility whose work is still at 62% is in Rasafa and good progress is ongoing to complete the rehabilitation work of the mentioned facility too. Those PHCs are expected to provide services based on Family Practice Approach. The needed imaging, dental and general laboratory equipment, medical instrumentations, medical furniture, non-medical furniture and IT equipment, are currently undergoing the process of delivery at different levels, where all of the equipment has been handed over to the MoH.

It is worthwhile to mention that 2 engineers from DOH of Mosul governorate were trained in UK on how to do the installation of medical equipment especially the dental equipment which has been procured to equip the mentioned health facilities.

In addition support was given to develop the WHO patient safety curriculum guide to be incorporated in the undergraduate curricula of medical, dentistry, and midwifery/nursing and pharmacy schools.

UNICEF: To improve access to quality primary health care services for the remote rural communities, including those who have been affected by high influx of IDPs and Returnees in the south/centre part of the country. UNICEF within the current joint ITF project with WHO and as agreed with the SOT in consultation with Ministry of Health, Ministry of Marshland and the health directorates, utilized the available allocation to construct 13 PHCs and two residence houses for the medical staff in the following Governorates (one PHC in Ninewa, Kerbala, Muthana, Babil, and Salah Al-Din; and two PHCs in Basra, Missan, Wassit, Diwaniyah, and ThiQar and 2 staff residences. The Original Number was 15 PHCCs, but the number decreased to 13 due to inflation in prices; however UNICEF succeeded to mobilize other funds - mainly emergency funds - to construct residency for 9 PHCs instead of 2 PHCs only, to ensure sustainable availability of medical staff throughout the week in the remote rural districts. Currently, 11 PHCs completed and handed over to MOH/DOHs, and the construction work is on-going in another one site (Makhmoor PHCC in Ninewa). The remaining two sites (Babel and Basra) that delayed due to the land ownership and soil testing issues were cancelled as MOH committed itself to construct these PHCCs from their own resources and requested UNICEF to utilize the remaining balance to:

- a) Train different levels of medical and paramedical staff on proper primary health care interventions (i.e. immunization, management of diarrhoea and malnutrition, etc.).
- b) Technical exchange with international institutions on health program planning and management.
- c) Support MOH to conduct on the job training and focused monitoring and supervision at the peripheral level.
- d) Demand creation on utilization of the available services through

88%

	<p>conducting targeted social mobilization activities.</p> <p>In addition, 312 different level PHC staff working in the same selected districts has enhanced capacity on quality PHC services through conducting several training courses on emergency obstetric care, safe delivery practices, essential neonatal care, growth development and monitoring, and proper management of diarrheal cases and acute respiratory tract infections.</p> <p>UNICEF: In collaboration with the Child Protection section within the UNICEF Iraq country office, and the “Play Therapy Africa – NGO partner” rolled out a Community Based Psychosocial Support study/assessment, which is the first of its kind in Iraq and its output will convey crucial understandings and valuable data on psychosocial situation in Iraq. The study has been endorsed by MoLSA and is currently ongoing. Based on the result of this study: 1. Parents, caretakers and community members will reach a deeper understanding of boys and girls emotional and developmental needs enabling the provision of better care practices in selected communities.</p> <p>2. Selected communities will be empowered and capacitated to enhance internal (resilience) and external (social capital) protective factors for Iraqi children and youth.</p> <p>3. Boys and girls in Iraq will enjoy a renewed protective environment and an expanded psychosocial wellbeing as a result of strengthened processes of community mobilization, participation and empowerment geared around positive caring practices.</p> <p>4. Institutional capacity of Government of Iraq to develop and implement psychosocial support programmes for boys and girls and their families.</p> <p>A national framework and a strategy for the establishment of a national program for community based psychosocial support were developed by the Government of Iraq (GoI) with the support of UNICEF to pave the way to strengthen outreach services to vulnerable children within their families and communities. In the same time, inter-ministerial collaboration was strengthened between the different Ministries working in the area of PSS at the federal level. While the collaboration with MoLSA intensified, increased engagement from the Ministry of Education was noted in the PSS sector. Several meetings and joint field visits were conducted with the MoDM. Assessments of child centred programs run in Baghdad by MoLSA were conducted to plan with MoLSA increased service provision and strengthening quality of human resources.</p>		
<p>To invest in improving the Human Resources Planning capacity for the MoH staff</p>	<p>WHO: Part of the efforts that WHO is taking to assist the MoH in drafting the Human Resources for Health (HRH) strategy, a shortened version of the HRH assessment tools were finalised by WHO Regional Office and it was shared with the MoH. Under the request of the MoH, training on these assessment tools was conducted for the HRH Steering Committee members in Amman during the period of 21-23 June 2011. By the end of this training, the following objectives were achieved: Revisit the key challenges and opportunities for improving HRH situation in Iraq; Identify the technical constrains in using HRH assessment tools; and agree on the way forward.</p>	<p>% of planned</p>	<p>80%</p>
<p>To strengthen the national capacity of National Health Information System (HIS)</p>	<p>WHO: Following the outcome of the HIS assessment that took place in Baghdad in a national workshop on 8-10 March 2011, assessment report was developed jointly by MOH with technical assistance of WHO. It has thoroughly been reviewed by MOH and WHO, endorsed by H.E. the Minister of Health, published and disseminated to all concerned parties within MoH, WHO regional and HQ offices and other UN agencies. The findings from this report will be used in the development of HIS strategic</p>	<p>% of planned</p>	<p>100%</p>

	plan for Iraq.		
To strengthen the National Health Care Financing System	WHO: The first round of National Health Accounts report for Iraq is finalised, endorsed by H.E. the Minister of Health, published and distributed to all concerned parties, including MoH, WHO Regional and HQ Offices and other UN agencies.	% of planned	100%
To strengthen the health governance and policy environment.	<p>WHO: The Government of Iraq has requested the World Health Organization to support the MOH/Iraq in building the capacity of Iraqi professionals in the area of advanced managerial skills. In this context, WHO is partnering with American University of Beirut (AUB) through its Office of Regional External Programs (REP) to organize and conduct an Advanced Managerial Skills Capacity Building Program (Program) which builds a constituency of health care managers and decision makers who share a common understanding of the challenges and paradigms of health sector modernization and the challenges of planning and implementing programs and services in a constrained resource environment. It is expected that by the end of the Program, the participants will be able to:</p> <ul style="list-style-type: none"> • Speak a common language about dimensions of health sector reform and sustainable development; • Analyze organizational and institutional functioning and governance towards streamlining service delivery structures, procedures and decision-making; • Analyze how to select and apply tools and procedures to make desired changes that would affect image and utilization of health services in facilities; • Draft a strategic plan that would provide directions to improve the planning, development, delivery and evaluation of health programs and services; • Prepare evidence based policy briefs to decision makers. <p>This Program will consist of nine modules whose content will be adapted to reflect the needs of Iraq and the plans to reform the Iraqi public sector. Each module will span over five days and will be conducted jointly by two faculty members (lead and co-facilitator) from FHS or affiliated resource persons with experience in adult learning. All training activities will feature interactive training techniques as well as emphasis on practical application skills that incorporate both adult learning pedagogy and material specifically tailored to the needed technical medical skills. Furthermore, the content will feature exercises and case studies adapted to reflect the health sector in Iraq and some others from the Middle East and other regions as appropriate. The first two modules were conducted in November 2011, and preparations for the second 2 modules are on-going to be conducted in February 2012.</p> <p>During May 2011 action plan for the implementation of National Training Activities (NTAs) at the directorates of health for Integration of mental health into PHC services was finalized and approved between WHO and the MoH focal points. A total of 57 NTAs, three NTAs for each directorate of health, 4-days each, for general practitioners and nurses at primary health care level have been conducted successfully as per the agreed action plan. A total of 1685 health professionals have been trained, out of which 1218 were male participants and 467 were female participants. These trainings covered all the 19 governorates and will make sure that mental health services are provided under the umbrella approach of primary health care. WHO agreed with the MoH mental health professionals to conduct an evaluation session to the completed 57 NTAs in April 2012, to come up with lessons learnt and agree on how to move forward with this programme.</p> <p>In addition, in order to enhance the capacity of MOHE and members of the</p>	% of planned	80%

<p>Accreditation Committee for Iraq, the participation of 3 health professionals from Iraq was supported to participate in the Regional Consultation on Accreditation of Health Professions Education for the Eastern Mediterranean Region which was held from 22-25th November 2011 in Tunisia.</p> <p>Similarly in order to enhance the capacity of MOH and MOHE in health system performance and its measurement the participation of 4 health professionals from MOH and MOHE statistics and planning departments was supported to participate in the Health Progress and Performance Reviews (Analysis, Methods and tools) workshop which was held in Doha, Qatar from 12-15 December 2011.</p> <p>It is worthwhile to mention that both technical and logistics support was given to a very important strategic level workshop which aimed to determine the strategic joint priorities for Country Co-operation Strategy (CCS) with MOH of Iraq. The workshop was attended by High level delegates from Ministries of Health, Planning, Education and Environment and agreement on the policy level priorities for the coming 5 years was reached.</p>		
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Qualitative achievements against objectives and results

The construction/rehabilitation and equipment of a good number of health facilities and residency houses especially in rural remote governorates of Iraq will certainly improve the access and quality of services provided by these facilities. Furthermore, the improvement in quality will ultimately cause improvement in utilization of health services by the beneficiaries which will eventually lead to reduction of morbidity and mortality and thus improved health status of the population. It is imperative to say that the large number of capacity building activities which has been supported and will be supported under this project for various categories of health care professionals will have a long lasting effect on the sustainability and quality of health services provided by them.

Main implementation constraints & challenges (2-3 sentences)

Security situation and movement restriction that is applicable for the whole UN operation is also applicable to this project and which has been contributing to the delays in implementation of activities under this project.